



Junior Volunteer Program Application - Permanent Record

Date: _____

Name: _____ Date of Birth: _____
Last First

Mailing Address: _____ Phone: _____

Physical Address: _____

Father: _____ Employed by: _____ Phone: _____

Mother: _____ Employed by: _____ Phone: _____

Emergency Contact in addition to parents: _____ Relationship: _____

Phone: _____

School: _____ Grade: _____

Activities, organizations, and clubs to which you belong: _____

Any awards you have received: _____

Work or volunteer experience: _____

Are you employed now? _____ Where? _____

How did you learn of the Mammoth Hospital Junior Volunteer program? _____

Why do you want to become a member of this program: _____

Requirements Completed

Office Use Only

TB Test: _____ Physical Exam: _____ Up-to-date immunizations: _____

GPA: _____ Two Letters: _____ Parent Consent: _____

Dues: _____ Orientation packet completed: _____ Hospital tour: _____

**Please return application to Lori Ciccarelli, Community Relations Director:
P.O. Box 660, Mammoth Lakes, CA 93546**



Mammoth Hospital Junior Volunteer Agreements

Junior Volunteer Pledge:

As a member of the Mammoth Hospital Junior Volunteer Program:

1. I will be conscientious in the fulfillment of my duties and accept supervision graciously and respectfully.
2. I will conduct myself with dignity, courtesy and consideration for others.
3. I will consider as confidential all information concerning any patient or staff member.
4. I will take any problem, criticism or suggestion directly to the Junior Volunteer Coordinator or my supervisor.
5. I will always be conscientious of my appearance; by being neat and clean, wearing a minimum of make up, no jewelry or perfume, and my hair kept neat/pulled back.
6. I will work with honesty and integrity and take responsibility for my actions.

Signature of Junior Volunteer/Date

Mammoth Hospital Junior Volunteers are required to have a pre-volunteer health screening, immunizations that are up-to-date, and an annual Tuberculin skin test if student will be working in patient-care areas. If the skin test is positive, further evaluation may be needed. I, the undersigned parent or guardian understand these requirements and give my permission for the required tests.

Signature of Parent or Guardian/Date

Dismissal from Service:

The Mammoth Hospital Junior Volunteer Program Coordinator and Committee reserve the right to dismiss the volunteer from the program if there is not compliance with the guidelines outlined in the Junior Volunteer Manual after two warnings. Dismissal could result from the following:

1. A breach of patient confidentiality
2. Failure to comply with the ethical guidelines and regulations of the hospital.
3. Three months of inactivity (with the exception of summer break).
4. Excessive absences.
5. Personal conduct, attitude or appearance unbecoming a member of the Mammoth Hospital Junior Volunteers.

We (Parent and Student) understand the conditions of membership.

I (Parent/Student) give my permission for my child to participate in the Junior Volunteer Program.

Signature of Volunteer/Date

Signature of Parent or Guardian/Date

***Please return volunteer agreements to Lori Ciccarelli, Community Relations Director:
PO Box 660, Mammoth Lakes, CA 93546***

Revised 09/08/2007



Junior Volunteer Program Personal Reference

To be filled out by student:

Student's Name _____ Phone Number _____

School _____ Age _____

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To the Teacher/Counselor/Community Member: The student above has applied to participate in the Mammoth Hospital Junior Volunteer Program. The program requires volunteers who are mature, responsible, self-motivated, and caring. We would like to know about each applicant and would appreciate your input. Please complete this form and return it to the address at the bottom of the page. All information is confidential. Thank you for your time.

Name of Person Completing Reference: _____

1. Please rate the applicant on the following qualities: (if you do not have adequate experience with the applicant in a certain area, you may leave that are blank.)

Excellent Above Average Average Below Average

Self-motivation _____

Cooperation _____

Dependability _____

Honesty _____

Willingness to Learn _____

2. What has been your relationship or experience with the applicant? (briefly describe)

3. In your observation of the applicant, what strengths and/or experiences would she or he bring to the program?

4. Do you feel that this applicant is mature enough for hospital work? Please express your opinion as to the applicant's probable success in the Junior Volunteer Program.

Lori Ciccarelli, Community Relations Director
P.O. Box 660, Mammoth Lakes, CA 93546, (760) 924-4015

Revised 09/08/2007



Junior Volunteer Program Personal Reference

To be filled out by student:

Student's Name _____ Phone Number _____

School _____ Age _____

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To the Teacher/Counselor/Community Member: The student above has applied to participate in the Mammoth Hospital Junior Volunteer Program. The program requires volunteers who are mature, responsible, self-motivated, and caring. We would like to know about each applicant and would appreciate your input. Please complete this form and return it to the address at the bottom of the page. All information is confidential. Thank you for your time.

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Lori Ciccarelli, Community Relations Director
P.O. Box 660, Mammoth Lakes, CA 93546, (760) 924-4015

Revised 09/08/2007



Junior Volunteer Program Questions and Times Availability

Name: _____

Date: _____

Grade Level: _____

Questions:

1. Why do you want to volunteer?

2. Why do you want to volunteer at the hospital?

Please indicate in the box below times you will be available to volunteer during the Fall semester. Please indicate with an x in the box.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-9							
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							



Placement

Please put a number next to the department (1 as most preferred, 14 being least preferred) so that I can try and place you where you prefer.

Volunteer Name (please print): _____

Department	Number from 1-14
Women's Health	
Pediatrics	
Emergency Room	
Medical/Surgical	
Dietary	
Health Information Management	
Benefits	
Dentistry	
Physical Therapy	
Orthopedics	
General Administrative	
Engineering	
Public Relations	
Information Technology	

MAMMOTH HOSPITAL

CONFIDENTIALITY AGREEMENT

Patient and employee information from any source and in any form (such as paper, talking, computers) is confidential. I shall protect the privacy and confidentiality of patient and employee information. Access to this information is allowed ONLY if I need to know it to do my job.

In my job, I may see or hear confidential information on:

- ◆ PATIENTS AND/OR FAMILY MEMBERS
Such as patient records, conversations and financial information
- ◆ EMPLOYEES, VOLUNTEERS, STUDENTS, CONTRACTORS, PARTNERS
Such as salaries, employment records, disciplinary actions
- ◆ BUSINESS INFORMATION
Such as financial records, reports, memos, contracts, Mammoth Hospital computer programs, technology
- ◆ THIRD PARTIES
Such as vendor contracts, computer programs, technology
- ◆ OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW
Such as reports, presentations, survey results

I AGREE THAT:

1. I WILL ONLY access information I need to do my job.
2. I WILL NOT show, tell, copy, give, sell, review, change or trash any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct department procedure (such as shredding confidential papers before throwing them away).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL KEEP my computer password secret and I will not share it with anyone.
5. I WILL NOT use anyone else's password to access any Mammoth Hospital system.
6. I AM RESPONSIBLE for any access using my password.
7. I WILL NOT share any confidential information even if I am no longer a Mammoth Hospital employee.
8. I KNOW that my access to confidential information may be audited.
9. I WILL tell my supervisor if I think someone knows or is using my password.
10. I KNOW that confidential information I learn on the job does not belong to me.
11. I KNOW that Mammoth Hospital may take away my access at any time.
12. I WILL protect the privacy of our patients and employees.
13. I WILL NOT make unauthorized copies of Mammoth Hospital's software.
14. I AM RESPONSIBLE for my use or misuse of confidential information.
15. I AM RESPONSIBLE for my failure to protect my password or other access to confidential information.

Failure to comply with this agreement may result in the termination of my employment at Mammoth Hospital and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand and will comply with this agreement:

Signature: _____

Date: _____

Witness: _____

Date: _____



Infection Control Orientation

1. **Hand Hygiene** – **this is the most important way to prevent the spread of infection.**

a. **Handwashing:** Wet hands with warm water, apply soap, rub hands together for at least 15 seconds, then rinse. Wash hands when visibly soiled, after using the restroom, and before and after eating.

b. **Alcohol based handrubs:** Avagard. Apply to palm of one hand, rub hands together covering all surfaces until dry. If hands are not visibly soiled, use Avagard for routinely decontaminating hands. This includes before and after donning gloves, after contact with patient's skin, after changing linen/trash.

2. **Standard Precautions:** The hospital practices standard precautions. This means we assume everyone's blood or body fluids are potentially infectious and we need to wear gloves (and possibly a gown or mask) to protect ourselves from exposure.

We also use Transmission-based Precautions – Airborne, Droplet and Contact Isolation - for further protection. Signs will be posted on the patient's door.

3. **Gloves:** these should be worn when changing linens, emptying the trash, or when having any contact with blood or body fluids. When in doubt, put them on.

4. **Personal Protective Equipment (gowns, goggles, face shields, gloves):** It may be necessary to wear a gown when changing linens that have a lot of blood on them, for example, after a major trauma. Anticipate what you will need, see what others are wearing, or ask what is appropriate for you to wear. The most important thing to remember as a volunteer is if you don't feel comfortable touching something, you don't have to. You are volunteers and have the right to refuse to do something you consider potentially hazardous or are uncomfortable doing.

5. **Handling linens:** Wear gloves when handling linens. Roll soiled linens away from your body. Hold soiled linens away from clothes. Watch for needles. While it is not common practice for nurses to leave needles in the linens, during an emergency it may happen accidentally.

6. **Infectious Waste:** Bulk blood, secretions, excretions, etc. may be poured carefully down a drain. Items with blood that drips or with dried blood that flakes must be red-bagged. Double-bag if one bag can't sufficiently contain the contents. Do not throw regular trash in the red bags.

7. **Housekeeping:** If you notice any spills: blood, melting snow etc., please contact the help desk. You can ask a ward clerk for assistance with this.

8. **Patient Care:** Always talk with a nurse before giving a patient any food or anything to drink. The patient may be on a special diet or may not be able to eat or drink anything in anticipation of a surgery.

If a patient has been enclosed in a room, check with the nurse before entering in case a mask or gloves are needed to protect you from a potentially infectious condition.

Be aware of any signs (Biohazard signs, Isolation signs) posted near patients or areas of the hospital that may warn you of potentially infectious conditions and special precautions.

9. Don't be a source of infection: If you have a fever, respiratory symptoms (ex. Cough), diarrhea, or open wounds on the hands, do not come to volunteer/work.

10. Eating is not allowed in patient care areas. Please go to the cafeteria to eat.

11. **Immunizations.** We recommend that you are up to date on all immunizations, including measles, mumps, rubella, and chickenpox. You are eligible to receive the flu vaccine, and certain volunteers, like those working in the ER, may also receive the Hepatitis B vaccine. Check with Antonette Ciccarelli, Infection Control Coordinator, if you have any concerns about your immunization status, a health condition, or if you want to receive immunizations.

There is no immunization for Hepatitis C or HIV, but these can only be transmitted from direct contact with blood or body fluids. These infections cannot be transmitted from touching a patient, sharing a bathroom, or being in the same room as an infected patient.

12. **Annual TB Test:** All volunteers working in the hospital must receive TB tests prior to starting volunteer work and then annually. An Emergency Department nurse can give the test. Walk in and request it at your convenience. Remember to return 48-72 hours after the test is given to have the results read. If you have had a positive test in the past, please fill out the TB Questionnaire available in the ER or with the Infection Control Coordinator.

13. **Work Injuries:** If you are hurt while volunteering, or have an exposure to blood or body fluids, please immediately report any injury to the emergency department nurse on duty.

For any questions, contact Antonette Ciccarelli, Infection Control/Employee Health Coordinator, at 924-4025 or x2261.