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[www.mammothhospital.com](http://www.mammothhospital.com)

## Hospital Service Volunteer Program

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Your current physical address \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Your current mailing address \_\_\_\_\_  
(If different from above) (PO Box or street) (City) (State) (Zip code)

Telephone number \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
(Area code) (Number) (Area code) (Number)

How did you hear about our program? \_\_\_\_\_

Have you ever been an employee or a volunteer at Mammoth Hospital? Yes No  
If yes, please explain \_\_\_\_\_

What is your main objective while volunteering at Mammoth Hospital? \_\_\_\_\_

Do you speak, write, or understand any other languages? Yes No  
Language(s): \_\_\_\_\_ Speak Write Understand

Are you currently enrolled in an academic program? If yes, please provide information about your current school or organization.

Academic and career goals: \_\_\_\_\_

Medical Experience: \_\_\_\_\_

Please identify areas or services that you find interesting and would like to explore:

- ER  Surgery/Recovery  Medical/Surgical Floor  Radiology  Laboratory  Dietary  Respiratory  General Nursing
- Pediatrics  Orthopedics  Women's Health  Family Medicine  Internal Medicine  Dentistry  Physical Therapy

### GENERAL

Have you ever committed a crime?

NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to volunteering. Each case will be considered on its own merits.

Yes No If yes, please describe circumstances: \_\_\_\_\_

*Mammoth Hospital complies with all state and federal laws regarding discrimination on the basis of race, color, religion, sex, sexual orientation, pregnancy, national origin, ancestry, citizenship, age, marital status, physical or mental disability, or medical condition.*

I hereby certify that the information contained on this application is true and complete. I hereby release the organization, and its employees for any claims or liability, physical injury, or mental anguish sustained by me as a result of my presence in the hospital, or clinical setting.

\_\_\_\_\_  
Signature/Date





### Volunteer Health Questionnaire

Please note that if you are pregnant or planning pregnancy please discuss the occupational risks peculiar to your job shadowing position (such as possible exposure to communicable diseases, exposure to cleaner/disinfectant fumes and lifting) with your physician.

The information on this health questionnaire is complete and accurate to the best of my knowledge. I understand information contained in this form is confidential. The information is needed by Infection Control/Employee Health to address health and safety concerns including communicable disease risk to others within the facility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following recommendations were discussed with the shadow:

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Reviewer signature: \_\_\_\_\_ Date \_\_\_\_\_

# 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.