



Wahiawa General Hospital

VOLUNTEER SERVICES PROGRAM

*Please read **BEFORE** completing an application.*

NOTE: If you feel you are unable to comply with any item listed below, we will not be able to utilize your services at this time.

- ✓ **WHO CAN APPLY?** Applicants must be 14 years old and older to apply and participate in the Volunteer Services Program. Applicants that are between 14- and 17-years will be considered "Student Volunteers".
- ✓ **APPLICATION PROCESS.** Applications are accepted year round. Upon review of the application, the applicant will be notified by letter or phone call of the next scheduled 2-1/2 hour Volunteer Orientation.
- ✓ **HEALTH CLEARANCE.** All volunteers must provide evidence of a negative Tuberculin (TB) skin test or chest x-ray, taken within the last six months prior to participating in the Volunteer Services Program. Volunteers must be in good physical and mental health.

IMPORTANT!

Applications **MUST** be submitted with copy of TB Clearance.

Applications with no TB Clearance **will not be accepted.**

- ✓ **MINIMUM SERVICE REQUIREMENT.** A minimum commitment of **4 months** with at least **8 hours per week** is required. If volunteer secures a job within the minimum required length of service, volunteer agrees to continue volunteering for a minimum of **1 month (with hours and schedule to be discussed with Volunteer Coordinator)**.
 - **Those who will be volunteering in addition to working and/or attending school.** If you planning to volunteer in addition to working or attending school, you are required to volunteer for a **minimum of 5 hours per week.**
- ✓ **ORIENTATION.** All volunteers are **required** to attend 2-1/2 hour orientation, which will cover what is expected of a Wahiawa General Hospital Volunteer, and a handbook will be provided. The orientation will also cover confidentiality, safety training in the areas of fire, electrical safety, hazardous waste, external disasters and infection control. For volunteers who are Certified Nurse Aides (CNA), a more intense patient care orientation on a separate day for 4-5 hours is required. A Registered Nurse (RN) provides this training. If you are unable to attend the required orientation session, an alternative will be discussed with you.
- ✓ **CERTIFIED NURSE'S AID (CNA).** Applicants who are **certified** must provide their CNA certification reflecting expiration date at the time they submit their volunteer application and TB Clearance. Only CNAs who have attended both the general volunteer orientation and volunteer CNA orientation are allowed to volunteer as CNAs. Otherwise, you are only allowed to be a "regular" volunteer performing mainly clerical duties.
- ✓ Once **all required documentation is received** and applicant has **attended the required Volunteer Orientation**, the applicant will be assigned to their work area based on their expressed interests. Applicant will be notified as to starting date.



Wahiawa General Hospital
 128 Lehua Street ~ Wahiawa, HI 96786
 (808) 621-4211
 (808) 621-4451 - Fax

**Application for
 Volunteer Service**
 (WGH-GEN-004) ~ (Rev. 12/02)

PLEASE PRINT or TYPE

NAME: Miss Ms. Mrs. Mr. _____
Last *First*

HOME ADDRESS: _____
Street # & Street Name

City, State & ZIP Code

TELEPHONE: _____ **MESSAGE PHONE:** _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ **Relationship:** _____
Telephone: _____

Are you with an Agency & have a case worker? Yes No If "Yes", what agency are you with?
(Circle Agency)

First To Work
 Job Help
 Oahu Worklinks
 Other: _____

Case Worker's Name & Phone #: _____ **#** _____

Have you ever been convicted of a felony? *(Circle one)* Yes No
 If so, explain: _____

Education: *(Circle last completed)* Elementary High School Some College College

Are you presently employed? Yes No If "Yes", how many hours per week? _____

What type of volunteer experience are your interested in?

Clerical/Office
 Certified Nurse's Aid *(must have certification)*
 Housekeeping
 Maintenance
 Food Preparation / Kitchen
 Other: _____

Do you have any limitations related to health? Yes No
 If so, explain: _____

How did you hear about our volunteer program? _____

The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____



Wahiawa General Hospital

For further information, please call Darlene Lee at 621-4211 or if you are with an agency (i.e. First to Work, Job Help, etc.) and have a caseworker, please call Michele Stanley at 621-4252. Visit our web site at www.wahiawageneral.org.

WAHIAWA GENERAL HOSPITAL
VOLUNTEER SERVICES PROGRAM
VOLUNTEER AGREEMENT

IF ACCEPTED AS A VOLUNTEER FOR WAHIAWA GENERAL HOSPITAL, I AGREE THAT:

1. **Confidentiality.** I shall hold all information that I may obtain directly or indirectly concerning patients, doctors or employees, in a highly confidential manner. I will not seek to obtain and/or discuss confidential information from or about a patient. I understand that I will receive training relative to the new HIPAA (Health Insurance Portability & Accountability Act of 1996) regulations and I will comply with the HIPAA related policies and procedures.
2. **Donated Services.** I understand that my services are donated to Wahiawa General Hospital without expectation of compensation or future employment, and given for humanitarian, religious or charitable reasons.
3. **Professionalism.** I shall be punctual, conscientious, conduct myself with professionalism, courtesy and consideration of others. I shall dress appropriately and wear my name badge throughout my shift. I shall present a positive attitude and always be willing to help in any capacity asked of me.
4. **Philosophy & Standards.** I shall at all times uphold the philosophy and standards of Wahiawa General Hospital.
5. **Fulfilling Duties.** I shall make my best effort to complete all assignments given to me.
6. **Handbook.** I understand that I will be receiving a copy of the Wahiawa General Hospital Volunteer Handbook at the Volunteer Orientation session. Upon receipt of the handbook, I agree to read and understand the contents thereof. If I have any questions or concerns, I will ask the volunteer coordinators for clarification.
7. **MINIMUM SERVICE REQUIREMENT.** A minimum commitment of 4 months with at least 8 hours per week is required. If volunteer secures a job within the minimum required length of service, volunteer agrees to continue volunteering for a minimum of 1 month (with hours and schedule to be discussed with Volunteer Coordinator).
Students & Those With Additional Schedules. If you are planning to volunteer in addition to working and/or going to school, your requirement is to volunteer for a minimum of 5 hours per week.
8. **Completion of Service.** At the end of my volunteer service, I shall notify the volunteer services coordinator a week prior to the end of my service. I will return all hospital property including uniform and identification badge at the end of my last day of volunteering.
9. **Termination.** I understand that the Volunteer Services Program reserves the right to terminate my volunteer status as a result of any of the following: **a)** failure to comply with the Hospital's rules and regulations; **b)** unsatisfactory attitude, work, or appearance; **c)** absences without notification; **d)** poor attendance pattern, **e)** violation of the hospital Drug and Alcohol Free Workplace policy; **f)** any other circumstances which, in the judgment of the Volunteer Coordinator would make my continued service as a volunteer contrary to the best interests of Wahiawa General Hospital.

I HAVE READ THIS VOLUNTEER AGREEMENT AND UNDERSTAND ITS PROVISIONS.

Volunteer's Signature

Date

FOR APPLICANTS UNDER AGE 18:

AS THE PARENT/GUARDIAN OF THE ABOVE MINOR, I GIVE MY PERMISSION FOR THE ABOVE TO PARTICIPATE IN THE VOLUNTEER SERVICES PROGRAM.

Parent's Signature (if under 18 years of age)

Date