Thank you for your interest in the Fairfield Medical Center Volunteer Services Program. Enclosed is an application that will provide information to assist us in making the best use of your interests and talents and a list that summarizes the process of becoming a volunteer. This application is for individuals 18 and over. To inquire about the Teen Volunteer Program (16 and over), please contact the Volunteer Services Department.

Fairfield Medical Center volunteers serve in a wide variety of departments and are valued members of our healthcare team.

At your convenience, please complete the application and call Heidi Reed at (740) 687-8109 to arrange a personal interview. Prior to your interview, please take a moment to review the enclosed list of possible volunteer opportunities so that we may better determine your area of interest during your interview. Please bring your completed application to the interview or return to the Fairfield Medical Center Volunteer Services office prior to your interview.

Sincerely,

Heidi Reed, CDVS
Volunteer Coordinator
Step 1: The Application
Each potential volunteer is asked to complete a written application form providing pertinent personal information.

Step 2: The Interview
Each potential volunteer will have a private interview to determine his/her area of interest so a suitable volunteer position can be identified. You can arrange for the interview by calling Heidi Reed at (740) 687-8109.

Step 3: Background Check
Fairfield Medical Center must run a criminal background check and fraud check on each potential volunteer. Your signature on the application grants Fairfield Medical Center the authority to check the nationwide database.

Step 4: The Shadow
Each potential volunteer will shadow in one or two areas of interest to ensure that the volunteer opportunity is a good fit for both the potential volunteer and the department.

Step 5: General Orientation
General Orientation is provided to each new volunteer. Orientation will provide information about Fairfield Medical Center and those policies and procedures that affect all volunteers. You will also receive a tour of the facility, a TB Skin Test, and receive your ID badge and volunteer smock. Following General Orientation, you are ready to begin your volunteer assignment in your department!

Annual Requirements:
Each calendar year, every volunteer is required to complete an annual education packet. Volunteers are also required to receive a flu vaccine (requests for medical and religious exemptions are considered) or must take a leave of absence from mid-December through early April.
Name: ___________________________ Date: ______________

Address: ________________________________________________

City, State, Zip: __________________________________________

Home Phone: ___________________ Cell Phone: ___________________

Birth Date (year is optional): ___________ E-Mail Address: ___________________

How did you become interested in volunteer opportunities at Fairfield Medical Center?

______________________________________________________________________________________________________

Why do you want to volunteer at Fairfield Medical Center?

______________________________________________________________________________________________________

Do you have previous volunteer experience? _______________ If yes, please list:

______________________________________________________________________________________________________

Educational Background: __________________________________________

Work Experience: ________________________________________________

______________________________________________________________________________________________________

Please list skills, hobbies, or special interests you have: ________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

Have you ever been employed by Fairfield Medical Center? If yes, when and in what capacity?

______________________________________________________________________________________________________

Have you ever been convicted of a crime? If yes, please explain:

______________________________________________________________________________________________________

______________________________________________________________________________________________________
Are you interested in an assignment with direct patient contact?  Yes ________  No ________

Are you interested in an assignment that is physically active?  Yes ________  No ________

Please indicate the timeframe(s) that you would be available and interested in volunteering:

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What areas are you interested in volunteering? (Please refer to list of possible opportunities.)

__________________________________________________________

Are you willing to volunteer for a minimum of 2 hours/week for one year?

__________________________________________________________

Are you seeking employment at Fairfield Medical Center?

__________________________________________________________

Do you have any specific needs we should be aware of?

__________________________________________________________

All information provided in this application will be treated confidentially and utilized solely by Fairfield Medical Center.

I understand that I will not be paid for my services and that I will be expected to abide by Fairfield Medical Center policies and procedures. I understand that the only way to receive paid employment is to apply through the Human Resources Department, and that volunteering will not necessarily increase my chances of employment. Fairfield Medical Center is not obligated to provide a volunteer placement, nor am I obligated to accept the volunteer position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

I have read the rules governing the volunteer experience and agree to abide with them.

__________________________________________________________

Signature  Date

Please return your completed application to the Fairfield Medical Center Volunteer Office.
In consideration of my volunteer experience at Fairfield Medical Center, I agree to conform to the rules and regulations of this facility. I understand that my experience can be terminated at any time and for any reason, at the option of the facility, the school or myself. I understand that this volunteer experience does not enter me into an agreement of employment with this facility. I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from this volunteer experience. I hereby authorize persons, school, and employers named in this application to provide this facility with any relevant information regarding my potential volunteer experience, and I release all such persons from any liability regarding the provision or use of such information.

Confidentiality Statement
I understand that as a volunteer prospect completing my volunteer exploration experience at Fairfield Medical Center, I may be exposed to confidential information regarding patients and financial information produced by or held by Fairfield Medical Center. During the term of my visit with Fairfield Medical Center and any related activities, or any time thereafter, I shall not directly or indirectly, make or cause to be made, any disclosure or other use not authorized by Fairfield Medical Center of any confidential information acquired during the course of my experience at Fairfield Medical Center unless such information is or becomes otherwise legally available to the public. For purposes of this agreement, the term “confidential information” means any business, medical or financial information not generally known to the public at large regarding the business and operations of Fairfield Medical Center and its patients, employees and physicians. Any breach of confidential information by me shall constitute grounds for immediate termination from my volunteer experience at Fairfield Medical Center and can further be grounds for any legal action taken by the offended parties.

Waiver of Liability/Release with Assumption of Risk and Indemnification
In exchange for the agreement of the Hospital to permit participation in any volunteer exploration experience, I hereby voluntarily assume the risk of injury and waive, release, and agree to hold harmless and indemnify the Hospital, its employees and agents from any and all liability, arising from negligence or otherwise, and all damages in any way resulting from participation in any student/intern/shadow experience at the Hospital, including but not limited to bodily, personal, or mental injury.

Volunteer Applicant Expectations
During the volunteer application process, applicants will not have (or attempt to obtain) computer access. Applicants must dress professionally and conservatively and abide by the Fairfield Medical Center dress code throughout the application process. Professional behavior is expected, including refraining from the use of cell phones and other personal duties.

The undersigned, has read all of the above carefully, understand its significance, and voluntarily agree to all of its terms.

________________________________________  ______________________________________
Signature                                      Date
Please contact the Volunteer Services Department at 740.687.8109 for specific openings.

**Cancer Care and Infusion Center**
Provides advocacy and services to all patients, families, and visitors at the Cancer Care and Infusion Center. Greets all visitors. Assists with resources and retail items. Distributes complimentary refreshments to patients.

**Clerical Support**
 Volunteers provide clerical support in a variety of departments, such as Accounting, Administration, Cardiovascular Services, Case Management, Contracts & Collections, Endoscopy, the Foundation, Human Resources, Learning & Development, Marketing, Outpatient Therapy Services, and the Volunteer Office.

**Cookie Cart**
Visits various waiting areas with the Cookie Cart to offer complimentary refreshments to visitors.

**Courtesy Cart**
Visits patient rooms with Courtesy Cart, which is stocked with books and magazines.

**Chaplain Services**
Visits patient bedsides to identify the patients’ church affiliation; notifies churches of any hospitalized parishioner(s).

**Crafters**
Enjoy knitting, crocheting, sewing, and creating? Join our Volunteer Crafters and create handmade items for patients in Maternity, Cancer Care, and Palliative Care.

**Diagnostic Services (satellite location)**
Greets patients arriving for testing; assures that patients get through the registration process in a timely and orderly manner; escorts patients to testing area.

**Emergency Department**
Provides advocacy and support to patients and visitors in the Emergency Department by rounding to patient rooms and to the Emergency Department Waiting Room.

**Fairfield Diagnostic Imaging (satellite location)**
Greet patients as they arrive and assist with electronic sign in, assuring that each patient is registered in a timely manner. Provide support to patients as they wait.

**Gift Shop**
Provides customer service and assists visitors, patients, and staff with any purchases in the gift shop. Uses cash register and assists with stocking and inventory.

**Information Desk**
Greets the public; escorts patients and visitors; responds to telephone inquires; delivers patient mail and floral arrangements; provides directional information.
Messenger Services
Picks up and delivers inter-departmental correspondence throughout the building and transports U.S. mail to and from the mailroom.

Menu Education
Visits newly admitted patients to explain how a patient orders his/her meals and to ensure a positive dietary experience.

OSU Orthopedic Office at Fairfield Medical Center
Greet patients as they arrive for their orthopedic appointment. Escort patients to and from imaging and other testing locations. Assist patients in the waiting area.

Outpatient Therapy (satellite location)
Greet patients as they arrive for therapy and ensure that each patient is taken care of in a timely manner. Provide wheelchair escort for patients when needed. Provide directions and utilization of resources to patients and visitors.

Patient Pal
Serves as an advocate to patients and visitors in a specific patient care unit by rounding to patient rooms to ensure needs of patients and visitors are met.

Pet Therapy
Visits patients with a registered therapy dog. Your dog must be registered through an acceptable organization with all paperwork on file to proceed.

Registration
Greets patients arriving for outpatient procedures; assures that patients get through the registration process in a timely and orderly manner; escorts patients to testing locations; delivers paperwork to patient units.

Riverview Surgery Center (satellite location)
Provides clerical support, support services, and promotes positive public relations to families of surgical patients while serving as a greeter and receptionist in the surgery waiting room.

Storeroom
Prepares patient charge stickers, affixes stickers to incoming patient chargeables, shelves incoming inventory items.

Surgery Waiting
Provides support services and promotes positive public relations to families of surgical patients while serving as a greeter and receptionist in the surgery waiting room. Assists Patient Representative as needed.

Volunteer Veterans
Visits patients who are veterans to present an American Flag, an honor pin, and a packet of information about Veteran benefits. Must be a Veteran of the U.S. Military.

Volunteer Voyagers
Utilizing a pedometer, Voyagers track their steps as they walk the hallways to assist patients and visitors with way finding. Steps are converted to miles as the Voyagers journey to a special destination.