Fairfield Medical Center

Thank you for your interest in the Fairfield Medical Center Teen Volunteer Program. Enclosed is an application that will provide information to assist us in making the best use of your interests and talents, as well as more detailed information regarding the Teen Volunteer Program.

The Teen Volunteer Program is best suited for those interested in serving a minimum of one year. Documentation of hours may be provided once you have served a minimum of 50 hours and recommendations may be provided once you have served a minimum of 100 hours.

At your convenience, please complete the application and request appropriate recommendations. Once I have received your application, parental/guardian permission, and recommendation forms, you will be contacted for an interview.

Sincerely,

Heidi Reed

Heidi Reed, CDVS, CAVS
Volunteer Coordinator

Fairfield Medical Center | 401 N. Ewing St. | Lancaster, Ohio 43130
740-687-8000 | 800-548-2627 (TOLL FREE)

Fairfield Medical Center

Teen Volunteer Process

Step 1: **Application**

Each potential teen volunteer is asked to complete a written application form providing pertinent personal information. Along with submission of your application, you must also submit a completed parental/guardian permission form. **Teens must be at least 16 years of age to apply.**

Step 2: **References**

Each potential teen volunteer must have two completed recommendation forms. These are to be completed confidentially and should be submitted directly to Volunteer Services rather than through the volunteer applicant. At least one recommendation should come from a school principal or guidance counselor who is not related to you. The second recommendation may also come from another adult who is not a relative or friend (i.e. coach, teacher, pastor, mentor).

Step 3: **Interview**

Once the Volunteer Coordinator has received your application, parent/guardian permission, and the appropriate recommendations, you may be contacted for an interview. Each potential volunteer will be interviewed to assess his/her areas of interest and skill sets. If we find that your skill sets match an open teen volunteer position, then you will proceed to the next step.

Step 4: **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 (approximately 1.5 weeks following orientation)!

Annual Requirements:

Each calendar year, every volunteer is required to complete education and receive a flu vaccine.

Fairfield Medical Center

Teen Volunteer Standards

In order to maintain a positive image while serving as a Fairfield Medical Center Teen Volunteer, you are required to adhere to the following standards of dress code, behavior, and attendance:

Dress Code Standards: Neat, clean & professional!

- Volunteers must ALWAYS wear a blue volunteer smock (zipped) and your volunteer ID badge.
- Khaki or black slacks, full length, but no excess on the floor. Your slacks should not be overly loose or overly snug. Absolutely no shorts, jeans, athletic pants, or leggings are permitted.
- A short-sleeve or long-sleeve top should be worn underneath the smock. Shirts should not have any writing that is visible. Jackets, sweatshirts, and sweaters are not permitted to be worn OVER the smock.
- Your ID badge must be worn on your collar or front pocket area and should always be facing forward.
- No pins, stickers, or other ornamentation may be worn on the ID badge or holder, unless it is supplied by FMC.
- Comfortable, clean tennis shoes are permitted, with laces tied. Absolutely no open-toed shoes (flip-flops, peep-toe shoes, sandals, etc.) sling shoes, or backless shoes. Socks or hosiery must be worn at all times.
- Facial and tongue piercings are not permitted and tattoos must be covered.
- No perfume, cologne, body splash, or scented lotions.
- Jewelry and make-up should be conservative.
- Hair styles and color should not be elaborate, extreme, or distracting. Hats are not permitted.
- No chewing gum is permitted while volunteering.

Behavior Standards: Appropriate, mature, and professional!

- No food should be eaten anywhere except the cafeteria or the volunteer lounge and should only be eaten before or after your volunteer shift.
- Electronics are NOT to be used while volunteering (i.e. cell phones, iPods, text messaging, instant messaging, MP3 players, CD players, DVD players, laptops, PDA's, or gaming devices).
- You are NOT permitted to use any Fairfield Medical Center computers for personal use.

Attendance Standards: Consistent, dependable, and responsible!

- You are expected to have reliable transportation.
- You should arrive early or on time for your scheduled shift and you are expected to stay for your entire scheduled shift.
- During summer break, you are required to volunteer a minimum of 4 hours every week.
- When school is in session, you are required to volunteer a minimum of 2 hours every week.
- If you miss a week, it must be made up the following week. If you feel this is not possible due to your extra-curricular activities, this may not be the right volunteer opportunity for you.
- If you know you are going to be unavailable for your scheduled shift (i.e. vacation), please let the Volunteer Coordinator know in ADVANCE.
- If you are sick, you will be expected to call the Volunteer Coordinator so that we will know you are not available for your scheduled shift.
- If you do not show up or call (no show/no call) two times, it may be grounds for dismissal from the program.

Fairfield Medical Center

Teen Volunteer Application

Application MUST be completed by the applicant

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ E-Mail Address: _____

School: _____ Current Grade: _____

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:

_____

Work Experience: _____

_____

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

_____

_____

Are you interested in a career related to health care? If so, what kind?

_____

Please list any extra-curricular activities you are involved in: _____

_____

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

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

_____

How long do you plan to volunteer? How many hours will you contribute weekly?

_____

Is this a limited school project? If so, how many hours are you required to complete?

_____

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

_____

Do you have reliable transportation? _____

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 placement, nor am I obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or gender.

I understand that I am only able to receive documentation of hours once I have served a minimum of 50 hours and am only able to receive a recommendation once I have served a minimum of 100 hours.

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.

Teen Volunteer Agreement

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 discretion of Fairfield Medical Center, 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

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. Documentation of hours will not be provided until the volunteer has served a minimum of 50 hours. Recommendations will not be provided until the volunteer has served a minimum of 100 hours. Minimum weekly hours should be met. When you must miss a shift, notification should be provided as far in advance as possible to the Staff Liaison and the hours should be rescheduled to meet your minimum requirements. Positive communication, dependability, and clear notification of scheduling and resignation are expected. Recommendations will reflect these expectations.

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

_____ _____

Signature of Applicant Date

_____

Printed Name of Applicant

_____ _____

Signature of Legal Guardian Date

_____

Printed Name of Legal Guardian

COVID-19 Safety

Fairfield Medical Center is committed to safety and we remain vigilant in following the safety guidelines to prevent the spread of COVID-19. By initialing and signing below, you indicate that you have reviewed and agree to abide by all safety requirements and expectations in order to return to volunteer service at Fairfield Medical Center. Please read the statements below and initial next to each one to indicate that you are in agreement:

_____ I attest that I am not experiencing any symptoms of illness such as a fever, chills, cough, shortness of breath/difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, diarrhea.

_____ If I develop these symptoms, I agree that I will contact the Volunteer Services office and my Staff Liaison as soon as possible to cancel my scheduled shift, even if I have minimal contact with others while volunteering. If I have the symptoms of a viral respiratory disease listed above, I understand that I should stay home until I have been approved to return by the Volunteer Office (volunteers will follow the same guidelines as employees regarding returning to volunteer).

_____ I acknowledge that my service as a volunteer at Fairfield Medical Center is my choice.

_____ I acknowledge that the requirements of this agreement are for my own safety, as well as that of patients, visitors, other volunteers, and employees of Fairfield Medical Center.

_____ I am aware that I must follow all safety and hygiene protocols that have been implemented by Fairfield Medical Center.

_____ I agree to wear a facemask upon entering and while on premises of the Fairfield Medical Center until such time that it is determined by Infection Prevention that facemasks are no longer needed at Fairfield Medical Center.

_____ I agree to abide by all HIPAA and confidentiality laws pertaining to the privacy of patient information. This includes information pertaining to any COVID patients.

_____ I understand and agree to abide by these requirements, until such requirements are lifted, in order to maintain a safe environment for myself, those I work with, and the patients and visitors of Fairfield Medical Center.

_____ I understand and acknowledge the possible risk of exposure in volunteering in a healthcare setting. If I do not agree to follow these protocols, I understand that I may take a Leave of Absence until Fairfield Medical Center returns to normal operations.

_____ _____

Signature Date

_____

Printed Name

_____ _____

Signature of Legal Guardian Date

_____

Printed Name of Legal Guardian

Fairfield Medical Center

Teen Volunteer Essay

Use the space below to further explain why you would like to volunteer at Fairfield Medical Center, how you think you will benefit the organization, and what you hope to gain from your experience.

Fairfield Medical Center

Parent/Guardian Permission

I am the parent/legal guardian of _____ and I grant my permission for him/her to serve as a volunteer at Fairfield Medical Center.

I understand that he/she must complete an initial two-step tuberculosis (TB) skin test and will be required to receive a flu vaccine annually (unless there is an approved medical or religious exemption). In addition, he/she will be required to complete (without assistance) and submit annual paperwork regarding confidentiality, safety, and hospital procedures. He/she may also be required to complete a drug screen.

I understand that he/she is not an employee of Fairfield Medical Center and therefore, is not covered by the provisions of Worker's Compensation Law of Ohio. Therefore, in the event of an accident or injury while on duty as a volunteer, I will be responsible for his/her medical and hospital expenses incurred as a result of said accident or injury.

I certify that he/she is at least 16 years of age, is in good physical and mental condition to serve as a volunteer, and has good school attendance. Furthermore, he/she has my permission to accept the teen volunteer assignment given.

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name (Printed)

Fairfield Medical Center

Medical Authorization Form

Student's Name: _____ **Home Phone:** _____

Emergency Contact Information:

Legal Parent/Guardian #1: _____

Lives with student: ☐ Yes ☐ No Home Phone: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Legal Parent/Guardian #2: _____

Lives with student: ☐ Yes ☐ No Home Phone: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Alternate Emergency Contact: _____

Lives with student: ☐ Yes ☐ No Home Phone: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Family Information:

Student is living with: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian
☐ Step-Parent ☐ Foster Parent ☐ Other:

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Never Married ☐ Widowed

Other Important Information: _____

_____

_____

Medical Treatment:
I hereby give consent for Fairfield Medical Center to provide treatment and for the following medical care providers to be contacted:

Physician: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Dentist: _____ Phone: _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by above-named doctors or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
2. The transfer of the child to any hospital reasonably accessible.

Please provide facts concerning the student's medical history, including allergies and medications being taken:

Medical Conditions: _____

_____

_____

Current Medications (including dosage & when medicine is taken): _____

_____

_____

Allergies: _____

_____

_____

Other Important Information: _____

_____

_____

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name (Printed)

Fairfield Medical Center

Recommendation Form

To be completed by School Principal or Guidance Counselor

Thank you for your assistance in completing this recommendation form so that we are able to make an informed decision regarding the applicant's ability to volunteer. All information you provide will be kept strictly confidential and will not be shared with the applicant. This form must be mailed directly to the Volunteer Coordinator.

Student's Name: _____ Grade in School: _____

Please rate the student in the following areas:

	Below Average	Average	Good	Excellent
Attendance				
Scholastic Record				
Dependability				
Courtesy				
Maturity				
Initiative				
Cheerfulness				
Responsibility				

Volunteers who serve in a hospital will likely have frequent contact with very sick people and their families. In light of this student's personality and current level of maturity, would you feel comfortable recommending the applicant for placement in a hospital setting? Please explain.

_____

_____

_____

_____

Printed Name of Reference

_____ _____

School Title (Principal or Guidance Counselor)

_____ _____

Signature of Reference Date

Please mail directly to:
Fairfield Medical Center
Volunteer Services, Heidi Reed
401 North Ewing Street
Lancaster, Ohio 43130

Fairfield Medical Center

Recommendation Form

To be completed by a non-related adult (coach, teacher, pastor, etc.)

Thank you for your assistance in completing this recommendation form so that we are able to make an informed decision regarding the applicant's ability to volunteer. All information you provide will be kept strictly confidential and will not be shared with the applicant. This form must be mailed directly to the Volunteer Coordinator.

Student's Name: _____ Grade in School: _____

Please rate the student in the following areas:

	Below Average	Average	Good	Excellent
Commitment Level				
Compassion				
Dependability				
Courtesy				
Maturity				
Initiative				
Cheerfulness				
Responsibility				

Volunteers who serve in a hospital will likely have frequent contact with very sick people and their families. In light of this student's personality and current level of maturity, would you feel comfortable recommending the applicant for placement in a hospital setting? Please explain.

_____

_____

_____

_____
Printed Name of Reference

_____ _____
Title & School (if applicable) Relationship to Applicant

_____ _____
Signature of Reference Date

Please mail directly to:
Fairfield Medical Center
Volunteer Services, Heidi Reed
401 North Ewing Street
Lancaster, Ohio 43130

Volunteer Opportunities

Please contact the Volunteer Services Department at 740.687.8109 for specific openings.

Main Campus

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.

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.

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 inquiries; 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.

Meal Delivery
Assists Nutrition Services with the delivery of patient meals. Provides assistance as need to patients in opening packaging and arranging food items.

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

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.

Riverview Surgery Center
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. Escorts families to and from various areas. Assists with clerical support as needed.

Storeroom
Prepares and affixes stickers to incoming patient items, 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.

River Valley Campus

Guest Services
Greet community members as they arrive through the Columbus St. entrance. Provide wheelchair transportation for patients when needed. Provide directions and resources to patients and visitors.

Women's Health
Greet patients as they arrive for their women's health appointments. Escort patients to and from testing locations. Assist patients in the waiting area. Provide wheelchair escort for patients when needed.