



5126 Hospital Drive
Covington, Georgia
770-788-6553

Instructions for Volunteer Application at Newton Medical Center

1. Read the Volunteer Handbook
2. Print and complete:
 - Volunteer Application
 - Background Check Form (Authorization for Consent)
 - Volunteer Agreement
 - Confidentiality Statement
 - Education Test
 - Orientation Checklist
3. Call the Volunteer Office at 770-788-6553 for an appointment and bring the completed documents to the appointment.
4. Some fees may apply and will be discussed during the appointment

In Case of Emergency Contact: _____ Relationship _____

Home Phone _____ Work /Cell Phone _____

Hobbies/Special Interests:

What prompted you to inquire about our volunteer program?

Do you have a special area of interest in volunteering? _____

I am interested in knowing more about the **First Steps** program designed to provide support and education for new mothers. Yes No

Skills (please indicate which you would be willing to share as a volunteer)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Journalism | <input type="checkbox"/> Photography | <input type="checkbox"/> Languages _____ |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Graphic Arts | _____ |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Knitting | |
| <input type="checkbox"/> Crocheting | <input type="checkbox"/> Sewing | |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Computer Skills | | |
| <input type="checkbox"/> Other (Describe) | | |

The above information is accurate and correct to the best of my knowledge. The volunteer service department is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or gender.

Signature _____ Date _____

NEWTON MEDICAL CENTER
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We require as a condition of employment that all applicants consent to and authorize verification of the background information submitted on their application and résumés.

This release and authorization acknowledges that this company and Hire Safe Investigations a consumer reporting agency, may now, or at any time while you are employed, administer testing instruments, conduct and retrieve a verification of your education, previous employment/work history, credit record, contact personal references, require that you provide a urine/breath/blood specimen to be tested for the presence of drugs or alcohol, access motor vehicle records, worker's compensation records and to receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any State and/or other information deemed necessary to fulfill the job requirements. The information received may include, but may not be limited to, the aforementioned agencies. The results of this verification process will be used to determine employment eligibility. Convictions for a felony or misdemeanor will not necessarily be a bar to employment.

I authorize Hire Safe Investigations of Powder Springs, Georgia and any of its agents/designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I do hereby forever release and discharge the Company, its agents, Hire Safe Investigations, and its associates to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or any other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the Company and to receive orally, written or electronically a copy of the consumer report and a description of the rights of a consumer. I agree that any copy of this document is as valid as the original.

I hereby certify that all of the statements and answers set forth on the application form and/or my résumé are true and complete to the best of my knowledge. I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false information or omissions will be considered as cause for possible dismissal.

Note: The following information is provided voluntarily and IS NOT considered as part of your application for employment. It is used for identification purposes in verifying information for employment background verification. Please print clearly all information requested for the past seven years.

Applicant: _____

Social Security # _____ Sex _____ Race _____ Date of Birth: _____

Current Address: _____ Yrs. ____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

RESIDENT ADDRESSES FOR STATES OTHER THAN GEORGIA DURING THE PAST 7 YEARS

Previous Address: _____ Yrs. ____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____ Yrs. ____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

Signature _____ Date _____



Volunteer Agreement

Date	
First Name	
Last Name	
Email Address	
Cell Phone #	
I have read and understand the Mission, Vision and Values of Newton Medical Center	<input type="checkbox"/> Agree
I have read and understand the Patient Rights	<input type="checkbox"/> Agree
I have reviewed the information on Diversity. I understand and agree to be respectful of all staff, volunteers and customers	<input type="checkbox"/> Agree
I have reviewed the information on politics and religion and understand I am not to enter into discussions on either while on duty.	<input type="checkbox"/> Agree
I have reviewed the information on Customer Service. I understand that great customer service is the number one priority.	<input type="checkbox"/> Agree
I have read, understand and agree to strictly abide by all rules and policies regarding HIPAA and Confidentiality.	<input type="checkbox"/> Agree
I have read, understand and agree to strictly abide by all rules and policies regarding Newton Medical Center Compliance for Volunteers	<input type="checkbox"/> Agree
I have read and understand the General Safety Information, including Proper Wheelchair transport	<input type="checkbox"/> Agree
I have read and understand the proper Infection Control and Risk Management procedures, including hand hygiene, standard precautions, isolation categories, and blood born pathogens.	<input type="checkbox"/> Agree
I have read and understand the Emergency Codes. I know my responsibility in case of an emergency. I know the codes are listed on the back of my badge.	<input type="checkbox"/> Agree
I understand I am to wear my identification badge on the right collar of my uniform any time I am on duty and I am to return the badge to the volunteer office when my volunteer service ends.	<input type="checkbox"/> Agree
I understand how and where to report my hours and I will report my hours every time I volunteer.	<input type="checkbox"/> Agree
I understand the parking label is to be placed on the inside back window of my car on the driver's side and that I am expected to follow parking instructions for volunteers	<input type="checkbox"/> Agree
I have reviewed the dress code policy and understand I am to be in a clean, pressed uniform any time I am on duty.	<input type="checkbox"/> Agree
I understand I am to report on time and let the volunteer office and let the assigned department know if I will be late or absent.	<input type="checkbox"/> Agree

CONFIDENTIALITY STATEMENT
Volunteer Services

Personal, health and financial information is provided to Newton Medical Center by our patients and their significant others throughout the continuum of care. This information may include medical information in a patient's chart, billing information, reports generated by computer systems, verbal information and the like.

As a volunteer of Newton Medical Center, I promise absolute confidentiality of all personal and financial information to our patients. To these ends, I agree that:

Access to confidential patient information is for the sole purpose of fulfilling my volunteer responsibilities. I understand that I may not, under any circumstances, read a patient's chart or other documents considered to be personal and confidential.

Conversations concerning patient care are confidential and they should occur only as necessary to care for a patient. Conversations concerning patient care are not acceptable in hallways, cafeterias, stairwells, elevators, and so forth where they may be overheard. (Be conscious of open windows).

Patient information shall only be released in accordance with the Newton Medical Center policies and procedures which designates the person in the position of Marketing as the official spokesperson. As a volunteer, it is my responsibility to uphold the Patient Bill of Rights.

Computer and telephone voice mail password codes are confidential and they should never be shared.

Failure to abide by the Newton Medical Center Confidentiality Policy is grounds for immediate termination. Further legal actions may also result.

Confidentiality Statements will be signed initially and then annually (during mandatory education programs) to re-affirm my commitment to patient confidentiality and to communicate changes in the hospital policy.

By signing my name, I affirm that I fully understand and agree to abide by the Newton Medical Center Confidentiality Policy.

Volunteer's Signature

Date



EDUCATION TEST

SAFETY

1. Code Red is the announcement made for	<input type="checkbox"/> Tornado <input type="checkbox"/> Fire <input type="checkbox"/> Bomb Threat
2. Code Black is the announcement made for	<input type="checkbox"/> Adult arrest <input type="checkbox"/> Outside Disaster <input type="checkbox"/> Bomb Threat
3. Which code is called for a patient arrest?	<input type="checkbox"/> Code Blue <input type="checkbox"/> Code Orange <input type="checkbox"/> Code Pink
4. To whom should you report slips, trips, falls or other accidents?	<input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Department Supervisor <input type="checkbox"/> Environmental Services
5. If you witness a visitor having an accident in the hospital, what should you do after the person is cared for?	<input type="checkbox"/> Return to your area of service <input type="checkbox"/> Complete a generic incident report form <input type="checkbox"/> Tell everybody what happened.
6. In case of fire, we use the acronym:	<input type="checkbox"/> SAFE <input type="checkbox"/> RACE <input type="checkbox"/> PACE
7. Code Orange is the announcement for:	<input type="checkbox"/> Chemical Spill <input type="checkbox"/> Internal Disaster <input type="checkbox"/> Infant Abduction
8. Code Pink is the announcement for:	<input type="checkbox"/> Hostage Situation <input type="checkbox"/> Infant Abduction <input type="checkbox"/> Internal Disaster
9. The most important precaution for preventing the spread of infection is:	<input type="checkbox"/> Environmental Controls <input type="checkbox"/> Personal Hygiene Equipment <input type="checkbox"/> Hand Hygiene (Washing your hands)
10. A patient has an ISOLATION sign on the door. Before you go in you should:	<input type="checkbox"/> Knock on the door before entering <input type="checkbox"/> Put on gloves, gown, mask <input type="checkbox"/> Ask a nurse to go in for you
11. If you aren't sure if the room is an ISOLATION ROOM, you should.	<input type="checkbox"/> Just go on in, but be careful. <input type="checkbox"/> Ignore your assignment <input type="checkbox"/> Ask at the nurse's desk for clarification.
12. Why is the use of cellular phones prohibited in most areas of the hospital?	<input type="checkbox"/> Patient's find them annoying <input type="checkbox"/> Can interfere with life saving equipment <input type="checkbox"/> Cell Phone frequencies may cause cancer
13. In the event Security is needed in your location you should:	<input type="checkbox"/> Dial 911 <input type="checkbox"/> Dial 7000 and call Dr. Armstrong 3 times <input type="checkbox"/> Yell for help

14. Code Green is the announcement for:	<input type="checkbox"/> Seal the building <input type="checkbox"/> External Disaster <input type="checkbox"/> Tornado Warning
15. ABC fire extinguishers can put out:	<input type="checkbox"/> Electrical Equipment <input type="checkbox"/> Paper, Wood, Flammable Liquids <input type="checkbox"/> All of the above
16. Code White is the announcement for:	<input type="checkbox"/> Internal Disaster <input type="checkbox"/> External Disaster <input type="checkbox"/> Fire
17. When transporting a person by wheelchair, the most important thing to remember is:	<input type="checkbox"/> To find out the person's name <input type="checkbox"/> To lock the brakes <input type="checkbox"/> To ask for the patient's diagnosis
18. You have been asked to transport a patient by wheelchair to a patient floor. The patient has been assigned a room. You should:	<input type="checkbox"/> Take the patient to the nurse's desk and hand the patient off to them. <input type="checkbox"/> Ask the patient if they would like to visit the gift shop on the way. <input type="checkbox"/> Take the patient directly to the assigned room and help them get in bed.

HIPAA/CONFIDENTIALITY

19. Your sister's friend just had surgery at NMC. She asks you to find out his condition. What should you do?	<input type="checkbox"/> Ask a nurse about the pt's condition <input type="checkbox"/> Log in to the medical record <input type="checkbox"/> Explain the privacy violation
20. When are you, the volunteer, free to repeat a patient's PHI (protected health information) that you see or hear?	<input type="checkbox"/> Never <input type="checkbox"/> After the patient goes home <input type="checkbox"/> If you know the patient would not mind
21. You see an open recycling bin full of paper. You can see patient names, addresses and diagnoses on the papers. What should you do?	<input type="checkbox"/> Ignore it, it does not concern you. <input type="checkbox"/> Tell the department supervisor <input type="checkbox"/> Try to find out who did it
22. What questions should you ask yourself before looking at patient information?	<input type="checkbox"/> Do I have a need to know? <input type="checkbox"/> Would the patient mind? <input type="checkbox"/> Can anyone see me?
23. Which of the following types of information does HIPPA's privacy rule protect?	<input type="checkbox"/> Electronic information <input type="checkbox"/> Information overheard <input type="checkbox"/> Information on paper <input type="checkbox"/> All of the above
24. What should you do if a patient complains that her privacy was violated during her stay?	<input type="checkbox"/> Tell her it's not your concern <input type="checkbox"/> Tell her to prove it <input type="checkbox"/> Tell the supervisor in the department
25. I sell cosmetics and candies to earn extra monies. Can I sell these items in the hospital?	<input type="checkbox"/> Of course, everyone enjoys new things <input type="checkbox"/> If you get permission <input type="checkbox"/> No, NMC policies prohibit this activity
26. A visitor approaches you on a patient floor and asks what room Mr. Brown is in. What do you do?	<input type="checkbox"/> Take the visitor to Mr. Brown's room <input type="checkbox"/> Take the visitor to the nurse's desk to ask the ward clerk to help the visitor <input type="checkbox"/> Tell them you don't know where he is.

CUSTOMER SERVICE/FIRST IMPRESSIONS

27. A patient or visitor asks directions to Radiology? What should you do?	<input type="checkbox"/> Point them in the right direction <input type="checkbox"/> Tell them you don't know the location <input type="checkbox"/> If possible, take them there
28. When meeting someone in a hallway you should:	<input type="checkbox"/> Ignore them, they may want something <input type="checkbox"/> Smile and give a greeting. Be ready to assist if asked. <input type="checkbox"/> Ask them where they are going
29. Newton Medical Center is known as the hospitable hospital	<input type="checkbox"/> True <input type="checkbox"/> False
29. You are late to your assigned area and don't have time to eat lunch. It's okay to eat while on duty.	<input type="checkbox"/> True <input type="checkbox"/> False
30. Maintaining a clean, well-kept facility is the responsibility of:	<input type="checkbox"/> The Housekeeping Staff <input type="checkbox"/> Employees <input type="checkbox"/> Volunteers <input type="checkbox"/> All of the above
31. When communicating with the hearing impaired, you should:	<input type="checkbox"/> Yell really loud <input type="checkbox"/> Face the person when speaking <input type="checkbox"/> Just don't bother to speak

BODY MECHANICS

32. Proper positioning during sitting is very important. Which will contribute to maintaining a healthy back?	<input type="checkbox"/> Use a lumbar roll <input type="checkbox"/> Cross your legs at the knee <input type="checkbox"/> Sit a foot away from the desk and keyboard
33. When lifting a box from the floor you should:	<input type="checkbox"/> Just bend over and pick it up <input type="checkbox"/> Check the weight before lifting and get help if needed. <input type="checkbox"/> Twist and turn to set it down <input type="checkbox"/> Hold the object away from your body

m:education test



Volunteer Orientation Checklist

- I wish to provide volunteer services for Newton Medical Center.
- I understand my volunteer service is donated without contemplation of future employment, and given with humanitarian or charitable reasons.
- I understand that as a volunteer, I am not covered by any state or federal wage and hour laws, nor am I eligible for workers compensation, unemployment insurance benefits, or any other benefit available to employees.
- I understand that my religious or political beliefs may not be imposed or discussed while on duty at Newton Medical Center.
- I agree to not engage in any inappropriate conversations or behavior related to age, race, sex, gender, color, creed, disability (including HIV positive), or national origin.
- I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute petitions on hospital premises, unless I have the express permission of the Director of Volunteer Services.
- I understand that Newton Medical Center offers medical services for treatment of illnesses to patients and I assume a risk that I might be inadvertently exposed to such diseases.
- I release, discharge and relieve Newton Medical Center from any and all claims whatsoever of any nature arising as a result of my volunteer services and all related activities.
- I understand and agree that I will comply with all rules and standards of conduct which apply to hospital employees and independent contractors.
- I shall be punctual and conscientious, conduct myself with dignity courtesy and consideration of others, and endeavor to make my volunteer service professional in quality.
- I agree to attempt to resolve any problems related to my volunteer service with my placement's supervisor, and if unsuccessful, I will attempt to resolve any such problems with the Director of Volunteer Services.
- I understand the Director of Volunteer Services reserves the right to terminate my volunteer status for any reason including if I fail to follow policies, rules and regulations; if I am absent without prior notice; if I have unsatisfactory behavior or appearance; or any circumstances that would make my continued services contrary to the best interests of the hospital. I also understand that the Director's decision is final.
- I understand and agree that my services are provided voluntarily and freely without expectation of compensation of any kind and that my agreement to serve as a volunteer does not create an employment agreement or an agreement (except to abide by these rules governing a volunteer's conduct) of any other sort between myself and Newton Medical Center
- I HAVE READ, I UNDERSTAND, AND I AGREE

NAME _____ DATE _____

Initiated 7/11

m:volunteer agreement