



**PLEASE READ CAREFULLY**

Volunteer Information

When applying for membership in the *Auxiliary, Student or Community Services*, the following information must be provided:

1. Result of a TB test within the last 12 months.
2. Criminal background checks by hospital (Fingerprinted and State Police background check for certain areas as required). As of April 1, 2009 College Students and Community Service Court Appointments will be required to pay \$24.75 for "Background Checks.
3. Attend Orientation, 8:00 AM to 11:30 AM including \*\*HIPAA, 3 ½ Hour duration with a written test on \*\*HIPAA test. (Annual re-orientation is required.
4. Students must deposit \$28.00 for an Auxiliary jacket. Monies will be refunded upon return of a cleaned/washed jacket in usable condition – if brought back dirty, the cost of cleaning will be deducted from the deposit.
5. Fill out and sign the following forms:
  - a. WJMC Personnel Fact Sheet
  - b. West Jefferson Medical Center Code of Conduct
  - c. Applicant Authorization and consent for Release of Information (Criminal background check)
  - d. Corporate Statement on Ethical Conduct
  - e. Volunteer Job Description
  - f. Volunteer Agreement Form
  - g. Volunteer/Auxiliary Application
  - h. Read and sign "Standards of Excellence Commitment Contract"
  - i. Acknowledgement of any applicable department assignment documents (s)
  - j. Customer Service Pledge
6. Schedule an interview with the Director of Volunteers. (Monday, Tuesday or Thursday, 9am, 9:30am, 10am, 10:30am, or 11:00am) Call 349-1136 for an appointment. Please note that volunteer candidates are placed once position is available matching their abilities, interest, skills and request of participating department. Non-paid staff follows process for becoming official volunteers and abide by the programs of the Medical Center including standards of regulatory bodies and actions and activities in keeping with all applicable laws and regulations.
7. The volunteer positions are contingent on availability of said positions

Volunteers will present ID badges and uniforms issued by Medical Center or Auxiliary and/or Auxiliary and/or Volunteer Services at completion of service designated duty assignment (s) or resignation from program

\*\*HIPAA = Health Information Portability Accountability Act.

Rudy Sampey,  
President & Director of Volunteers  
W.J.M.C. Auxiliary

June 2010

**WEST JEFFERSON MEDICAL CENTER  
VOLUNTEER SERVICES CHECK LIST**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Orientation: Yes  No  Date Completed: \_\_\_\_\_

HIPAA Test Yes  No  Pass  Fail

TB Test Results Yes  No  Date: \_\_\_\_\_

Fingerprints Required Yes  No  None Required

Background Check Required: Yes  No  Date Received: \_\_\_\_\_

I.D. Badge Number: \_\_\_\_\_

I.D. Badge Received Date: \_\_\_\_\_ Returned: \_\_\_\_\_

Volunteer Jacket: Date Received: \_\_\_\_\_ Returned: \_\_\_\_\_

Auxiliary Dues Paid: Yes  No  Amount Paid: \_\_\_\_\_  
(\$5.00 per year, or \$50.00 for lifetime)

**COLLEGE STUDENTS ONLY**

Jacket Deposit of \$28.00 Required: Yes  No  Date Paid: \_\_\_\_\_

Deposit Reimbursed: Yes  No  Date Paid: \_\_\_\_\_

Work Location \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

# WEST JEFFERSON MEDICAL CENTER

## BADGE REQUEST FORM

(Please Print)

This is to request that the following employees name badge be replaced:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: \_\_\_\_\_ Authorized Credentials: \_\_\_\_\_

The reason for this request is as follows:

- \_\_\_\_\_ New Medical Center Employee
- \_\_\_\_\_ Student
- \_\_\_\_\_ Contracted Employee
- \_\_\_\_\_ Volunteer
- \_\_\_\_\_ Transferred to Another Dept.
- \_\_\_\_\_ Legal Name Change (*Documentation to change Payroll Accomplished*)
- \_\_\_\_\_ Change in Credentials
- \_\_\_\_\_ Poor Appearance of Identification Tag
- \_\_\_\_\_ Broken Identification Tag
- \_\_\_\_\_ Lost Identification Tag \*\*
- \_\_\_\_\_ Not Scanning

*\*\* The employee should pay the cashier the \$15.00 replacement fee and bring the receipt to the Security Department with the request form.*

\_\_\_\_\_  
Employee Signature                      Date                      Human Resources Representative

Form # 1560 White  
Revised: 8/00



**Volunteer / Auxiliary Application**

The Auxiliary hosts a number of volunteering activities. Various Federal, State and local laws prohibit discrimination based on race, color sex, religion, national origin, ancestry, age, disability, or marital status. The Auxiliary and Volunteer Services program adhere to these in administering non-paid activities. Your response to any question will not be used as a basis for discrimination, but will be judged on it's relevance to the volunteer position you are seeking. Please complete application in its entirety, incomplete applications may not be processed.

Name (Last)	(First)	(Middle)	Social Security Number
Address (Street)		(City)	(State) (Zip Code)
Home Telephone	Business Telephone	E-mail address	May we contact you at work (if employed) <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Position/Volunteer Area of Service Applying for: _____			Days and Hours available:
Department: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Date Available _____			Days Scheduled: M Tues W Thur F S S Time (s)
Referral Source: <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Volunteer or Employee _____ <input type="checkbox"/> Other _____			Will you are willing to participate in an annual orientation and TB testing? <input type="checkbox"/> Yes <input type="checkbox"/> No  Will you be willing to take a drug-screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Education**

Type of School	Name and location of School	Degree/Area Of Study	Graduated (check one)
High School	Name _____ Address _____ City _____ State _____ Zip Code _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
College	Name _____ Address _____ City _____ State _____ Zip Code _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Name _____ Address _____ City _____ State _____ Zip Code _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Special Skills**

Indicate special skills, qualifications or experiences:

PC Software/Other Equipment:  Only if interested in volunteering these skills: Typing speed _____ Computer Programs you use _____
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<b>License/Registration:</b> Use this space to list any professional or Occupational Registration, Licenses or Certification you currently hold that may be required (Staff Radiographer, Physical Therapist, Registered Nurse, Licenses Practical Nurse, Electrician, Etc.) or which you want to volunteer your services for community programs:
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**Employment Data:** List all previous employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. May we contact your present employer?  Yes  No. Past employer?  Yes  No **Please indicate if you were employed under a different name.**

Date	Name and Address of Employer	Position	Salary	Why did you leave?
From Mo/Yr	Name of Company _____ Address _____	Job Title	Starting \$	Reason for Leaving
To Mo/Yr	City _____ State _____ Phone Number ( ) _____	Name of Supervisor	Ending \$	Other name (s) used
From Mo/Yr	Name of Company _____ Address _____	Job Title	Starting \$	Reason for Leaving
To Mo/Yr	City _____ State _____ Phone Number ( ) _____	Name of Supervisor	Ending \$	Other name (s) used
From Mo/Yr	Name of Company _____ Address _____	Job Title	Starting \$	Reason for Leaving
To Mo/Yr	City _____ State _____ Phone Number ( ) _____	Name of Supervisor	Ending \$	Other name (s) used

**Reference:** Please give two references (DO NOT list relatives). **DO NOT USE EMPLOYERS LISTED ABOVE**

Name	Phone #	Title	Relationship
1.			
2.			

**Military Service:** Complete this section if you served in the U.S. Armed Forces:

Branch of Service _____ Period of Active Duty (Month and Year) _____
Technical Specialization _____

**Legal**

<p>Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, do you have the necessary legal documents to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No          (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)          Were you ever discharged by any company <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give name of company (s) _____          Reason for discharge: _____          Have you ever been convicted of a felony or a first degree misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No,          If yes, please explain _____          Have you been subject to any adverse action (s) by any duly authorized sanctioning or disciplinary agency for either conduct or performance          Based actions? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain: _____</p>
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**Please Read Carefully**

In submitting this application for volunteering, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education, educational background, credit record and or criminal history. I release anyone so authorized, West Jefferson Medical Center, and any 3<sup>rd</sup> party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

I understand and agree that when volunteering it will be "at will". That is, either I or West Jefferson Medical Center may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by West Jefferson Medical Center does not imply acceptance and that this application and/or any other West Jefferson Medical Center documents are not contracts of employment.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Reviewers Initials \_\_\_\_\_

Why do you want to volunteer?

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Please read carefully:

In submitting this application for volunteer services, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education, educational background, credit record and/or criminal history. I release anyone so authorized, West Jefferson Medical Center, and any 3<sup>rd</sup> party company from all liability and damages whatsoever in furnishing, obtaining or using said information in determining appropriate placement.

I understand and agree that if acceptable for volunteer service, the service will be “at will”. That is, either I or West Jefferson Medical Center may end the relationship at any time, for any reason, or for no reason. I understand that receipt of this application by West Jefferson Medical Center does not imply acceptance and that his application and/or any other West Jefferson Medical Center documents are not contracts of employment or volunteer service agreement.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Review/Approved by:

Auxiliary President or Designee: \_\_\_\_\_

Please list other agencies you volunteer for:

Volunteer activities of positions held

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# WJMC PERSONNEL FACT SHEET

Name \_\_\_\_\_  
Last First MI Nickname

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

### Personal Information

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_M\_\_\_\_F

Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

### In Case of Emergency, Please Notify:

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Phone (____) _____	Phone(____) _____

Disability:                      Yes    or    No  
                                            Type of Disability \_\_\_\_\_

U.S. Citizen                                           

Military Reserve                                                                  Branch of Military \_\_\_\_\_

### Race / Ethnic Categories

- Hispanic                       American Native                       Black  
 White                       Asian or Pacific Islander

The facts set forth above are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WEST JEFFERSON MEDICAL CENTER

CODE OF CONDUCT

VOLUNTEER DOCUMENTATION OF RECEIPT AND UNDERSTANDING

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(PRINT NAME)

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(POSITION)

A VOLUNTEER OF WEST JEFFERSON MEDICAL CENTER CERTIFY  
THAT I HAVE RECEIVED, READ AND UNDERSTAND AND AGREE TO  
FOLLOW THE WEST JEFFERSON MEDICAL CENTER CODE OF CONDUCT.

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(SIGNATURE)

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(DATE)



STANDARDS OF EXCELLENCE  
COMMITMENT CONTRACT

As a condition of my employment, I will uphold West Jefferson Medical Center’s Standards Excellence and will adopt these behaviors in my daily involvement with patients, guests and colleagues. Furthermore, I understand that these standards will be reflected in my annual performance evaluation.

Adherence to these standards is essential to ensure guest satisfaction while continuously improving the health status of our community.

I, \_\_\_\_\_, have read and will adopt West Jefferson Medical Center’s  
Print Name

STANDARDS OF EXCELLENCE including:

ATTITUDE

AWARENESS

COMMUNICATION

COMMITMENT

OWNERSHIP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CORPORATE STATEMENT ON ETHICAL CONDUCT

West Jefferson Medical Center will conduct business in accordance with a set code of ethical standards. Adherence to such standards should never be compromised or traded in favor of financial or other business advantages. These high ethical standards are necessary in order to provide quality patient care and services, gained through the confidence and pride instilled in our volunteers.

West Jefferson Medical Center expects every volunteer to adhere to high ethical behavior. All volunteers should avoid seeking other methods such as short cuts, loopholes and technicalities and should reject the notion that an unethical behavior is acceptable due to the considering whether or not an act is ethical. One should judge it by taking into account the legality and fairness to call concerned, and whether the act could withstand scrutiny by co-workers, supervisors, outsiders and peers if it were to be revealed. Volunteers whose behavior is found to violate ethical boundaries and standards will be subject to the Medical Center's Progressive Disciplinary Policy and Procedure including, when appropriate termination.

## CORPORATE POLICY ON ETHICAL CONDUCT

1. Deal honestly and fairly with all patients, co-workers, clients, supervisors, subordinates, suppliers, and any other persons connected to West Jefferson Medical Center. Our long-term success depends upon establishing mutually beneficial relationships.
2. Treat all persons equally and fairly without discrimination, and with dignity and respect. Be professional, honest and trustworthy in all actions, non-discriminatory on the basis of race, color, sex, religion, national origin, age, sexual preference, or disability.
3. Obey all laws, rules, regulations, and moral principles set forth by West Jefferson Medical Center, Jefferson Parish, the State of Louisiana, and the United States Government. All volunteers will be held responsible for upholding the law, including those that apply to harassment (sexual, verbal, physical or other), abusive and violent behaviors, falsification of documents or records, use of alcoholic beverages and illegal substances, and civil rights matters.
4. Avoid the improper giving and receiving of gifts. Giving and receiving gifts of substantial value is strictly prohibited as it compromises the objectivity of the business relationship.
5. Avoid direct or indirect conflicts of interest. Do not engage in any activity that could be detrimental to the success of the company and/or beneficial for your own personal or financial gain. Management volunteers should not offer their skills, knowledge or services to competitors or engage in outside business dealings or relationships which would sell goods to or compete in any way with our company.
6. Effectively utilize the data and information that is provided to you and your assigned department. The data provided to volunteers of this facility is intended for Medical Center use only and should not be released to competitors or outside business interesting order to gain advantages for another company or create a negative impact on this institution. This would include any confidential volunteer information pertaining to sensitive issues such as disciplinary measures and the release of this information to unauthorized sources.

7. Efficiency utilizes and safeguards all public resources, supplies, services and funds. Personal use of supplies, services, funds, equipment, premises, etc... is prohibited without prior written approval and compensation. Safeguarding the company's assets is under the volunteer's control. No one is allowed to sell, give away or misuse or profit by personal hospital property, funds or services.
8. Adhere to a professional relationship with all contracted services, vendors and physician practices. All information received in contractual relationships with other companies must be held in strict confidence, including agreements, documents, trade secrets and other information agreed between the parties involved. You should always maintain a professional relationship and never accept favors or anything of substantial value which could compromise the relationship.
9. Report financial conditions and results of operations fairly and honestly. The books will be kept in accordance with the generally accepted accounting principles (GAAP) and all volunteers will cooperate with internal and outside auditors. Also, all information relative to operations will be reported accurately to all survey teams and investigations, if applicable.
10. Protect the confidentiality of all patient information and/or only release it in the course of medical treatment. West Jefferson Medical Center requires all volunteers to preserve the confidential information that is entrusted to the volunteers and demands that each volunteer take the appropriate precautions to insure that all patient information remains confidential.
11. Report observed deviations or violations of this policy by utilizing the current chain of command or a volunteer may report directly to the Vice President of Human Resources. West Jefferson Medical Center expects volunteers to uphold the integrity of this organization and themselves by strict adherence to these standards. Volunteers are expected to report any violations of which they have direct knowledge immediately. Volunteers can report ethical violations, suspected or known thefts, misappropriations of funds, misconduct, wrongful acts, and/or deviations from this policy at any time to the Vice President of Human Resources. All reports are on a confidential basis.

This is to certify that I have read and agree with the New Corporate policy on Ethical Conduct at this institution and fully understand that any violation of this policy may result in progressive disciplinary action to include the termination of my employment.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Date

West Jefferson Medical Center

Marrero, Louisiana

Volunteer Job Description

I have had the opportunity today to review my job description as a hospital volunteer.

I understand that I can discuss the volunteer job description further with the president of the Auxiliary and/or volunteer coordinator, with the administrative liaison to volunteers, which are the Chief Community Relations Officer or designee and/or the Human Resources Director.

I understand that my supervisor in my respective work area can also provide me with additional descriptions of job responsibilities and functions related to designated tasks and assignments in my work area and that I can receive clarification or changes in job duties based on our discussions and needs of the department and Medical Center.

Volunteer Name (print) \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Auxiliary President or volunteer coordinator:

Administrative Liaison: \_\_\_\_\_  
Chief Community Relations Coordinator

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

***If ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:***

1. I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not **seek** to obtain confidential information from a patient.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any Business for attorneys or insurance companies, both on or off of hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the director of volunteer services.
4. I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the director of volunteer services to engage in these activities.
5. I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory test and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my physician(s) to furnish the hospital information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to the hospital.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve any such problems with the director of volunteer services.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the philosophy and standards of the hospital.
10. I understand that the volunteer services department reserves the right to **terminate my volunteer status as a result of** (a) failure to comply with hospital policies, rules, regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which in the judgment of the department director, would make my continued services as a volunteer contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them.

\_\_\_\_\_  
Volunteer Signature                      Date

\_\_\_\_\_  
Volunteer Parent Signature      Date  
If Volunteer Under Age 18

**WITNESS CLAUSE**

I agree that I have explained each of the conditions of volunteer services to the applicant who has signed this form and that I have witnessed the applicant's signature.

\_\_\_\_\_  
Director of Volunteers                      Date

## West Jefferson Medical Center Customer Service Pledge

As a volunteer of West Jefferson Medical Center, I understand that customers come first and that offering ultimate customer service is my #1 priority.

By signing below, I agree to remain a part of the WJMC family and abide by the following standards and expectations.

- Acknowledge customers immediately and offer assistance in a friendly, courteous and professional manner.
- Remember to put the customer's needs first.
- Exceed the customer's expectations by going the extra mile to help or assist in any way that I can.
- Anticipate our customer's needs and fulfill them to the best of my ability.
- Respond to a customer's needs and/or questions promptly and politely.
- Provide regular feedback and updates to our customers so they will be aware of any potential concerns, issues or delays that may affect their visit.
- Remember that I am empowered under Service Recover.
- Look, act and speak professionally and maintain a professional environment and work area.
- Remember that our customers are not only our patients, but our visitors, fellow employees, physicians and business partners.
- Always remember that customers are the reason why we are here.
- It is my obligation to help customers in any way that I can with a friendly smile And a kind, compassionate and courteous attitude at all times.
- I understand that any negative attitude or action will not be tolerated.

***I agree to adhere to the standards included in Service Recovery and Customer Service Pledge at all times and make the customer my #1 priority.***

\_\_\_\_\_  
Volunteer (Print)

\_\_\_\_\_  
Volunteer (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Director