

# BAPTIST HOSPITAL VOLUNTEER SERVICES

## PART I PRE-APPLICATION

Baptist Health Care is an Equal Opportunity Employer and  
Is a Drug-Free Workplace

Applicants must complete both Part I Pre-Application and Part II Application to be considered for volunteering. Incomplete applications will not be accepted. It is very important to answer every question completely and honestly. Applications will only be valid for 60 days and, after that time, must be resubmitted.

### Part I - Pre-Application

- \*Read and Agree to Standards of Performance
- \*Complete Background and Criminal History Check Questions
- \* Read and Agree to the following Applicant Statements:
  1. Applicant Certification
  2. Authorization to Seek and Give References
  3. Code of Conduct Summary

### Part II - Application

## PART I - PRE-APPLICATION

### STANDARD OF PERFORMANCE

A set of performance standards has been developed by the employees of Baptist Health Care to establish specific behaviors that all employees are expected to practice while on duty. All applicants are required to read Baptist Health Care's Standards of Performance and agree to comply with them prior to applying.

#### Standards of Performance

##### Attitude

- Our job is to serve our customers and provide high quality service with care and courtesy. Always thank customers for choosing Baptist Hospital. Exceed expectations.
- Acknowledge a customer's presence immediately. Smile and introduce yourself at once.

##### Appearance

- Be clean and professional.
- Follow dress code policies and wear your identification badge correctly at all times.
- Pick up litter and dispose of it properly. Clean up spills and return equipment to its proper place.

##### Communication

- Listen to customers. Be courteous. Don't use jargon. Keep patient information confidential.
- Acknowledge call lights by the fifth ring and respond to requests within three minutes. Always address the patient by name.
- Anticipate patients' needs so they will not have to use their call lights.
- Ensure continuity of care by reporting to relief caregivers before leaving the floor. Return promptly from breaks.
- Check on patients one hour before shift change to minimize requests during report.

##### Commitment to Co-workers

- Treat one another as professionals deserving courtesy, honesty and respect. Welcome newcomers.
- Avoid last-minute requests and offer to help fellow employee/volunteers whenever possible.
- Cooperate with one another. Don't undermine other people's work; praise whenever possible.
- Do not chastise or embarrass fellow employees/volunteers in the presence of others.
- Address problems by going to the appropriate supervisor.

##### Customer Waiting

- Educate families about processes and provide a comfortable atmosphere for waiting customers.
- An acceptable waiting time for scheduled appointments is ten minutes; it's one hour for non-scheduled appointments.
- Offer refreshments and an apology if a wait occurs. Always thank customers for waiting.
- Update family members periodically - at least hourly - while a customer is undergoing a procedure.

## Standards of Performance - Continued

### Elevator Etiquette

- Always smile and speak with fellow passengers; hold the door open for others.
- When transporting patients in wheelchairs, always face them toward the door and exit with care. If transporting a patient in a bed or stretcher, politely ask others to wait for another elevator.
- Pause before entering and elevator so you do not block anyone's exit. Step aside or to the back to make room for others.
- Walk departing guests to the elevator.

### Privacy

- Make sure that patient information is kept confidential. Never discuss patients and their care in public areas.
- Knock before entering. Close curtains or doors during exams and procedures. Provide a robe or second gown if the patient is ambulating or in a wheelchair. Make sure all gowns are the right size for the patient.

### Safety Awareness

- Report all accidents or incidents promptly.
- Correct or report any safety hazard you see.
- Use protective clothing, gear and procedures when appropriate.

### Sense of Ownership

- Take pride in this organization as if you own it. Accept the responsibilities of your job.
- Adhere to policies and procedures. Live the values of this organization. Do the right thing.

\_\_\_\_\_ **Initials** - by initialing I signify that I have read, understand, and agree to comply with and practice the Standards outlined above.

## **BACKGROUND AND CRIMINAL HISTORY CHECK**

Baptist Health Care conducts background screenings, including criminal histories.

**You MUST answer the following questions completely and truthfully.** A "YES" answer to these questions will not automatically bar you for volunteering. The nature, job relatedness, severity and date of criminal offense(s) and/or intentional torts in relation to the position for which you are applying will be considered. However, failure to answer the questions in this **application truthfully and completely may result in your disqualification from consideration for volunteering or discharge from volunteering if you are accepted.**

Please note that criminal offenses in your criminal history or intentional torts do not "disappear" from your record after any certain amount of time, and thus you **MUST** disclose all offenses and intentional torts in this **application regardless of how long ago the offense occurred.** If you have any questions, please ask to speak with a human resources manager.

1. Have you **EVER in your** life pled guilty to any crime or criminal offense, pled no contest (sometimes known as "nolo contendere") to any crime or criminal offense, had adjudication of guilt withheld for any crime or criminal offense, OR been convicted, fined, sentenced, placed on probation, incarcerated, placed on house detention (sometimes called "house arrest"), assessed any costs of criminal court or had any other criminal penalty imposed upon you?

YES                       NO

### **If No, Go To #2**

1A. If the answer to Question 1 above is YES, please identify, explain and give details about the type(s) and circumstances of the crime(s) or criminal offense(s) or matters referred to in Question 1 above:

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1B. For each crime or criminal offense or matter identified above, please identify:

- a. The dates of the crime, conviction, plea and/or adjudication of guilt withheld AND
- b. The penalty(ies), sentence, or disposition(s) imposed for each crime or criminal offense or matter.

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## **Background and Criminal History Check ~ Continued**

1C. For each crime or criminal offense or matter identified above, please identify the State and location in which each crime or criminal offense or matter occurred:

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Have you **EVER in your life** been a defendant or been sued in a civil action or lawsuit for an intentional tort (or an intentional civil wrong, such as, for example, trespass, civil theft, battery, assault, false arrest or imprisonment, employment discrimination or harassment, civil rights violations, slander, libel, fraud or deceptive trade practices)?

YES     NO

**If No, Go to #3**

2A. If the answer to Question 2 is YES, please identify, explain, and give details about the type or nature of each intentional tort claimed against you and circumstances of that claim alleged against you

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2B. For each intentional tort identified above, please:

- a. identify the dates of the civil action or lawsuit
  - b. describe and explain the final disposition or end result of each civil action or lawsuit,  
AND
  - c. identify the date of that final disposition or end result
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3. Are you currently on **probation** for a crime, criminal offenses, or in a criminal proceeding or have you been off probation **LESS** than one year?

YES     NO

**If YES** – Unfortunately, our Employment policy is that an applicant must be out of the criminal probation system for at least 1 year to be considered for employment. Since you do not meet this criteria, you are not eligible to be considered for employment at this time. Thank you for your interest in Baptist Health Care..

**Remember that failure to report accurately, truthfully and completely the information requested above may result in your being disqualified from consideration for employment/volunteering or discharged from employment/volunteering if you are hired.** If you have any questions, please ask to speak with a human resources manager.

**READ EACH STATEMENT CAREFULLY BEFORE COMPLETING:**

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**APPLICANT CERTIFICATION**

I hereby certify that the information given by me in this application – both Part I and Part II, and during the interview process is true and complete in all respects to the best of my knowledge. I understand that all information on this application is subject to verification, and I agree that if the information is found to be **UNTRUE OR MISLEADING IN ANY RESPECT, I WILL BE DISQUALIFIED FROM CONSIDERATION FOR VOLUNTEERING OR IF VOLUNTEERING SUBJECT TO IMMEDIATE DISCHARGE.**

\_\_\_\_ Initials – by initialing I signify that I have read, understand and agree with the Applicant Certification statement above.

**AUTHORIZATION TO SEEK AND TO GIVE REFERENCES**

I hereby authorize Baptist Health Care “BHC” to seek references from previous employers or friends listed on this form.

I authorize the references and previous employers listed to give BHC all information and facts concerning me and my previous employment. I will not hold them responsible for any action or lack of action that may be taken by others on the information provided.

**Authorization to seek and to give references continued**

I understand that the information provided to BHC may not be disclosed to me and I waive my right of access to this information.

\_\_\_\_ Initials - by initialing I signify that I have read, understand and agree to the Authorization to Seek and to give References statement above.

## CODE OF CONDUCT SUMMARY

**PURPOSE:** This code of conduct is intended to provide guidance and reflect behaviors consistent with law and regulations and with our commitment to service.

**Baptist Health Care will/is:**

**Committed to providing the highest quality of service by meeting the needs of our patients/clients/ residents with utmost care and courtesy, and performing our duties in a responsible, reliable, appropriate and cost effective manner.** 1) Respect patients' dignity, comfort, convenience, and time. 2) Listen attentively. 3) Keep them informed of treatment alternatives and risk factors. 4) Make decisions based on clinical needs and medical necessity. 5) Provide equal access to care (non-discriminatory).

**Operate in accordance with high legal, moral, and ethical standards and with all applicable laws, regulations and standards.** 1) Not pay anyone for referral of patients. 2) Not tolerate false statements to government agency or other payor. 3) Not engage in any illegal business practices intended to influence the decisions of any external representative, including bribery, kickbacks or payoffs.

**Perform our duties on behalf of the company and patients in a truthful and loyal manner.** 1) Not accept gifts that cannot be shared such as food, unless specifically approved by my supervisor. 2) Not become involved for personal gain with competitor, patient or supplier. 3) Not place business with any company in which there is a family relationship or conflict of interest.

**Operate in an environment wherein the health, safety, privacy and comfort of our patients and employees come first.** 1) Comply with all safety rules and regulations. 2) Support an alcohol and drug-free workplace.

**Committed to reasonably protect, support and develop our staff to its fullest potential in a fair and equitable manner. Professional growth, career development and individual empowerment are actively encouraged and rewarded.** 1) Offer equal employment opportunity. 2) Maintain a work environment free from all forms of harassment, including offensive comments and jokes.

**Protect against the loss, theft, destruction, inappropriate use and misuse of our assets and those of others entrusted to us, including physical property and proprietary information.** 1) Safeguard confidential patient information. 2) Care for all assets, property, equipment, and supplies that belong to Baptist Health Care.

**Promptly report to management any transaction (billing and coding) that is not recorded in compliance with our policies and procedures.** 1) Ensure accurate bills for only services actually rendered and based on documented medical necessity. 2) Not tolerate submission of false or fraudulent claims.

\_\_\_\_ Initials - by initialing I signify that I have read and understand the Code of Conduct Summary statement above.

## ELIGIBILITY TO PARTICIPATE IN FEDERALLY FUNDED HEALTH CARE PROGRAMS

If you have ever been listed by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs, you are **NOT** qualified to work for or contract with Baptist Health Care. Please check the appropriate box below:

- Yes, I have been listed or I am under investigation by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.
- No, I have not been listed by a Federal Government Agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs. I agree to immediately disclose to the Company any debarment suspension, exclusion or other event that makes me ineligible to participate in any federally funded health care programs.

## CONSENT TO USE IMAGE OR LIKENESS

I also give my permission for the use of any photograph or likeness taken of me during my term of volunteering to be used in Baptist Health Care publications, including those used for internal communications and those intended to promote this organization to the general community.

## APPLICATION VALID FOR 60 DAYS

I acknowledge that this application will be valid 60 days only and only for a volunteer position.

I hereby certify that the information given by me in this application – both Part I and Part II, is true and complete in all respects to the best of my knowledge. By signing below I signify that I have read, understand and agree with the ALL of the Application Statements.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Notification and Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for **Baptist Health Care** to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for subsequent or additional background/driving record search requests as they pertain to my volunteering with Baptist Healthcare.

## PLEASE PRINT CLEARLY

FULL NAME: \_\_\_\_\_

First Middle Last Maiden

OTHER NAMES USED/ DATES USED: \_\_\_\_\_

CURRENT

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address City State Zip (000) 000 - 0000

LIST ALL ADDRESSES FOR PAST 7 YEARS:

\_\_\_\_\_ Dates: \_\_\_\_\_

Address City State Zip

Dates: \_\_\_\_\_

Address City State Zip

Dates: \_\_\_\_\_

Address City State Zip

EMAIL ADDRESS: \_\_\_\_\_ SEX Male or Female

RACE: White, Black/African American, Hispanic/Latino, Pacific Islander, American Indian, Asian

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

\*\*\* MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\* HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Notice to California Applicants

*(You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed)*

If yes, please explain: \_\_\_\_\_

**Note:** No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which Justifacts has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Justifacts during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

**California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you.** Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts. **NOTICE:** Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fines not more than \$5,000 or imprisoned not more than two years or both." REV. 3/05

**PART II  
APPLICATION FOR VOLUNTEER SERVICES**

**Baptist Health Care is an Equal Opportunity Employer and is a Drug Free Workplace.**

**TODAY'S DATE** \_\_\_\_\_

**Applicants must complete both Part I Pre-Application and Part II Application to be considered for volunteering. Incomplete applications will not be accepted. It is very important to answer every question completely and honestly. Application will only be valid for 60 days and, after that time, must be resubmitted.**

<b>NAME (First, Middle, Maiden and Last)</b>		<b>MAILING ADDRESS (Number and Street)</b>
<b>PREFERED NAME</b>		<b>CITY, STATE, ZIP CODE</b>
<b>NAME as it appears on Social Security Card</b>		<b>SOCIAL SECURITY NUMBER</b>
<b>TELEPHONE</b>	<b>CELL PHONE</b>	<b>Local telephone number if from out of town</b>
<b>EMAIL ADDRESS</b>		

**Please select the Baptist Health Care facilities to which you prefer to apply:**

Baptist Hospital                       Baptist Medical Park – Nine Mile

**What are your work preferences? (Check all that apply)**

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Morning (8am – 12pm)                      Afternoons (12pm - 4pm)                      Nights (4pm - 8pm)

**Have you ever been Employed, served an Internship, Residency or Clinical Rotation (circle which) with any facility of Baptist Health Care?     YES     NO**

If yes, please indicate which facility \_\_\_\_\_

Dates: \_\_\_\_\_

**Do you have any relatives currently employed at any Baptist Health Care facility?**

YES     NO

**Are you 14 years of age or older?**

YES     NO

<b>EMPLOYMENT HISTORY</b>					
<b>Please provide Employment History beginning with your present and/or most recent employment.</b>					
<b>DATE</b>	<b>COMPANY/ADDRESS</b>	<b>POSITION</b>	<b>REASON FOR LEAVING</b>		
<b>School name/location</b>	<b># of Years Completed</b>	<b>Course of Study</b>	<b>Did you Graduate?</b>		<b>Degree Obtained</b>
			Y	N	
			Y	N	

<b>PREVIOUS WORK DUTIES, SKILLS, AND ABILITIES:</b>

<b>How were you referred to Baptist Hospital? Why would you like to volunteer at Baptist Hospital?</b>

**VOLUNTEER SERVICES DEPARTMENT  
PERSONAL HEALTH HISTORY**

Please complete the following health questionnaire. If you have experienced or have had problems with any illnesses in the past, please list. All information will be held in strict confidence and placed in our medical records book.

Health problems I have experienced in the past.

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Are you presently under doctor's care? If yes, please list.

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Are you taking any medications?

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Have you had any operations within the past 5 years?

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Emergency contact \_\_\_\_\_ Relation \_\_\_\_\_  
Phone number \_\_\_\_\_

Your physician=s name

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Comments: \_\_\_\_\_  
\_\_\_\_\_

The above information is correct and I give my permission for Baptist Hospital Volunteer Services to contact my physician if further information is needed.

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

# **CONFIDENTIALITY AGREEMENT**

## **Volunteer Services**

All patients of Baptist Health Care have the right to have their medical information accessed only by those who are directly involved in their care or in the monitoring of its quality. Such information is considered confidential and will be available to other individuals only with the patient's written authorization or that of his/her legally authorized representative.

Employees and Volunteers of Baptist Health Care are responsible for maintaining the confidentiality of patient information. Unauthorized release of patient information (deliberate or accidental) is considered unethical and contrary to the values and mission of Baptist Health Care.

In addition, information about Baptist Health Care business, including information about co-workers, is to be treated as confidential.

Confidentiality of computerized information is protected by the use of unique passwords. These passwords are the responsibility of the user assigned to them and will not be shared. Computer systems will not be used to access information that the user does not have a need to know as part of the performance of his/her job responsibilities.

Failure to comply with Baptist Health Care policies and procedures regarding confidentiality could lead to disciplinary action up to and including discharge.

**I have read and understand the above information.**

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

## Permission for Confidential Reference Check

PLEASE PRINT NAME OF  
REFERENCE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

To Whom It May Concern

I have applied to Baptist Hospital to join the Volunteer team. I hereby authorize Baptist Hospital to request such information, as necessary, to verify my qualifications/suitability for the position, which I applied. I also request and authorize you to release this information to Baptist Hospital, release your\ from any liability or damage resulting from your providing such information.

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

\*\*\*\*\*

\_\_\_\_\_ has applied for a volunteer position at Baptist Hospital. We would appreciate your evaluation of this applicant, as to character, initiative, dependability, etc., along with any comments, which you feel would be helpful.

All information received will be treated CONFIDENTIAL.

Sincerely,

Kathy Larsen  
Director, Volunteer Services

How do you know this applicant? \_\_\_\_\_

How long have you know applicant? \_\_\_\_\_

Are you aware of any condition this person has which would adversely affect his/her ability to serve as a volunteer? \_\_\_NO \_\_\_YES

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Thank you for your prompt response.

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

**Baptist Hospital**  
**Permission for Confidential Reference Check**

**PLEASE PRINT NAME OF  
REFERENCE**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_

To Whom It May Concern

I have applied to Baptist Hospital to join the Volunteer team. I hereby authorize Baptist Hospital to request such information, as necessary, to verify my qualifications/suitability for the position, which I applied. I also request and authorize you to release this information to Baptist Hospital, release your\ from any liability or damage resulting from your providing such information.

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

\*\*\*\*\*

\_\_\_\_\_ has applied for a volunteer position at Baptist Hospital. We would appreciate your evaluation of this applicant, as to character, initiative, dependability, etc., along with any comments, which you feel would be helpful.

All information received will be treated CONFIDENTIAL.

Sincerely,

Kathy Larsen  
Director, Volunteer Services

**How do you know this applicant?** \_\_\_\_\_

**How long have you know applicant?** \_\_\_\_\_

**Are you aware of any condition this person has which would adversely affect his/her ability to serve as a volunteer?** \_\_\_NO \_\_\_YES

**If yes, explain:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your prompt response.**

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

**VOLUNTEER CONTACT INFORMATION**

**DATE** \_\_\_\_\_

**Please Print:**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**IN CASE OF EMERGENCY**

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **WORK** \_\_\_\_\_

**NEXT OF KIN NOT LIVING IN YOUR HOUSEHOLD:**

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **WORK** \_\_\_\_\_

**FRIEND WHO WOULD KNOW WHERE YOU ARE:**

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **WORK** \_\_\_\_\_

**NEIGHBOR WHO WOULD KNOW WHERE YOUR ARE**

**NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **WORK** \_\_\_\_\_

Please send completed application to [ [kathy.larsen@bhcpns.org](mailto:kathy.larsen@bhcpns.org) ]

Contact Kathy Larsen at 434-4936 with questions/concerns