



Winchester Medical Center

Winchester Medical Center Volunteer Application Process

Thank you for your interest in giving your time and commitment to volunteer at Winchester Medical Center (WMC). We are a Joint Commission Accreditation Healthcare Organization Hospital, “Most wired” hospital, and a Magnet status nursing facility. We take great pride in our hospital and strive to provide the highest quality, safe patient/customer care and services; delivering the best experience every time, every place. In doing so, we set the following high standards for our 800 plus volunteers, all provided by WMC. **Our Mission: “*Serving our community by improving health*” Our Vision “*One System-One Purpose*”**

Steps to becoming a volunteer:

- Completed and signed volunteer application with references
- Interview with the Volunteer Services Director
- Placement of volunteer in department is based on their interests as well as the need of each department
- Attend general volunteer training
- Attend Individual training based on assignment
- Provide Health assessment and 2 TB test
- Complete Universal criminal background check
- Provide Immunization records for some assignments
- Provide DMV record for driving assignments
- Return a signed volunteer agreement and training quiz
- Signed Values – Standard of Behavior form
- Commitment to 50 hours of service annually

Benefits of being a volunteer:

- Discount meals when working 4 hours or more
- Free flu shots
- Discount at our thrift shop
- Available uniform based on assignment
- Invitation to employee/volunteer special events with 50 plus hours per year
- Various education and training programs offered free and monthly.

After receiving your signed application we will call you to set up an interview.

**Winchester Medical Center , Volunteer Services/ Lifeline, Doris Trant, Director
P.O. 3340 Winchester Va. 22604-2540
Telephone-----540-536-8158**

WINCHESTER MEDICAL CENTER - VOLUNTEER APPLICATION DATE _____

PLEASE PRINT CLEARLY

LAST NAME _____ FIRST _____ M _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____ WORK PHONE _____

DATE OF BIRTH (optional) _____ EMAIL _____

IN CASE OF EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ CELL _____ WORK _____

EDUCATION

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12 GED COLLEGE 1 2 3 4 5

CURRENTLY ENROLLED IN A SCHOOL YES _____ NO _____ DEGREE OBTAINED _____

IF YES PLEASE INDICATE YOUR SCHOOL AND COURSE OF STUDY _____

EMPLOYMENT

ARE YOU PRESENTLY EMPLOYED? YES _____ NO _____ WERE YOU EVER EMPLOYED? YES _____ NO _____

IF YES TO EMPLOYMENT, PLEASE COMPLETE THE FOLLOWING:

EMPLOYER _____ POSITION _____

BRIEFLY DESCRIBE YOUR WORK EXPERIENCE or SKILLS _____

VOLUNTEERING- HAVE YOU VOLUNTEERED IN THE PAST? YES _____ NO _____ CURRENTLY? YES _____ NO _____

BRIEFLY DESCRIBE YOUR VOLUNTEER EXPERIENCE _____

PLEASE STATE WHY YOU ARE INTERESTED IN VOLUNTEERING AT WINCHESTER MEDICAL CENTER _____

PLEASE INDICATE THOSE AREAS IN WHICH YOU ARE INTERESTED IN VOLUNTEERING AT WMC _____

SCHEDULE / AVAILABILITY	MON.	TUES.	WEDS.	THURS.	FRI.	SAT.	SUN.	Referred by: _____
MORNING	_____	_____	_____	_____	_____	_____	_____	
AFTERNOON	_____	_____	_____	_____	_____	_____	_____	
EVENING	_____	_____	_____	_____	_____	_____	_____	

PLEASE LIST TWO REFERENCES:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PHONE(H) _____ CELL _____

PHONE(H) _____ CELL _____

IF ACCEPTED AS A WINCHESTER MEDICAL CENTER VOLUNTEER, I AGREE THAT:

I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, and doctors or personnel and not seek to obtain confidential information from a patient.

My services are donated to the Medical Center without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.

I understand that it is unlawful to solicit business for the attorneys according to Va. Law 54.1-3941. I shall not solicit any business for attorneys or insurance companies, both on or off WMC 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.

I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on WMC premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.

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 doctor(s) to furnish WMC information concerning my health. I authorize the person(s) making tests or x-ray films to report the results to WMC.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

I shall attempt to resolve any problems related to my volunteer activities with my assignment supervisor and, if unsuccessful, with the Director of Volunteer Services.

I shall make my best effort to fulfill my commitment to WMC by completing all assignments that I accept.

I shall at all times uphold the philosophy and standards of WMC.

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:

- Failure to comply with WMC policies, rules and regulations.
- Absences without prior notification.
- Unsatisfactory attitude, work or appearance.
- 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 Winchester Medical Center.

I understand that this is an approved Winchester Medical Center Volunteer Service Program. I agree to accept the responsibility to honor the commitment of time for which I am scheduled and to provide my supervisor with adequate notice when I am unable to report for duty. I further understand that I have the right to terminate my volunteer service for any reason and at any time, and that the Winchester Medical Center Director of Volunteer Services retains the same right. I have read each of the above conditions and I agree to be bound by them.

Volunteer
Signature _____ Date _____

**Winchester Medical Center, Volunteer Services/ Lifeline, Doris Trant, Director
P.O. 3340 Winchester Va. 22604-2540
Telephone-----540-536-8158**

ACCESS AND CONFIDENTIALITY AGREEMENT

As an employee/ Volunteer of Valley Health System (VHS), I may have access to what this agreement refers to as "confidential information". Confidential information includes, but is not limited to, individually identifiable information concerning patients, families, employees, volunteers, and physicians. It may also include financial information and other information relating to VHS. I may learn of or have access to some or all of this confidential information through a computer system or through my employment activities.

Confidential information is valuable and sensitive and is protected by federal and state laws and regulations as well as strict VHS policies. As an employee of VHS, I understand that I must comply with these laws and policies governing confidential information. I also understand that the violation of these laws and policies will subject me to discipline, which might include but is not limited to termination of employment, and to potential legal liability.

Accordingly, as a condition of and in consideration of my access to confidential information, I agree and promise that:

1. I will use confidential information only as needed to perform my legitimate duties as an employee of VHS. This means, among other things, that:
 - a. I will only access confidential information for which I have a need to know; and
 - b. I will only disclose confidential information to employees, volunteers, physicians, and other persons who have a right and need to know; and
 - c. I will only access and disclose confidential information in a manner which provides for privacy and security; and
 - d. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my legitimate duties; and
 - e. I will not misuse confidential information or carelessly care for confidential information; and
 - f. I will not access my own medical/financial accounts with the computer access I have to perform my job duties.
2. I will safeguard and will not disclose my security code, identification badge, or any other authorization I have that allows me to access confidential information. In addition, I will accept responsibility for all activities undertaken using my security code, identification badge, or other authorization.
3. I understand that my obligations under this Agreement will continue after I leave the employment of VHS, I also understand that my privileges hereunder are subject to periodic review, and that VHS may at any time revoke my security code, identification badge, or access to confidential information, and when I leave at the end of volunteering, I will return my identification badge
4. I understand that this Access and Confidentiality Agreement is identical with HR Policy 504, "Confidentiality". I understand that my continued employment is contingent upon my adherence to the information stated above and my adherence to this policy. I further understand that my failure to comply with this Agreement or applicable laws and policies may result in corrective action, up to loss of being a volunteer at VH/WMC at VHS.
5. I understand that I have the right to report directly to The Joint Commission on Accreditation of Healthcare Organization or the Volunteer Office, without fear of any disciplinary action or retaliation, any concerns about confidentiality and/or the quality and safety of care provided to patients by Valley Health.
6. I understand that I must abide all Information Systems Policies; including but not limited to, Internet Access, Sending & Receiving Messages, and System Security. Failure to do so may result in loss of privileges or employment or volunteer assignment.

Volunteer Name (Please Print)

Date

Volunteer Signature



Healthier, together.

Standards of Behavior for All Valley Health Employees

VHS Mission: Serving our community by improving health.

VHS Vision: One system - One Purpose: Leading with Innovative Healthcare.

Valley Health is committed to providing superior care and service that exceeds our customers' expectations.

What are Values?

Values are the ideals and principles Valley Health embraces, and serves as the basis for the behaviors and performance of staff. Values are those things that really should matter to each of us. Values form a foundation for Valley Health, providing a basis for decisions about within the organization.

Compassion

We demonstrate a visible attitude of kindness and empathy and see the value of each person.

Healthcare is a service with a central focus on compassion. We strive to provide compassionate care and service to members of our community. We must focus on the feelings and attributes of our customers, both internal and external. We must assess their needs and strive to exceed them. We can best fulfill these needs by asking questions and understanding the feelings and preferences of those we serve and with whom we work. We seek to develop trusting and respectful relationships with each other.

Key Behaviors:

- Fully focused and present with active listening, not just hearing; use good eye contact and facial expressions that demonstrate care and genuine interest, and non-verbal behaviors match words.
- Honor and respect the uniqueness of each individual.
- Treat all individuals as equal regardless of perceived differences. Be non-judgmental and accepting of other's appearance, culture, etc. Respect cultural diversity by recognizing individual differences and support those differences. Be considerate and respond to the diverse needs of the people we serve.
- Prioritize work based on the needs of the customer.

Collaboration

We recognize and value the input and effort of every person involved with the care and service provided to our customers. This includes direct caregivers, physicians, support staff, volunteers, and administrative staff within Valley Health. We also include our colleagues and partners in care and service delivery such as outside provider organizations and vendors.

Coordination of efforts for the good of every customer is essential to our work. Everyone in this organization relies on others and is accountable to others. Through collaboration and mutual respect, we take advantage of the knowledge and contributions of everyone so that combination of our efforts increases the talents of any one person.

Key Behaviors:

- Promote effective two- way communication; respect others' ideas and opinions.
- Share responsibility, resources, and knowledge with others inside and outside of Valley Health counting on all parties to assist with goal achievement.
- Commit to working with and involving others to do what is best for our customers and Valley Health.
- Support decisions of the organization; be willing to compromise while showing support for final decision(s).
- Become part of solutions, not a complainer; share ownership of problems.
- Remain positive and be fully cooperative with others for better outcomes.

Innovation

We use creativity, problem solving, imagination and the acceptance of new ideas to improve our results/performance and to extend our resources.

Great ideas for new products, services and processes happen all the time. We push ourselves to view problems from different points of view, and encourage initiative in others and ourselves, while keeping the customer's best interests in mind. Innovative organizations take, develop, and adopt these new ideas, making improvements that previously did not seem possible.

Key Behaviors:

- Listen carefully to fully understand a problem, change, or opportunity.
- Embrace change, come forward with recommendations, and assist with making change.
- Seek and share knowledge, and actively participate.
- Focus on continuous improvement.

- Be positive, optimistic, flexible, and believe in possibilities.
- Proactively remove barriers and/or provide resources.
- Research best practices and support bringing them to Valley Health.
- Challenge the status quo and do not settle for “the way we’ve always done it” or “that just isn’t possible.”
- Encourage others to bring forward new ideas and creative solutions.

Excellence

A commitment to exceed standards and achieve superior performance in everything we do.

Excellence is the result of caring more than others think is wise, risking more than others think is necessary, and expecting more than others think is possible. Striving for excellence is a commitment to make positive differences by exhibiting these characteristics. Together, our hospitals, clinics and all other points of service can support one another by sharing resources and knowledge.

Key Behaviors:

- Contribute above and beyond job descriptions.
- Be responsible and take ownership.
- Surpass performance expectations in Service, Safety, Quality, and Outcomes.
- Promote a positive image of Valley Health through professional appearance and behavior.
- Show eagerness for personal goals and organization success.
- Become an expert in chosen field through continuous learning and education, or regularly strive to exceed expectations.
- Prioritize time and talent to produce the biggest impact with exceptional results.

Courage

We have strength and conviction to do the right thing regardless of opposition or fear.

Our customers count on us to take care of their needs by keeping them safe. We must have the courage to communicate problems and concerns without fear and to propose solutions. We set high standards for ourselves and others to act ethically and professionally, and dedicate ourselves to do the right thing even if it is not the easiest thing.

Key Behaviors:

- Hold self and others accountable for actions and behaviors.
- See the value in appropriate risk-taking.
- Speak up for the right thing to do.
- Mentor and coach others to make appropriate choices - words, approach, process, conflict management.
- Commit to speak and listen to the truth respectfully with peers and superiors even when it is difficult and without fear of retaliation.
- Seek out and welcome feedback about personal job performance and offer feedback to others when needed.

Integrity

We assume responsibility for the decisions we make and the actions we take. We inspire trust and confidence through personal and professional leadership.

We are consistent in our values, beliefs, actions and relationships. Our quality service and care are sincere and consistent in all settings, regardless of audience. Integrity shines through in our actions and our words.

Key Behaviors:

- Exercise good judgment and high ethical standards in decision-making.
- Represent self and organization fairly and honestly to customers, stressing Valley Health’s mission, vision and values.
- Take ownership and be personally accountable to self and the organization; be courageous to report risks and unethical business operations at all times.
- Demonstrate trustworthiness and consistency by following all guidelines, policies, laws and regulations that apply to Valley Health and its operations.
- Keep commitments to others, thereby establishing trust and confidence.
- Be committed to performance improvements that best serves the customer and our organization.
- Treat customers with respect, dignity and fairness.
- Maintain confidentiality of patient, employee and corporate information.

I have read and understand the Standards of Behavior for Valley Health and pledge to comply with and practice these behaviors.

I will live up to our Vision, Mission & Values.

Volunteer Name (please print) _____ Signature _____

Department _____ Date _____