

AGE REQUIREMENT: 16 years old, minimum

TIME REQUIREMENT: Commit to 50 hours of service. *Inability to comply with minimum requirements without prior arrangements will automatically result in termination.*

HEALTH REQUIREMENTS: HEALTH & IMMUNIZATION form will be issued upon placement. Students and non-regular volunteers are required to meet health requirements obtained at their own expense!

PROCESSING FEE: \$45 *Processing fee includes State and Federal criminal background checks and a picture identification badge. (Applicants with a conviction within the past 10 years that bears a rational relationship to the applied position, may be denied the opportunity to volunteer.)*

1-General Information: Read and complete.

2-Volunteer Code of Ethics: Read and sign.

3-Service Agreement: Read and sign (parent or guardian signature also required if under 18 years of age).

4-Volunteer Recommendation: Bring **TWO** completed forms to the orientation or it can be mailed to the Volunteer Office, although processing may be delayed if forms are not available.

***Thank you for your interest in the
Hilo Medical Center Volunteer Program!***

HILO MEDICAL CENTER
General Information for Volunteer Service

Mr./Mrs. _____ Date: _____
Miss/Ms. _____ Birthdate: _____

Last First Middle Initial

Address: _____

Mailing address: _____

Email address: _____

Home Phone: (____) _____ Cell phone: (____) _____

In case of emergency, notify: _____ Relationship: _____

Phone: _____

.....
EDUCATION:

Name and location of last grade attended (elementary, intermediate or high school)		Highest grade completed	
---	--	----------------------------	--

List In-Service Training, Business, Trade, Armed Forces, College or University, Graduate or Professional Schools

Name & Address	From mo/yr	To mo/yr	Major field of study	Degree or certificate received

WORK EXPERIENCE: Please include hospital, medical or related experiences.

Volunteer: _____

Other: _____

Hobbies/Skills/Special Interests: _____

Why do you want to volunteer at Hilo Medical Center? _____

Time Available:

_____ Weekdays (specify days & time): _____

_____ Weekends (specify days & time): _____

Do you have any activity restrictions? _____

List specific department and/or duties preferred: _____

HILO MEDICAL CENTER
Volunteer Services

VOLUNTEER SERVICE AGREEMENT

If accepted as a volunteer for Hilo Medical Center, I agree that:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or employees, and will not seek to obtain confidential information from a patient.
2. My services are donated to Hilo Medical Center without contemplation of compensation or future employment.
3. I shall attempt to resolve any problems related to my volunteer activities and if unsuccessful, I will notify the coordinator of Volunteer Services.
4. I shall be punctual and conscientious, be courteous and considerate, and conduct myself with dignity.
5. I shall submit to examinations, which may include chest x-rays, TB skin test, and/or immunizations that may be required/recommended as part of my volunteer service. I authorize related reports to be shared with Hilo Medical Center.
6. I understand State and Federal criminal history record checks may be conducted. Applicants with a conviction may be denied acceptance to the volunteer program.
7. I understand that in case of accident or injury while performing services, the volunteer shall be entitled to all rights and remedies allowed under Hawaii Revised Statutes and other regulatory agencies.
8. I shall fulfill my commitment to Hilo Medical Center by completing all assignments that I accept to the best of my ability. I shall understand my role and limits. I will not perform direct patient care unless authorized.
9. I shall be held responsible to complete the monthly volunteer timesheet accurately.

10. I understand that the coordinator of Volunteer Services reserves the right to terminate me as a result of any of the following:
- a) Use of drugs or alcohol prior to or while reporting for duty.
 - b) Unsatisfactory attitude, work or appearance.
 - c) Breaking the confidentiality policy.
 - d) Excessive tardiness or absenteeism.
 - e) Failure to complete mandatory annual tuberculin skin test.
 - f) Failure to comply with hospital policies and procedures.
 - g) Any other circumstances which, in the judgement of the hospital CEO, would make continued service as a volunteer, contrary to the best interest of Hilo Medical Center.
12. I shall, at all times, uphold the mission and vision of Hilo Medical Center.

I have read and understand this Volunteer Service Agreement.

_____	_____
Volunteer Signature	Date
_____	_____
Parent/Guardian Signature (if under 18 years of age)	Date
_____	_____
Volunteer Services Coordinator/Designee	Date

HILO MEDICAL CENTER VOLUNTEER CODE OF ETHICS

As a Volunteer, I am subject to a Code of Ethics. I accept my assigned responsibilities.

I will make a firm commitment of my time, talents, and skills. I intend to be faithful to my commitment. If I am unable to report for duty, I will notify my supervisor.

I will conduct myself with dignity, courtesy, and consideration.

I will consider **CONFIDENTIAL** all information which I may learn (direct or indirectly) about a patient/resident, fellow-worker, or any member of the staff, and I will not seek information regarding patient/resident unless it is essential to my assignment.

I will take any problems, or suggestions directly to my supervisor or the Coordinator of Volunteer Services.

I promise to report to work with a positive attitude, willing to learn new tasks, and to accept constructive criticism.

I will be held responsible for accurately recording my volunteer service hours.

My attitude toward volunteer work will be professional. As a volunteer, I know that I have an obligation to the hospital and to my community.

In signing this document, I pledge I will subscribe to the Volunteer Code of Ethics.

Volunteer Signature

Date

**CONFIDENTIAL
VOLUNTEER RECOMMENDATION**

(To be completed by any of the following: employer (past or present), counselor, teacher, professor, coach, minister, or other professional.)

NAME OF APPLICANT (Print): _____
Last
First
Middle

SCHOOL (if applicable): _____ GRADE: _____

The above individual is applying for a volunteer position at Hilo Medical Center. Your honest appraisal is greatly appreciated.

Please check the appropriate box for each:

	POOR	FAIR	GOOD	EXCELLENT
Punctual				
Dependable				
Personal Appearance				
Responsible				
Able to work independently				
Gets along with others				

Please check one:

- I would **strongly recommend this applicant** for a volunteer position.
- I would **recommend this applicant** for a volunteer position.
- I would **recommend this applicant with reservations**. (Please elaborate below.)
- I would **not recommend this applicant**. (Please elaborate below.)

Additional comments, if any. Please use the back of this sheet, if needed.

Signature: _____ Print Name: _____
 Relationship to Applicant: _____ Telephone Number: _____

PLEASE RETURN TO: Joanne Yoshiyama, Volunteer Services Coordinator
 Hilo Medical Center
 1190 Waiuanue Avenue, Hilo HI 96720
 (808) 932-3165