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

Date: 

Mr./Mrs. 
Miss/Ms. 

Last First Middle Initial Birthdate: 

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 |

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<th>Major field of study</th>
<th>Degree or certificate received</th>
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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:

HR 402 Rev. 8/2017
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

HR 403 Rev.8/2017
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:

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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 Waianuenue Avenue, Hilo HI 96720
(808) 932-3165

HR 405 Rev.2/2017
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: ______

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HR 405 Rev.2/2017