It’s that time of year again – time to start making summer plans! We are pleased that you are considering volunteer service this summer at CHI Memorial. Our student volunteers are very important to us, and they play an extremely important role in creating the caring environment for which CHI Memorial is known.

All completed applications submitted by March 31st, 2020 will be considered; however, participation will be limited.

2020 Program Highlights & Requirements:

- Eight-week volunteer program divided into two groups.
  - **Group A**: June 1st through July 3rd.
  - **Group B**: July 6th through August 7th.

- Participants must commit to serve eight hours a week during one of these groups for a total of 40 hours. Group selection is on a first come first serve basis based on the date you submit your completed application.

- You will have three options for your schedule:
  - **Option 1**: Mondays AND Wednesdays, 4 hours each day
  - **Option 2**: Tuesdays AND Thursdays, 4 hours each day
  - **Option 3**: Fridays, 8 hours

- You must be 16 years of age or older before May 21st, 2020.

- You must be able to attend one orientation session (see page 2 for dates and times).

- You must complete 40 hours in order to receive credit for hours earned.

- All application materials, including reference letters, must be submitted by the deadline. Return application and reference letters to one of the following:
  1. Email to julie_touche@memorial.org
  2. Fax to (423)495-4149
  3. Mail to: CHI Memorial
     Attn: Volunteer Services/Student Volunteer Program
     2525 de Sales Avenue
     Chattanooga, TN 37404
Before Applying, Ask Yourself:

- Can I commit to volunteering 8 hours a week June 1 - July 3 OR July 6 – August 7? ........... □ YES □ NO
- Am I available to volunteer between the hours of 8am and 4pm? ........................................ □ YES □ NO
- Am I available to attend one of the required orientation sessions? ................................. □ YES □ NO
  (See Part VI below for dates, times and location)
- Am I willing to be part of a team and show a positive attitude every day? ......................... □ YES □ NO
- Am I willing to be flexible with my volunteer placement based on department needs? .... □ YES □ NO
- Am I willing to be part of a team and show a positive attitude every day? ......................... □ YES □ NO

If you answered yes to each of the above questions, please complete each part of the application and gather all required documents.

- PART I: Volunteer Application
  All information must be complete and signed by the applicant. Please write legibly.

- PART II: Two Letters of Recommendation
  Applicants must submit two letters of recommendation from a current teacher, school administrator, coach or youth leader. Letters must be in a sealed envelope and turned in with application or emailed to julie_touche@memorial.org. Returning student volunteers do not need to submit letters of recommendation.

- PART III: Applicant Essay
  Write a one page personal essay on why you are choosing to volunteer at CHI Memorial Hospital.

- PART IV: Online Forms
  Please go to www.memorial.org/volunteer and read these two resources: 1) Volunteer Handbook and 2) Our Values and Ethics at Work Reference Guide. Once completed, please sign the Volunteer Handbook Receipt and the Acknowledgement and Certification on pages 5 and 6 of this packet.

- PART V: Confidentiality and Service Excellence Forms
  Read and sign the remaining two forms on pages 7 and 8: Service Excellence Standards and Confidentiality Agreement.

- PART VI: Orientation Session
  Please select one orientation session to attend. This is a requirement for all student volunteers. Orientation will be located in the volunteer services office at CHI Memorial Hospital, 2525 de Sales Avenue, Chattanooga, TN 37404.

  □ May 21st 4pm to 6pm □ May 26th 2pm to 4pm □ June 2nd 4pm to 6pm
STUDENT APPLICATION FOR VOLUNTEER SERVICES

STUDENT: □ College  □ High School  SCHOOL ATTENDING:

Name:  DOB:
Address:

Street  City  State  Zip

Home Phone:  Cell Phone:
Email Address:
Emergency Contact:
Relationship:  Phone:
Physician:  Phone:

How did you hear about this volunteer opportunity?

What are your expectations for volunteer services?

What are your areas of interest within the hospital?

Previous Volunteer Experience:

Physical limitations/activity restrictions:

SCHEDULING PREFERENCES

Please provide us with your scheduling preferences based on your anticipated availability this summer. These are preliminary preferences only and do not guarantee your schedule for the 2020 summer student program.

□ GROUP A: June 1st through July 3rd
□ GROUP B: July 6th through August 7th

Preferred Time(s) of Day:  □ Morning (8am – 12pm)  □ Midday (10am – 2pm)  □ Afternoon (12pm – 4pm)

Would you be available to work as early as 6am?  □ YES  □ NO

□ Option 1: Mon/Wed 4 hours each day  □ Option 2: Tues/Thurs 4 hours each day  □ Option 3: Friday, 8 hours

Do you have a job or plan to have a job this summer?  □ YES  □ NO

Name of Employer:

Work Schedule (If known):

Please give dates for any vacations/trips you have planned between June 1st and August 7th.

Uniform Size: □ Small  □ Med  □ Large  □ X-Large

Uniform fee is $15 to be collected at orientation. Cash & check only.

Application continued on next page.
AS A VOLUNTEER, I UNDERSTAND AND AGREE TO THE FOLLOWING:

☐ I cannot expect pay or services as compensation for my service as a volunteer.
☐ I will attend Volunteer Orientation, annual in-service training and all other required training sessions, as applicable.
☐ I will meet all hospital and regulatory requirements, as they apply to my assigned duties.
☐ I will consider my volunteer work as a firm commitment, reporting on time each day I am scheduled unless I am ill, in an emergency situation or on a planned vacation. In those cases, I will notify my Supervisor giving as much notice as possible.
☐ I will notify the Director of Volunteer Services of any desired assignment change, of prolonged absences or if I wish to resign my position.
☐ For your protection and to help prevent the spread of infection, flu shots are provided and required for all volunteers and staff. I will receive the vaccine or provide documentation of vaccination; if unable to receive the flu shot, I will suspend my volunteer service during the flu season.
☐ I will wear the appropriate uniform and shoes and will adhere to the Volunteer personal hygiene and dress guidelines at all times.
☐ I will adhere to the CHI Memorial Violence-Free Workplace policy. CHI Memorial strives to maintain a working environment free from violence and intimidation. All weapons are prohibited in all CHI Memorial facilities and on all CHI Memorial owned or leased property. (The only exception is for authorized law enforcement officers.)

COMMITMENT STATEMENT:

☐ I have thought carefully about my application for the 2020 CHI Memorial Hospital Student Volunteer Summer Program, as well as my other commitments this summer. If I am chosen, I can fully commit to the schedule agreed upon by the Volunteer Services staff and myself.

I hereby give permission for the use of my name and photograph for volunteer publicity purposes without receiving compensations. ☐ Yes ☐ No

Applicant Signature: __________________________________________ Date: ________________________

Signature of Parent or Legal Guardian (if under 18 yrs. of age): __________________________________________

Directors Interview Notes (for OFFICE USE only):

Return Completed Application to:
CHI Memorial, Volunteer Services, 2525 de Sales Ave. Chattanooga, TN 37404
PH: 423.495.8610  FX: 423.495.4149
NOTE: Please only review the handbook ONLINE. **DO NOT PRINT** THE HANBOOK.
If you would like a hard copy we can supply one at Orientation.

Volunteer Handbook Receipt

This document certifies that I have received and read a copy of the Volunteer Handbook and the Safety First Presentation. If I have any questions, I know that I may ask for answers to those questions from Jean Payne or Julie Touché in CHI Memorial Volunteer Services.

Date: ______________________________

Printed Name: ______________________________

Signature: ______________________________
NOTE: This form is pulled from the PDF online titled *Our Values and Ethics at Work*. Please only review the booklet ONLINE. **DO NOT PRINT** THE 51 PAGE BOOKLET. If you would like a hard copy we can supply one at Orientation.

ACKNOWLEDGEMENT AND CERTIFICATION

I acknowledge that I have received a copy of Catholic Health Initiatives *Our Values and Ethics at Work Reference Guide* and I agree to read it completely. I also agree to discuss any questions or concerns regarding this *Reference Guide* with my supervisor or other appropriate Catholic Health Initiatives leader. I certify that I will comply with the *Reference Guide* standards and guidelines and any other standards or policies set by Catholic Health Initiatives or the organization I serve that apply to me in my role throughout my association with Catholic Health Initiatives. I understand that it is my responsibility to report any concerns regarding possible violations of these standards, guidelines and/or policies.

I also understand that I may be asked to cooperate in an investigation of matters that may affect or relate to compliance with applicable standards, guidelines or policies and agree to do so when asked. Furthermore, I understand that neither Catholic Health Initiatives nor the local organization I serve will retaliate against me for making a report in good faith.

I understand that Catholic Health Initiatives and/or its organizations will conduct an excluded provider background check prior to my employment or association and periodically thereafter.

I understand that Catholic Health Initiatives reserves the right to terminate my employment or other association if I am an excluded provider.

I understand that the *Reference Guide* contains standards for behavior within Catholic Health Initiatives and is not a contract for employment or other services. I also understand that these standards may be amended, modified or clarified at any time, and that I will receive periodic updates to these standards.

Please Print
Name ____________________________________________________________________________

Department, Board, Board Committee or Other Affiliation___________________________________________________________________________
CONFIDENTIALITY AGREEMENT

CHI Memorial regards security and confidentiality of data and information about individuals, including patients and residents, their families, medical staff and employees, and business and financial data and information to be of utmost importance. Each employee, student, volunteer, medical and professional staff member, independent contractor, contractor, vendor or person granted access CHI Memorial data and information agrees to maintain the security and confidentiality of the data and information in the manner described in CHI Memorial policies and procedures and by this Agreement.

In the course of your job for CHI Memorial, you may have access to protected health information (PHI) about patients, clients, residents, employees, medical and professional staff, students or other independent contractors and individuals. In addition, you may have access to CHI Memorial business and financial data and information that may include, but is not limited to, information concerning employers, intellectual property, non-public financial contracts, materials of a competitive nature, business practices, payroll and benefits information, billing and personnel records, and technical information such as ideas and inventions (whether this information belongs to CHI Memorial or was shared with us in confidence by a third party), that may be received from any source and in any form (i.e., paper, magnetic or optical media, oral conversations, film etc.). CHI Memorial information and data is hereafter referred to as “PHI” and “confidential information.”

As a condition of continued employment or affiliation with CHI Memorial, and to obtain access to any of the above described PHI and confidential information, you acknowledge and agree that your access to such information is for the purpose of performing your job, and further, you agree to the following:

1. I will look at and use only the PHI and confidential information I need to care for and treat my patients, clients, residents or other individuals, or to perform my job. I will not look at PHI or seek other confidential information that I do not need to perform my job. I will not perform my job for my own personal benefit or profit, for the personal benefit or profit of others, or to satisfy personal curiosity. I understand that CHI Memorial will issue user identification and secure private passwords to access the information and that CHI Memorial has the ability and reserves the right to periodically monitor access and use of PHI and confidential information to determine my compliance with policies and procedures and the terms of this Agreement.
2. I understand that the process to view my own PHI is to sign a release in Health Information Services each time I want to view this information.
3. I will not share PHI and confidential information with anyone who is not authorized to have access to it. I will not share this information with other persons in casual conversation.
4. I will handle PHI and confidential information maintained in any medium or form, including but not limited to, paper and electronic, diskette or CD, with care to prevent unauthorized use or disclosure of PHI or other confidential information. I will follow security and confidentiality policies and procedures and take reasonable measures to protect information that I have responsibility for. I will not release, remove or copy PHI or confidential information for other than what is required in completion of my job duties.
5. I will handle PHI and confidential information with care to prevent unauthorized use or disclosure including the use of e-mail to send information. I will perform only those e-mail transactions for which I have responsibility or authorization or for what is required in completion of my job duties.
6. I will return or dispose of PHI and confidential information that I no longer need in accordance with the policies and procedures of CHI Memorial.
7. If I am conducting research, I will follow Federal and State regulations CHI Memorial Institutional Review Board (IRB) policies and procedures to maintain the confidentiality and security of PHI and confidential information.
8. If my responsibilities include disclosing PHI or confidential information with outside parties including, but not limited to, Emergency Medical Services personnel, contractors, consultants, home care providers, insurance companies, or research sponsors, I will follow CHI Memorial policies and procedures.
9. All passwords, verification codes, or electronic signature codes assigned to me are equivalent to my personal signature:
   • I will use my own password, verification, or electronic signature code only.
   • I will only use my password, verification, or electronic signature code in accordance with CHI Memorial policies and procedures.
   • I will not attempt to learn or use the passwords, verification codes, or electronic signature codes of others.
   • I am responsible and accountable for all entries made and retrieved accessed using such passwords or codes regardless of any intentional or negligent act or omission by me.
   • I will not use my password, verification or electronic signature code after my employment or affiliation with CHI Memorial.
10. If I become aware that another person has access to or is using my password, verification or electronic signature code, or if I become aware that another person is using passwords, electronic signature or verification codes improperly, I will immediately notify my manager, CHI Memorial’s HIPAA Privacy/Special Manager at 456-7894 or CHI Memorial’s Privacy Officer at 456-8934.
11. I will follow CHI Memorial policies and procedures regarding the access and use of computers, information systems, intranet, or the Internet to carry out my job responsibilities.
12. I will not copy or download software that is not approved by CHI Memorial.
13. I understand and agree to abide by the obligations of this Confidentiality Agreement and CHI Memorial Policies and Procedures related to Privacy, Information Security/Information Technology and Confidentiality. If I do not follow these requirements, I understand that I may be subject to disciplinary action, up to and including, loss of privileges, being dismissed from my position, and/or termination of contract or affiliation with CHI Memorial.
14. I understand that the obligations of this Confidentiality Agreement will survive the termination or expiration of my employment or affiliation with CHI Memorial. In the event of any breach of this Agreement, CHI Memorial shall be entitled to recover monetary damages or injunction or any and all other remedies available.

By my signature below, I am indicating that I have read, understand, and agree to adhere to the conditions of this Confidentiality Agreement for continued employment or affiliation with CHI Memorial.

Name (print): ____________________________  Associate #: ______ N/A ______
Signature: ____________________________  Department: Volunteer Services
Date: ____________________________

Confidentiality Agreement (2/16)
Service Excellence Standards

A Roadmap for Our Journey

Memorial Health Care System is committed to enabling all associates and volunteers to reach their fullest potential by:

- Providing meaningful work, rewarded with competitive pay and benefits
- Ensuring a safe, supportive work environment
- Providing the opportunity to learn and grow
- Sharing information about Memorial’s performance
- Selecting and developing values-based leaders, associates and volunteers
- Recognizing contributions and celebrating our shared successes
- Supporting a healthy balance of work and personal lives

As Associates and Volunteers of Memorial Health Care System, we are called to fulfill a sacred trust to care for those we serve and for each other. By living our core values of Reverence, Integrity, Compassion and Excellence as expressed in these standards every day, we create relationships that heal, bring hope to those in need and make a positive difference in our workplace and our world.

As an Associate or Volunteer at Memorial Health Care System, I commit myself to act in accord with these behaviors:

Reverence
- Show genuine concern through facial expression, body language and tone of voice.
- Listen to all sides of a situation

Listen with respect and attention.
- Listen to others with 100 percent of our attention.
- Listen and respond to the questions and concerns of others until a clear understanding is reached by all involved.

Serve customers and coworkers with a focus on hospitality.
- Greet patients, families, visitors and coworkers in a warm, friendly way. Remember that a smile is contagious.

Integrity
- Respect privacy of others.
- Use shred bins when discarding items containing protected health information.

Maintain confidentiality.
- Discuss patient information only on a “need to know” basis and only in appropriate areas.
- Keep noise to a minimum.

Follow through and be accountable for assignments and requests.
- Comply with time and attendance policies.
- Go above and beyond for patients and staff.

Act with compassion by showing concern and expressing appreciation.
- Make thank you a part of every conversation.
- Look for the positive while working to correct problems.

Compassion
- Anticipate needs and respond promptly to requests. Inform customers about delays.
- Apologize when needed. “I am sorry this happened.”

Serve associates and customers as I would expect to be served.
- Praise and encourage others for a job well done. Offer support when someone is hurting.
- Practice superior telephone and elevator etiquette.

Excellence
- Demonstrate professionalism and competence in appearance and delivery of services.
- Follow current policies and procedures.
- Maintain certification in a timely manner and utilize education opportunities.

Accept ownership of responsibilities and environment.
- Keep the buildings and grounds clean and uncluttered.
- Pick up trash.
- Introduce yourself properly by name and job title. Follow AIDET (Acknowledge, Introduce, Duration, Explanation and Thank You)
- Assist in doing what needs to be done. Never say, “It’s not my job.”
- Use hospital resources for business purposes only - including telephones, internet, travel.

Name ___________________________________________________________

Date ___________________________________________________________