

VOLUNTEER APPLICATION FOR VANGUARD WESTLAKE HOSPITAL

Name: _____ Date: _____
Last First

Address: _____

City: _____ State _____ Zip Code _____

Phone#: _____ Cell Phone #: _____

Date of Birth: _____ Soc. Sec#: _____

Employer Name & Location: _____

Phone#: _____

Are you volunteering to fulfill a requirement? (Yes) _____ (No) _____

If yes, # of hour's: _____ Type of placement wanted: _____

Requiring Agency & contact person: _____

Phone #: _____

Previous Volunteer/ Employment Experience (To be used for entry to certain databases)

Where?	DATES:		What was your assignment?
	From:	To:	

Who referred you to Westlake Hospital? _____

In our effort to find a volunteer position that fits yours skills and interests please respond to the following questions:

What is motivating you to volunteer at Vanguard Westlake Hospital? _____

What would make you a valuable asset to our volunteer team? _____

It is our objective to match your skills and interests with current and future volunteer opportunities. To assist us with doing so, please indicate below some things that you would like to do during your time with us.

1. _____ 2. _____ 3. _____

Please use this space to tell us about any extra activities, hobbies, or other interests you maybe involved in. _____

Can you commit to giving Vanguard Westlake Hospital a minimum of 1 day, 4 hours per shift each week for a minimum of six months? _____ Yes _____ No

AVAILABILITY: Check schedule you could maintain regularly.

SKILLS:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Skills (Typing, computer, language, etc.)
AM 8:00-12:00								
PM 12:00-4:00								
Evening 4:00-8:00								

References (other than a relative)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

In case of an emergency, whom do you wish us to notify?

Name: _____ Phone #: _____ Relationship: _____

I hereby authorize Vanguard Westlake Hospital to contact the reference listed and administer any medical tests which may be necessary. I also authorize Vanguard Westlake Hospital to give medical attention, if it is necessary, should I become injured or ill while I am volunteering.

Signature: _____

Print Name: _____ Date: _____

Office Use Only

Interview Date: _____ Orientation Date: _____ Start Date: _____

Department: _____ Days of Week: _____ Times: _____

Departure Date: _____ Comment: _____

VANGUARD WESTLAKE HOSPITAL VOLUNTEER AGREEMENT

- I realize that I serve Vanguard Westlake Hospital in an important capacity and that my time is significant to the hospital and very much appreciated. I understand that I must adhere to the regulations that are important to the management of the hospital. I also am aware that I have the right to be treated in a respectful and caring manner.
- I realize that when I am volunteering at Vanguard Westlake Hospital, that I shall live the Core Values. I should always be aware of the Mission.
- I have reviewed the HIPPA policy, read the statement of Confidentiality and have signed that document.
- I have also read the Infection Control Practices for Volunteers and will follow those policies.
- I understand the various codes that might be called in a hospital setting. Fire = Code Red, Cardiac Arrest = Code Blue, Bomb Threat = Code Silver, Utility Failure = Code Green, Evacuation = Code Purple, Patient Elopement = Code Gold, Security Assistance = Code Gray, ER at full capacity = Code White, Severe Weather = Code Black, Disaster = Code Yellow, Infant/Child Abduction = Code Pink, and Hazardous Materials Release = Code Orange. These codes are consistent throughout the Chicago area.
- I understand how important Fire Safety is in the hospital and have read the portion of Safety Training that has to do with Fire Safety. I also understand the Fire Plan, RACE and PASS.
- I understand how important defensive safety measures are in a hospital setting. I know that I must always be attentive to safety as a volunteer at Westlake Hospital.
- I also aware that no one may release a patient from restraints except those in the security department, professional police or medical staff trained to do so.
- A hospital is a place where we all need to be aware of, not only our own safety, but the safety of every one in the hospital. I will call the Security Department if I see anything out of place in our hospital. I know that if I am alert, I may be in a position to prevent theft.
- It is important that I know my job description as a volunteer and ask my supervisor if I have any questions about my volunteering at Vanguard Westlake Hospital. I shall notify the Director of Volunteer Services and the manager of my department assignment when I am unable to volunteer.
- I am aware that I should always wear my Volunteer Picture ID as part of the Vanguard Westlake Hospital Family.
- I commit to serving a minimum of 124 hours each year.
- I understand the benefit of Volunteering at Vanguard Westlake Hospital.

Signature _____ Date _____

