



# THE REGIONAL MEDICAL CENTER

877 Jefferson Avenue  
Memphis, TN 38103

## VOLUNTEER SERVICES

Thank you for your interest in volunteering at the Regional Medical Center. The following information will be helpful to you as you start what we hope will be a long and rewarding relationship with **THE MED** – our patients, family members and staff.

The following are requirements of all volunteers:

1. Must be 18 years of age and a high school graduate and make a commitment of a minimum of four (4) hours per session, eight (8) hours or more per month, for a minimum of six (6) months volunteer time.
2. Complete the enclosed application; provide two (2) references, sign forms for background check, confidentiality and MEDCare Standards, HIPAA and Environment of Care series.
3. Mail or fax your background check form to the volunteer coordinator.
4. When your background check has been cleared you will be notified when to call The MED's Occupational Health at 901-545-6097 and schedule a TB Skin Test and possible Lab work (titers for measles, mumps, chicken pox, hepatitis B and hepatitis C). Occupational Health is located on the second floor, MEDPlex building, 880 Madison Avenue. **If you have had a recent TB skin test elsewhere, you must take a copy to our staff in Occupational Health and you will be informed if you need lab work before you begin your volunteer experience.**

The Volunteer Process:

- You will be notified of the date for Volunteer Orientation (usually conducted on a Tuesday morning). Volunteers will meet in the chaplain's office, room B032, Turner Tower basement for the first part of orientation.
- Please park in the garage located at the corner of Pauline and Jefferson Avenue and bring your parking ticket with you to get it validated.
- You may begin your volunteer experience in your assigned area when all of your paper work (including a copy of your TB skin test) has been returned to the volunteer coordinator.

Thank you for your interest in volunteering at The MED.

***David Chappell***

David Chappell, Manager  
Pastoral Care and Volunteer Services  
Office: 901-545-7247; Fax: 901-515-9842  
Email: [dchappell@the-med.org](mailto:dchappell@the-med.org)  
Location: Turner Tower Basement, Room B017, B032



# THE REGIONAL MEDICAL CENTER AT MEMPHIS

## Volunteer Application

Area Assigned (For Office Use Only)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Contact in case of emergency:

(Name)	(Relationship)	(Home phone)	(Work phone)
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Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Limitations related to health \_\_\_\_\_

How did you become interested in our volunteer program? \_\_\_\_\_

Are you volunteering on an individual basis? Yes \_\_\_ No \_\_\_ Or, as part of an organization? Yes \_\_\_ No \_\_\_

If so, what organization? \_\_\_\_\_

Have you previously volunteered at The MED? Yes \_\_\_ No \_\_\_

If yes, when and in what department? \_\_\_\_\_

For what period will you volunteer? \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_  
month year month year

Days of week available to volunteer \_\_\_\_\_

Specify time in day when you are available to volunteer (e.g. 8 a.m. – 12.p.m.) \_\_\_\_\_

Highest level of education completed \_\_\_\_\_ Degree(s) \_\_\_\_\_

Volunteer experience:

1. Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Date(s) \_\_\_\_\_  
Duties \_\_\_\_\_

2. Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Date(s) \_\_\_\_\_  
Duties \_\_\_\_\_

3. Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_ Date(s) \_\_\_\_\_  
Duties \_\_\_\_\_

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Work experience (List most recent job in chronological order):

1. Company \_\_\_\_\_ Address/City/State \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Employment Date \_\_\_\_\_ Title \_\_\_\_\_  
Duties \_\_\_\_\_

Company \_\_\_\_\_ Address/City/State \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Employment Date \_\_\_\_\_ Title \_\_\_\_\_  
Duties \_\_\_\_\_

Company \_\_\_\_\_ Address/City/State \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Employment Date \_\_\_\_\_ Title \_\_\_\_\_  
Duties \_\_\_\_\_

Personal or professional references (Please exclude relatives):

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interest/Skills: Please indicate with a check mark which skills you would be willing to share as a volunteer.

typing  filing  receptionist  librarian  computer (specify computer skill \_\_\_\_\_ )  
 public speaking  journalism  public relations  photography  foreign language  
(specify language \_\_\_\_\_)  graphic arts  infant/childcare  read to patients  visiting,  
listening  patient/family consolation  other (specify \_\_\_\_\_)

Indicate Hobbies/Special Interests/Sign Language skills:

\_\_\_\_\_

Please give any other information you feel pertinent to this application:

\_\_\_\_\_

Professional Licenses/Certificates \_\_\_\_\_

Indemnification Clause: "The undersigned applicant, in applying to be a volunteer at the Regional Medical Center at Memphis, agrees to save, absolve, and hold harmless the Regional Medical Center at Memphis and its personnel and patients from any and all liability whatsoever for any injuries or losses which the undersigned may suffer while on the premises of the Regional Medical Center at Memphis, or coming to or from such premises, provided that the Regional Medical Center at Memphis is not at fault."

The above information is accurate and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your signature indicates your approval for us to check references and contact your physician regarding your physical and emotional health. The Regional Medical Center at Memphis is not obligated to provide a placement, nor are you obligated to accept the volunteer position offered.

Opportunities for Volunteers are provided without regard to age, sex, race, creed, religion, or national origin.

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## The Regional Medical Center at Memphis

### Confidential Volunteer Reference Report

Your name has been given as a reference by \_\_\_\_\_, who has submitted an application to the Volunteer Services Department at the Regional Medical Center at Memphis. We would appreciate your completing this form and returning it to the Volunteer Services Department so that we may make a decision on the applicant's placement. The information you supply will remain confidential.

Thank you,

David Chappell, Manager  
Pastoral Care Department and Volunteer Services

How long have you known the applicant?

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In what capacity have you known the applicant?

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Describe the applicant's reliability and willingness to make a commitment such as this.

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Would you recommend the applicant for placement in a setting such as ours?

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Additional Comments:

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Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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Additional Comments:

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Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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# The Regional Medical Center at Memphis

## AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF APPLICATION INVESTIGATIVE CONSUMER REPORT

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other person having personal knowledge about me to furnish The Regional Medical Center at Memphis and Data Facts, Inc. with any and all information in their possession regarding me, in connection with an application for employment or volunteer. I understand and offer my consent for The Regional Medical Center at Memphis and Data Facts to inquire and/or obtain any records such as previous employment, references, educational, motor vehicle records and criminal histories. My signature on this form waives any rights I may have to bring action for defamation, invasion of privacy or any similar cause against The Regional Medical Center at Memphis and Data Facts, Inc. I acknowledge that a photocopy or fax of these authorization be accepted with the same authority as the original. According to the Fair Credit reporting Act, I am entitled to know if employment or volunteering is denied because of information obtained by the consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**The following must be filled out completely for your application to be considered. (Please Print)**

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Maiden Name/Former Married Name—Date of Change

\_\_\_\_\_  
Current Address City/State Zip Code County Length At Address

\_\_\_\_\_  
Current Address City/State Zip Code County Length At Address

\_\_\_\_\_  
Current Address City/State Zip Code County Length At Address

\_\_\_\_\_  
Current Address City/State Zip Code County Length At Address

**Note: We Need All Addresses for the Past 7 Years**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State DL Was Issued \_\_\_\_\_

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# The Regional Medical Center at Memphis

## CONFIDENTIALITY AGREEMENT

Shelby County Health Care Corporation (SCHCC) and its affiliates, including the Regional Medical Center at Memphis (The Med) and the Health Loop, have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, the corporation must assure the confidentiality of its human resources, payroll, financial, research, computer systems, and management information. I understand that, in the course of my employment/assignment at The Med, I may come into possession of confidential information, even though I may not be directly involved in providing patient services. Such information may be in any form, including paper records, oral communications, audio recordings, and electronic displays. In addition, the personal access code(s) [USER ID(s) and PASSWORD(s)] I use to access computer systems are also an integral part of this confidential information.

By signing this document I understand the following:

1. I agree not to disclose or discuss any patient, human resources, payroll, financial, research and/or management information with others, including friends or family, who do not have a need-to-know.
2. I agree not to access any information, or utilize equipment, other than what is required to do my job, even if I don't tell anyone else.
3. I agree not to discuss patient, human resources, payroll, financial, research or management information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, or at social events.
4. I agree not to make inquiries for other persons who do not have proper authority.
5. I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason.
6. I agree not to make any unauthorized transmissions, inquiries, modifications, or purging of data in any system. Unauthorized transmissions include, but are not limited to, removing and/or transferring data from The Med's computer systems to unauthorized locations or systems, e.g. home.
7. I agree to log off prior to leaving any computer or terminal unattended.
8. I agree that I have a duty to report any breach of confidentiality that I may observe or become aware of.

I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of Regional Medical Center privileges in accordance with applicable Regional Medical Center policies. Unauthorized release of confidential information may also result in personal, civil, and/or criminal liabilities and legal penalties.

**I have read and agree to comply with the terms of the above statement, and will read and comply with Regional Medical Center's Corporate Privacy and Information Security Policies and Standards.**

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ Department: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>Relationship with Hospital:</i>	( ) Resident
( ) SCHCC Employee	(X) Volunteer
( ) Medical Staff Physician	( ) Student of _____ School
( ) Referring Physician	( ) Other _____



## **The Regional Medical Center at Memphis MEDCare Commitment Standards**

**The mission of THE MED is to provide the highest level of service to our patients, families, and community. To ensure that this mission is met, I pledge to provide sensitive, quality care at all times and I am committed to the following MEDCARE customer satisfaction standards:**

1. Positively represent The MED in the workplace and the community.
2. Treat the people we serve as guests: Be courteous, make eye contact, smile, introduce myself, address people by name whenever possible.
3. Present a professional image: apparel and appearance are appropriate, neat and clean with name badge highly visible.
4. Answer the telephone with a "smile". Identify myself and ask how I can help the caller. Eliminate transfers as much as possible.
5. Listen to one another and to the people we serve and respond promptly and reliably.
6. Anticipate the wants and needs of the people I serve. Ask "how can I help you?" and "is there anything else I can do?"
7. Work to effectively communicate with patients, families, and each other.
8. Keep the people we serve informed about their care and treatment.
9. Maintain a safe and clean environment.
10. Act to reverse negative service situations using the 4A's (anticipate, acknowledge, apologize, amend) process.
11. Respect the privacy and confidentiality of the people we serve, our physicians and my fellow employees.
12. Strive to master the skills needed to do my best for the people we serve.

**Because patients, families, and co-workers depend on what I do, I will extend myself so THE MED's customers will receive a level of service that exceeds their expectations.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_