

Phelps County Regional Medical Center
1000 W. 10th Street
Rolla, MO 65401

VOLUNTEER PERSONNEL INFORMATION

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

Date of Application _____ Social Security No. _____

Name _____
Last First Initial

Address _____
Street Apt # City State Zip

Home Telephone _____ Work Phone _____ E-mail _____

PERSONAL REFERENCE (Other Than A Relative)

Name _____
Last First Initial

Address _____
Street Apt # City State Zip

Home Telephone _____ Work Phone _____ E-mail _____

PERSONAL DATA

Birth Month & Day _____ High School Yes _____ No _____

Years of College _____ Major _____ Degree Earned _____

Community Affiliations _____

Other Volunteer Experience _____

Work Experience _____

How did you find out about our volunteer opportunities? _____

Please Turn Page Over

For Office Use Only

- | | | |
|---|--|---|
| <input type="checkbox"/> Interviewed _____ | <input type="checkbox"/> Orientation _____ | <input type="checkbox"/> Assignment _____ |
| <input type="checkbox"/> Computer Entry _____ | <input type="checkbox"/> Personnel Entry _____ | <input type="checkbox"/> Day/Shift _____ |
| <input type="checkbox"/> Name Badge _____ | <input type="checkbox"/> Schedule Entry _____ | <input type="checkbox"/> Training _____ |
| <input type="checkbox"/> TB Tine _____ | <input type="checkbox"/> Quit _____ | <input type="checkbox"/> Vest/Smock _____ |

F960-006

Rev 10/18/02

SPOUSE

Name _____
Last First Initial

IN CASE OF EMERGENCY NOTIFY

Name _____
Last First Initial Relationship

Address _____
Street Apt # City Zip

Home Telephone _____ Work Phone _____

MANAGEMENT INFORMATION

Will Work: Day Afternoon Evening
 Mon Tue Wed Thu Fri Sat Sun

Service Preference _____

Please read and sign the following statements:

INFORMATION RELEASE:

I certify that all answers given by me on this form are true to the best of my knowledge. I authorize Phelps County Regional Medical Center (PCRMC) to contact my references listed on this form. I release PCRMC and my references from any liability based upon evaluation of this application and my qualifications. I understand and approve of PCRMC releasing information regarding my volunteer performance at PCRMC to other volunteer organizations, if such information is requested.

VOLUNTEER AGREEMENT:

I understand that Volunteer Services reserves the right to terminate my volunteer status as a result of: (a) failure to comply with organizational policies, rules, and regulations; (b) unsatisfactory attitude, work, or appearance; (c) any other circumstances which, in the judgment of the volunteer coordinator, would make my continued service as a volunteer contrary to the best interests of the organization.

SAFEGUARDING CONFIDENTIAL INFORMATION

I understand and agree that in the performance of my duties as a volunteer at PCRMC, I must hold in strictest confidence any observations I may make or hear regarding patients, their families and acquaintances, or staff. I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, up to and including termination from the volunteer program.

Signature

Date

STANDARDS OF BEHAVIOR

At Phelps County Regional Medical Center (PCRMC), we believe that we are here to serve our customers. Our customers include patients and their families, visitors, coworkers, including those in other departments, volunteers and physicians. We are committed to providing the highest quality of service and meeting our patients' and colleagues' needs with utmost care and courtesy. We believe this commitment to excellence must be reflected in our behavior. Each one of us makes a difference in the way we present ourselves.

In support of establishing and maintaining a caring and positive environment, a set of behavioral standards have been developed by a team of PCRMC employees. These standards establish specific behaviors that all employees are required to practice while representing PCRMC. Most of these behaviors are instinctively demonstrated by PCRMC's conscientious and considerate work force. The PCRMC Standards of Behavior are to be used in addition to the PCRMC Code of Conduct agreed to by all employees. At Phelps County Regional Medical Center (PCRMC), we care about the patient's healthcare journey.

INTEGRITY: We believe in being personally accountable for doing what is always right.

Our standards of behavior for integrity are:

- Doing the right thing for the right reason, even when no one is looking. We believe in aligning behaviors with values. We believe in firmness of character, moral guidelines and ethically acceptable behavior.
- Treating patients, visitors and colleagues as members of our own family. We believe in being honest, sincere, receptive and trustworthy. We believe in having a positive attitude at all times and displaying this attitude with a warm, friendly smile, eye contact and open body language.
- Having humility and respect for our fellow man. We believe in showing this respect by displaying good manners and fostering positive, welcoming behaviors. We believe that spreading gossip, participating in rumors and actively listening to negative conversations hold no place within the confines of PCRMC. Behavior that does not align with our values and goals does not belong at PCRMC and will not be displayed here.
- Valuing diversity and respecting the differences in each other. We believe in hearing all perspectives, being appreciative of one another and having respect not only for others, but for ourselves by being professional in our appearance, manner and speech. We believe in holding each other accountable for our actions and accepting the consequences of those actions.
- Working together to create a positive patient experience.
- Taking pride in the safety practiced and provided at PCRMC. We will take responsibility to know and follow all personal, public, patient and environmental safety policies and procedures.
- Promoting personal and public safety by reporting all suspicious activity to the appropriate party.
- Everything we do is all about the patient.

COMPASSION: We believe in acting on the empathy felt toward the needs of patients and families.

Our standards of behavior for compassion are:

- That every encounter with another person provides an opportunity for kindness.
- Displaying compassion and empathy to everyone (e.g., smile, maintain eye contact, meet with the individual on the same level--sit if he or she is sitting, etc.).
- Passing no judgment through any facial expressions, behaviors or body language toward any individual.
- Treating all patients and their families as if they were our own.
- Treating everyone with the same dignity and respect that we feel should be given to ourselves.
- Using the power of human touch, when appropriate, to convey compassion.
- Going above and beyond ordinary care, remembering the little things often provide comfort, safety and reassurance (e.g., fluff pillows, offer a warm washcloth, inquire on room temperature, give directions, escort individual to destination, etc.).
- Always striving to perform duties well and maintaining a positive, caring demeanor in all personal and professional interactions.
- Minimizing the spread of disease by practicing and encouraging hand hygiene among coworkers and visitors.
- Always saying "please," "thank you" and "excuse me."

INNOVATION: We believe in being inspired to provide care in new and creative ways.

Our standards of behavior for innovation are:

- Committed to a workplace that fosters innovative ideas and methods that improve our healthcare system and services.
- Supporting a culture that accepts questions to help employees better understand why changes are important and how these changes benefit the organization.
- Taking responsibility for our own learning and expanding our skills through continued education.
- Approaching change with an open mind and positive attitude as well as taking the opportunity to gather ideas and to find new solutions.
- Bringing forward opportunities for improvement in a blame-free culture and not waiting for an adverse event to happen.

- Challenging the status quo and always looking for a more efficient way.
- Considering ideas from all employees, regardless of their department or position, for the purpose of continuous improvement, problem solving and learning.
- Reporting any safety or quality concerns to leaders in the organization. We understand that those concerns may be reported to The Joint Commission and/or to Missouri Department of Health & Senior Services without the organization taking any disciplinary action on an employee or provider for reporting the safety or quality concern.

PHILANTHROPY: We believe in being good stewards every day of the gift of time, deeds and resources for our patients and community.

Our standards of behavior for philanthropy are:

- Our stewardship fully extends to the individual responsibility to assisting with the maintenance and appearance of all PCRMC equipment, property and grounds. This includes disposing of litter and other items in a proper manner to ensure a safe environment for everyone who comes into our facilities and onto our campus.
- Acknowledging the needs of patients and coworkers and taking the necessary time to help someone.
- Using our individual gifts of time, deeds and resources. We are commitment to ensuring personal attention is given to the needs of every patient, family member, caregiver or coworker.
- The expectation that service to those around us comes before service to self.

I am committed to providing the highest quality of services and meeting our patients' and colleagues' needs with the utmost care and courtesy. I recognize my responsibility to practice these behavioral standards while representing Phelps County Regional Medical Center. I understand that acknowledging receipt of the Standards of Behavior does not create an express or implied contract of employment. I further understand that I am employed at will. This means that I have the right to end the working relationship with PCRMC, with or without advance notice of cause; PCRMC has the identical right.

Employee Name	Employee ID#	Date
Witness	Employee ID#	Date

CRIMINAL BACKGROUND REQUEST

Print Legibly in Black Ink

First Name _____ Middle Name _____ Last Name _____

Maiden Name/Alias _____, _____, _____

Date of Birth ___/___/___ Social Security # ___-___-___

Sex F M Race _____ Phone Number: _____

Mailing Address: Street _____ City _____ State _____ Zip _____
(No P.O. Box)

Please provide a copy of your drivers license or valid picture I.D.

Department of Motor Vehicles

State _____ Drivers License # _____

List last two Cities and States of Residence

1) City _____ State _____ 2) City _____ State _____

As part of the employment process, I consent to the release of my criminal background records by the Missouri State Highway Patrol, Illinois State Policy and any other agency that provides such information. I consent to your investigating and obtaining a consumer report, including motor vehicle driver's information from the Missouri Department of Revenue, solely for employment purposes. By signing this consent, I acknowledge I have received in writing Disclosure Regarding Procurement of a Consumer Report with respect to any application for employment.

Signature _____ Date _____



PHELPS COUNTY REGIONAL MEDICAL CENTER
1000 WEST TENTH STREET
ROLLA, MISSOURI 65401

Excellence in Health Care



CONFIDENTIALITY STATEMENT

All information concerning patients, employees, volunteers, and other hospital business of a confidential nature must not be discussed with persons not concerned with such information, and never with persons outside the hospital. Request for information about patients by family members and/or friends should be directed to the nurse in charge or to the department director. Other requests are to be directed to the Public Relations/Marketing office or Administration.

While volunteering at Phelps County Regional Medical Center, I understand my obligation to maintain the confidentiality of patient and hospital information.

I agree not to release any information regarding patient data or hospital business to unauthorized individuals.

The release of, or misuse of, patient or hospital information, unless specifically authorized by the patient or covered by hospital policy, shall be cause for legal and/or disciplinary action, up to and including termination.

Name (Please print)

Signature

Date

