



VOLUNTEER INFORMATION PACKET

Junior Volunteers must be 16 - 17 years old (and completed the 9th grade)
Senior Volunteers must be 18 years of age or older

Information for Volunteers

1. **Parking** – Parking at both Bel Air and Aberdeen is available to volunteers. Volunteers must register their car(s) to be issued a Volunteer Parking hangtag to avoid towing.
2. **Meal Vouchers** - As a courtesy, meal vouchers are available for all UM UCH Volunteers. The meal voucher can be used for up to \$10.00 worth of food in the cafeterias. The meal voucher has no cash value and no change will be given. If the meal amount exceeds \$10.00, volunteers are expected to pay the difference. Meal vouchers can only be used on the day the volunteer service was performed.
3. **Awards** - Awards are given for hours of service at our Annual Volunteer Appreciation Dinner in the spring. The hour award benchmarks are; 100 hours, 500 hours, 1,000 hours, 1,500 hours, etc.
4. **Dress Code** - Volunteers will be issued a uniform top (either a polo or vest) and our volunteers working over 500 hours will receive a fleece jacket, which must be worn at all times while on duty. Please refer to the "Uniform Guidelines" flyer included in this packet.
5. **Identification Badge** – All UM UCH Volunteers will be issued a UM UCH Identification Badge. The ID Badge is part of the Volunteer uniform and must be worn above the waist while performing volunteer service. Upon termination of your volunteer service, the ID Badge must be returned to the Volunteer Department. For security reasons, ID Badges remain the property of UM Upper Chesapeake Health. You will also receive an emergency code badge to accompany your ID badge to allow you to identify overhead page codes while in the hospital.
6. **Orientation & Safety** - Prospective Volunteers must complete a self-study orientation before beginning their volunteer service. Orientation subjects include; Customer Service, Fire and Safety information, Infection Prevention, Confidentiality and self-protection such as prevention of back injuries.
7. **Training** - New Volunteers will be assigned to a paid Team Member or qualified Volunteer during their unit-based orientation period. During their training period Volunteers will be familiarized with their assignment, given a job description and training checklist.
8. **Absences** - Volunteers are to contact the Volunteer Services Department when they are unable to volunteer on their day. The Volunteer Office will inform your work area.

9. **Leaves of Absence** - Volunteers may request leave time for illness or special circumstances for up to four weeks during which time their assignment will remain active. Volunteers requesting absence for over four weeks will be placed on Leave of Absence and will have to request reassignment upon their return. Every effort will be made to provide an appropriate assignment.

10. **Volunteer Services Department Offices** - Any problems or concerns you have should be directed to our central Volunteer Services Department. The office hours and phone numbers are as follows:

UM UCMC ~ M-F 6:30 a.m. – 5:00 p.m. Phone # - 443-643-1725

11. **Confidentiality** - It is the responsibility of all Volunteers to observe the Hospital's policy on patients and Team Member confidentiality. What you see, hear and observe while volunteering is private information and should not be discussed with others. A separate "Confidentiality Agreement" for you to read and sign is included in this packet.

12. **Vaccination Requirements** - Proof of two MMR and two Varicella vaccinations are required. If you do not have your vaccination record, our Occupation Health Department can perform a blood titer for MMR and Varicella free of charge where a small amount of blood is tested. Also, each volunteer is required to receive a seasonal Flu Vaccination until the end of March. Parental permission is required for all individuals under age 18 receiving vaccinations or titers.

13. **TB Screening** - New Volunteers are required to undergo two TB screenings at least one week apart prior to starting their volunteer service. Each of the two screenings must be read by an RN or MD 48 – 72 hours after they were administered. Volunteers may be required to receive annual TB screening dependent upon the results of a yearly TB risk assessment.

I have reviewed the above "Information for Volunteers". I agree to abide by the rules and regulations as stated.

Volunteer Signature Date

Volunteer Services Date
Department Representative

VOLUNTEER REQUIREMENTS

As a participant in the Hospital Volunteer Program, I understand and agree to comply with the following Volunteer Services requirements:

1. The ideal volunteer schedule is a four-hour shift each week for a minimum of a six-month period or at least 75 hours annually. Ideally this is always the same day, same four-hour shift and in the same department each week. If this time commitment does not work, let's discuss a less regular commitment such as our "in a pinch" volunteers who support seasonal or on occasion events throughout the year or covering for regular volunteer vacations that leave gaps in some areas. We thank you!
2. I will follow the schedule set mutually between the Volunteer Services Department and myself.
3. I will notify the Volunteer Office when I am unable to volunteer on a scheduled day. Upper Chesapeake Health – 443-643-1725.
4. I will give at least one-weeks' notice before termination of Volunteer Service and return the UCH ID badge and uniform.
5. I will wear the required uniform and follow the UCH dress code at all times and I will wear my badge while volunteering in the hospital.
6. I will complete a self-study new volunteer orientation and abide by the annual in-service requirement (a refresher of the safety information).
7. I will maintain strict patient confidentiality at all times.
8. I will follow all policies and procedures as set forth by the Volunteer Services Department and the Hospital.

Name of Participant

Date

UNIFORM GUIDELINES

There are several uniform guidelines that have been developed to assure a consistent look among our UM UCH Volunteer Team Members. Please follow this uniform guide as an aid when selecting your uniform wardrobe. We strive to present a neat, clean, professional appearance to our patients and visitors.

1. All Volunteers will wear their teal volunteer top or light blue vest while volunteering. The 500+ club members can wear their teal fleece jacket. If you work more than two days a week, you will receive two tops – one to wear and one to wash.
2. Blouses and shirts must cover the midriff. Colors under the vest or polo are at the volunteer's personal discretion.
3. Pants and skirt colors are your choice of navy blue, white, black, dark gray or khaki. Cropped pants should be no more than 6 inches above the bottom of the heel of the foot. Scrub pants are allowed as long as they are the colors above. *No jeans, capri pants, sweatpants, leggings, calf-hugging pants or shorts are permitted while on duty in the hospital. No miniskirts. Skirts must be no shorter than 3 inches above the knee and no longer than ankle length*
4. Hospitals have hard floors. Shoes should be close toed, comfortable and clean. *No high-heeled shoes, sandals or opened-toe shoes should be worn.*
5. An UM UCH issued hospital identification badge must be worn at all times while volunteering and your parking pass should remain on your dashboard when parking on the UCMC campus.
6. It is the responsibility of each Volunteer to maintain their uniform in good repair and in a neat, clean fashion. If you need a replacement, please come to the office.
7. Up to two pair of earrings may be worn in each ear. No other visible piercings are permitted, including, but not limited to piercings in the tongue, nose, lip or eyebrow while on duty. For safety reasons, earrings may be up to 1 ½” inches in diameter and gauges may be up to ½ inch in diameter.
8. Our hospitals are houses of kindness, caring and healing. Tattoos, regardless of location (i.e. neck, hands, face, arms, and legs) may be visible if the images or words **do not convey violence, discrimination, profanity or sexually explicit** content. Tattoos containing such messages must be covered with bandages, clothing or cosmetics while working. UM UCH reserves the right to judge the appearance of visible tattoos. If in doubt, cover it up.
9. Fingernails are kept clean and well-groomed and do not exceed ¼” beyond the fingertip. Nail polish may be worn but must be neat and free of chips.
10. Many patients are sensitive to colognes, perfumes or other scented toiletries such as hand creams, oils or body sprays. Volunteers working with patient contact or families should not wear such scents. Individual departments may have specific rules for scents as well.

Print Name

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that, as part of my role, I will learn information about UM UCH’s patients, team members, and/or business. I understand that all protected health information and some team member and business information is considered confidential in nature and I have an obligation to protect this information from inappropriate disclosure. In addition, I must comply with the **UM UCH Disclosure of Protected Health Information and Minimum Necessary Use or Disclosure of Protected Health Information Policies.**

THEREFORE, I agree to the following:

- I accept personal responsibility to protect confidential information from inappropriate disclosure without regard to the method by which it was accessed, even if I obtained it inadvertently. I understand that this information may concern, but is not limited to, patients, team members, operations, medical staff and business practices.
- I will not seek protected health information unless I have a need to know the information in order to perform my assigned job functions. If I am unsure of the confidential nature of any information, I will contact my supervisor or the Privacy Officer for clarification.
- I will protect the privacy and confidentiality of all UM UCH patients during and after my employment or volunteer affiliation. This includes but is not limited to electronic, social media, written and verbal forms of communication.

I understand that I am responsible for all activity logged under by Password/PIN:

- I will sign off the computer when I leave the terminal/PC, and I understand that I must log off before another user may use the equipment.
- I understand that any breach of confidentiality may result in irreparable harm to both the patient and UM UCH. I will use the e-mail system in ways consistent with UM UCH policy.
- I understand that if I breach confidentiality, UM UCH may initiate disciplinary action up to and including immediate termination of volunteer affiliation.

Signature of Volunteer

Date

Print or Type Name

Disclosure Regarding Background Investigation

Important: Please read carefully before signing authorization

I acknowledge that UM Upper Chesapeake Health may obtain information about me for volunteer purposes from a third-party consumer reporting agency. You may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your criminal history, social security verification, motor vehicle records (driving record), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time to request whether a consumer report has been run about you, and a disclosure of the nature and scope of any investigative consumer report and to request a copy of your report.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number*

*Social Security Number and Birthdate will be used for identification purposes only and will not be used by UM UCH

Request for Background Check

Social Security Number

Date of Birth

First Name Middle Name Last Name

Other Names Used

Current Residential Address City State Zip code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

CITY	State	ZIP CODE	From Date	To Date

Driver’s License Number State of Issue