

VOLUNTEER APPLICATION

PERSONAL INFORMATION (Please type or print) SOCIAL SECURITY #- _____ - _____ - _____

NAME (LAST NAME FIRST) _____ DATE OF BIRTH _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ WORK PHONE# _____

Email Address: _____ Nationality: _____ Gender: _____

AREA OF INTEREST _____

DATE YOU CAN START _____

ARE YOU EMPLOYED? _____ YES _____ NO Name of Employer _____

POSITION: _____ MAY WE INQUIRE WITH YOUR EMPLOYER? _____ YES _____ NO

HAVE YOU EVER VOLUNTEERED BEFORE? _____ YES _____ NO

WHERE? _____ WHEN? (GIVE DATES) _____ POSITION(S) _____

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____

DAY PHONE AND CELL NUMBERS: _____

EDUCATION

| <u>NAME AND LOCATION OF SCHOOL</u> | <u>YEARS ATTENDED</u> | <u>HIGHEST LEVEL COMPLETED</u> | <u>SUBJECT STUDIED</u> |
|------------------------------------|-----------------------|--------------------------------|------------------------|
|------------------------------------|-----------------------|--------------------------------|------------------------|

HIGH SCHOOL

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

COLLEGE

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

OTHER SKILLS OR TRAINING: (FLUENCY IN LANGUAGE, WORD PROCESSING SKILLS ETC.)

WOULD YOU ACT IN THE CAPACITY OF AN INTERPRETER? YES ___ NO ___

REFERENCES:

Give below the names of two references not related to you, whom you have known at least one year.

| NAME | ADDRESS | PHONE NUMBER |
|----------|---------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY IN COURT (EVEN IF YOU DID NOT HAVE A TRIAL) FOR ANYTHING OTHER THAN A MISDEMEANOR OR MINOR TRAFFIC VIOLATION?" YES OR NO. IF YES, PLEASE EXPLAIN: _____

AUTHORIZATION

TO THE APPLICANT: IF YOU ARE NOT A MINOR YOUR SIGNATURE AUTHORIZES US TO PERFORM NECESSARY TESTS WHICH MAY INCLUDE THE DRAWING OF BLOOD, IF YOU ARE UNABLE TO PROVIDE DOCUMENTATION OF INFORMATION REQUIRED ON THE HEALTH FORM ATTACHED WITH THIS APPLICATION.

YOUR SIGNATURE ALSO, INDICATES THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE. IF EMPLOYED AS A VOLUNTEER, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. YOU AUTHORIZE APPROVAL TO CHECK REFERENCES AND TO CONTACT YOUR PHYSICIAN REGARDING YOUR PHYSICAL AND EMOTIONAL HEALTH. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. PLEASE ALSO BE ADVISED THAT BY SIGNING, YOU AUTHORIZE UNIVERISTY OF MARYLAND MEDICAL CENTER TO CONDUCT A BACKGROUND INVESTIGATION.

SIGNING UP AS A VOLUNTEER IN NO WAY GUARANTEES A PAID POSITION HERE AT UNIVERITY OF MARYLAND MEDICAL CENTER OR SYSTEM. PLEASE SIGN HERE: _____

APPLICANTS SIGNATURE _____ DATE _____

PARENTAL CONSENT: IF YOU ARE A MINOR UNDER THE AGE OF 18 PLEASE HAVE A PARENT OR LEGAL GUARDIAN SIGN.

NOTE TO PARENT/LEGAL GUARDIAN (S): YOUR SIGNATURE INDICATES THAT YOUR SON/DAUGHTER IS IN GOOD HEALTH AND HAS YOUR PERMISSION TO VOLUNTEER AT UMMS. IT ALSO AUTHORIZES US TO PERFORM THE NECESSARY TESTS TO OBTAIN MEDICAL INFORMATION REQUIRED WITH THIS APPLICATION. THIS PROCEDURE MAY INCLUDE THE DRAWING OF BLOOD. YOUR SIGNATURE ALSO AUTHORIZES EMERGENCY MEDICAL CARE WHILE YOUR SON/DAUGHTER IS ON DUTY AT THE HOSPITAL.

PARENT OR GUARDIAN'S NAME _____

SIGNATURE _____



Confidentiality of Information Statement

As a staff member, physician (faculty, resident or fellow) or student at University of Maryland Medical System, University of Maryland Baltimore, University Physicians, Inc. or any professional association or other entity associated with any of the above or subsidiary or affiliate thereof (all hereinafter referred to as University Providers), I understand that information is required for me to perform my duties. Some of this information may concern patients being treated at University Providers or it may concern the operation of University Providers. I understand that any patient medical information belongs to the patient and that I am only permitted to access patient information to the extent that it is necessary to provide patient care and perform my duties. I also understand that all medical and personal information regarding patients is confidential and, unless directly related to the care of patients, should not be revealed or discussed with other patients, friends or relatives, or anyone else within or outside of University Providers.

I also understand that other information regarding the operation of University Providers is confidential. This confidential information concerns, but is not limited to, employees, financial operations, quality assurance, utilization review, risk management, research, contracting, procurement and credentialing of staff. I understand that I am only authorized to access this information if it is required for me to perform my duties. This information should not be discussed with others within or outside of University Providers except to the extent that this discussion is necessary to perform my duties.

I also understand that I am required to protect any University Providers patient or operations information from loss, misuse, unauthorized access or unauthorized modification.

I also understand that I may be given access codes to University Providers computer systems. I will safeguard the security codes given to me. I acknowledge that I am strictly prohibited from disclosing my security codes to anyone, including my family, friends, fellow workers, supervisors and subordinates for any reason. However, I may be required to reveal and relinquish my security codes to the appropriate Information Systems Security Office. This is the only exception to the rule.

I understand that I may use my access security codes to perform my duties only. I agree that I will not use anyone else's security codes to obtain access to any computer systems. I understand that I will be held accountable for all work performed or changes made to the systems or databases under my security codes and that I am not to allow anyone else to access the computer systems using my security codes.

I understand that failure to follow this policy regarding the confidentiality of information may be cause for termination of employment, revocation of privileges or access to University Providers and/or its systems and databases.

Signature _____

Date _____

Printed Name _____

Department _____

I work at (check one): UMMC Kernan University Specialty Hospital

Accountability: We commit to take ownership of all that we do and responsibility for the outcomes of all our actions.

- Take pride in the hospital as if you own it
- Accept the responsibilities of your job
- Take responsibility to create a safe and incident-free environment
- Use protective clothing and equipment per standard
- Comply with HIPAA privacy and security regulations
- Use resources responsibly to reduce waste in all forms

Appearance: We commit to respect our personal appearance, work environment and all areas visible to patients and customers.

- Follow dress code policies
- Wear your ID badge correctly at all times
- Take pride in facility appearance: pick up litter and dispose of properly, clean up spills and return equipment to its proper place
- Take pride in personal appearance: grooming and dress reflect respect for our customers
- Do not use personal technology in the work environment
- Maintain a clean and orderly work area

Communication: We commit to clear, open, honest and timely communication.

- Listen actively to our customers and coworkers in order to fully understand their needs
- Answer telephone calls within three rings: identify name, department and ask "How may I help you?"
- Respond to pager, voicemail and email in a timely manner
- Communicate plans, time frames and unexpected delays in all settings
- Pay close attention to both verbal and non-verbal messages

Respect: We commit to treat others as they would want to be treated.

- Offer help when possible and cooperate in the workplace
- Respect privacy and dignity; use a quiet and respectful tone of voice at all times
- Be sensitive to cultural differences
- Treat coworkers and customers with courtesy, honesty and respect
- Provide praise and recognition for a job well done
- Assume that your coworker wants to do a good job

Service: We commit to provide our patients, families, visitors and coworkers with courteous, prompt and safe service.

- Smile, make eye contact and introduce yourself
- Greet and acknowledge patients, families, visitors and coworkers
- All employees are responsible for answering call lights
- Follow proper elevator etiquette
- Anticipate customer needs: follow through that expectations were met

I have read, understand and agree to comply with and practice the Behavioral Standards outlined above.

Name (Please Print)

Signature

Department

Date

Dress Code and Personal Appearance Expectations

Purpose

Personal neatness and appropriate attire provide an atmosphere of professionalism and inspire confidence in our ability to deliver services. For reasons of customer service, safety, security, appearance and identification to patients, visitors, staff members and physicians, this dress code has been established for University of Maryland Medical Center staff.

Attire

Staff members are expected to dress professionally and appropriately for their specific job. All attire must be clean, neat and in good condition. The following list contains some of the clothing items that are considered unacceptable or inappropriate workplace attire:

- Leggings, stretch/stirrup pants, pants above knee, mini-skirts, mini-dresses
- Halter tops, tube tops, cropped tops, tank tops, sun dresses
- Jeans or denim attire of any kind or color, except where job functions necessitate or special departmental situations allow
- Low cut blouses and dresses, revealing excessive chest area or cleavage
- Visible undergarments either through sheer fabrics, including scrubs or improper concealment
- Workout clothing or other exercise apparel (i.e., nylon jogging suits, etc.), sweat pants, sweatshirts, sweat jackets, tee shirts, shorts, any shirt with sayings, symbols, etc., which would be deemed unethical or inappropriate for the professional image of the hospital
- Hats/caps
- Excessively loose, tight or revealing clothing
- Flip flops, slippers, excessively high-heeled shoes

Aspects of Appearance

In order to present a professional appearance to our customers, the following aspects of appearance are outlined below.

- Hair of unnatural color (i.e., red, blue, purple, green, etc.) is unacceptable
- Contact lenses or other eyewear lenses of unnatural color (i.e., red, purple, designs, etc) are unacceptable
- The use of metallic sprays, glitter, or sequins on skin, hair or clothing is not permitted
- No more than two visible earrings are permitted in each ear. All other visible piercings (i.e., tongue, nose, eyebrow, lip rings, etc.) must be removed while in our work environment
- Visible tattoos may offend some customers and co-workers while at the workplace and therefore these shall not be visible if possible. Tattoos that are unable to be covered must be appropriate in content and in keeping with a professional image
- The use of earphones, headphones, walkman or iPods in public or patient care areas is not permitted, unless approved by management or required

We want you to be tobacco-free!

UMMC is a tobacco-free organization and the use of tobacco products are not permitted on Medical Center grounds.

Dress Code, Tobacco, and Attendance Policies may be found on our Human Resources Intranet.

I have read, understand and agree to comply with the Dress Code and Personal Appearance Expectations outlined above.

Name (Please Print)

Signature

Department

Date