APPLICATION

For

VOLUNTEER SERVICES

PHYSICIANS REGIONAL HEALTHCARE SYSTEM
Dear Potential Volunteer,

Volunteers have played a critical role in hospitals for centuries. The volunteers at Physicians Regional Healthcare System graciously donate their time and energy into assisting our patients, visitors and staff. Becoming a volunteer will enrich your life. Whether you want to have direct contact with patients or work behind the scenes you will make new friends and make a difference in our community.

**In order to qualify for the program and become a member of our team:**

- **Commit** to at least 6 consecutive months from date of orientation (adjusted for seasonal residents) and work a minimum of four hours, once a week.
- **Apply** . . . . Please fill out application attached and return or mail to your preferred location:

  Physicians Regional Healthcare System  
  Jane Fleming/Volunteer Coordinator  
  6101 Pine Ridge Rd  
  Naples, Florida 34119

  Physicians Regional Healthcare System  
  Kim Myers/Volunteer Coordinator  
  8300 Collier Blvd.  
  Naples, Florida 34114

- **HealthCare Screening.** . Complete an Employee Health Department review (Includes Immunization Review/Tuberculosis Screening and a Substance Test)

- **Background Screening.** . All volunteers over 18 are required to have a Background Check.

- **Attend Orientation . . . .** Although you are not an employee you are required to attend a portion of the Hospital's New Employee Orientation and Volunteer Orientation.

Once your application is received we will contact you for an interview. If you have any questions or concerns please contact the applicable office: Pine Ridge 239-348-4087, Collier 239-354-6072

Thank you for your interest in becoming a member of the volunteer team at PRHS!

Sincerely,

Kim and Jane  
Your Volunteer Coordinators
VOLUNTEER SERVICES APPLICATION

LAST NAME: ___________________________ FIRST NAME: ___________________________

ADDRESS: ____________________________________________________________

CITY: ____________________ STATE: ______ ZIP: ______ BEST CONTACT PH#: ______

EMAIL: _______________________________________________________________

Do you speak any foreign languages? No: O Yes: O If "Yes" please list

SEASONAL O FULL TIME O (If seasonal check months available)

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PREFERRED ASSIGNMENT LOCATION: 6101 Pine Ridge Rd O 8300 Collier Blvd O

EMERGENCY INFORMATION:

Emergency Contact Name: __________________________________________________________

Relationship to you: ___________________________ Home Phone: _______________________

Work Phone: _______________________________ Cell Phone: __________________________

QUESTIONNAIRE:

Why are you interested in volunteering?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Are you currently seeking volunteer experience to fulfill a community service obligation? (i.e. church, school)
No: O Yes: O - If yes, briefly describe the service requirements:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Service Organization & Contact: __________________________________________________________
Phone Number: __________________________________________________________
How many volunteer hours do you require for school? ___________________________

QUESTIONNAIRE cont’d

1) Is there anything that may adversely affect your ability to perform volunteer work?
   No: O Yes: O If yes, please describe in detail: __________________________________________

2) Are there any accommodations needed in order for you to safely and competently perform
Volunteer work as requested? ____________________________________________________________

____________________________________________________________________________________

3) Do you have any physical, visual or hearing needs we need to consider?
   No: ☐ Yes: ☐ If yes, please explain: ______________________________________________________
   ____________________________________________________________________________________

4) Are you physically able to transport patients in a wheelchair? Yes: ☐ No: ☐

PLEASE REVIEW VOLUNTEER ASSIGNMENT DESCRIPTION EXAMPLES (attached):

WORK PREFERENCES (Please check all that apply):

Patient Contact: ☐ Non-Patient Contact: ☐ Informational / Clerical: ☐

CIRCLE AREAS OF INTEREST ..... IF NOT LISTED WRITE BELOW

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<thead>
<tr>
<th>Book/Serving Cart</th>
<th>Employee Health</th>
<th>Emergency Room</th>
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<tr>
<td>Employee Health</td>
<td>Food and Nutrition</td>
<td>Golf Cart Driver</td>
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<tr>
<td>Hospital Attendant</td>
<td>Human Resources</td>
<td>Infection Control</td>
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<td>Information Desk</td>
<td>Lab &amp; Radiology</td>
<td>Marketing</td>
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<td>Materials Delivery</td>
<td>Medical Records</td>
<td>Pharmacy</td>
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<td>Radiology/Mammography</td>
<td>Rehabilitation Services</td>
<td>Risk Management</td>
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<td>Surgery Center-PACU</td>
<td>Volunteer Office</td>
<td>Volunteer Ambassador</td>
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PLEASE CIRCLE THE DAYS AND HOURS YOU WOULD BE AVAILABLE:

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EDUCATION AND EMPLOYMENT HISTORY (Please check all that apply):

- Actively Working: ☐
- Retired: ☐
- Student: ☐

- Are you 18 years or older? Yes: ☐
- No: ☐

EDUCATION:
High School Graduate: Yes: ☐
- No: ☐
College Degree: Yes: ☐
- No: ☐
If yes, List Degree/Major:

EMPLOYMENT EXPERIENCE:

Have you ever worked at a hospital? Yes: ☐
- No: ☐

Last Place of Work - if any:

Business Name:
Address: ___________________________ Phone: ___________________________
Position: ___________________________ Supervisor’s Name: __________________

Do you hold any special medical or clinical certifications or licenses, or had medical training of any type?

Yes: ☐
- No: ☐
If yes, Please List:

VOLUNTEER EXPERIENCE:

Name of Organization: ___________________________ Supervisor’s Name: __________________
Supervisor’s Phone: ___________________________
OK to Contact: Yes ☐
- No ☐
Duties Performed: ___________________________

PLEASE LIST ANY SPECIAL SKILLS OR CERTIFICATIONS (ie: Previous employment positions or training, hobbies or interests, healthcare experience, patient care services etc. Complete on back if required):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
**REFERENCES:**

Please complete references below and include any Letters of Reference for any current or former job supervisors, teachers or clergy. Family members, relatives and friends may not provide recommendations.

**Reference 1 Name:**

**Relationship to you:**

**Business Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Reference 2 Name:**

**Relationship to you:**

**Business Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

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**How did you hear about our volunteer program?**

**Have you ever been convicted of a felony?** Yes: ☐ No: ☑

**Have you ever been convicted of a misdemeanor?** Yes: ☐ No: ☑

If yes, please explain details including dates:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________
CERTIFICATION AND AUTHORIZATION:

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of the Physicians Regional Healthcare System.

I authorize Physicians Regional Healthcare System to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Signature: _____________________________
Printed Name: _________________________ Date: ______________
VOLUNTEER ASSIGNMENTS DESCRIPTION

Too often we underestimate the power of touch, a smile, a kind word, a listening ear, an honest complaint, or the smallest act of caring, all of which have the potential to lighten the burdens of others.

The volunteer's at Physicians Regional Hospital System help lighten the burden of our patients, staff and visitors every day. They are very compassionate and caring individuals. The fact you are considering devoting your time and effort is the first step in becoming a valuable member of our team.

VOLUNTEER ROLE

People choose to volunteer for many reasons. It could be that they want to meet new friends, gain exposure to a future career, stay busy after retirement, obtain a sense of gratification or satisfaction, have a need to help or to offer their professional skills, want to make an impact in their community, or simply have fun.

Placement Overview:

Volunteering should provide a source of pride and enjoyment. Capturing your areas of interest before placement is important to us and we will try to do so through your volunteer application and your interview with the Director of Volunteer Services. You are not locked into any one department. Once you are accepted as a volunteer and would like to change your assignment just contact the Director of Volunteer Services and every effort will be made to accommodate you.

Volunteer Placement Description:

To assist staff throughout the hospital, adding a personal touch to help provide comfort to patients and family members, as well as provide service and support to hospital staff. Your Director of Volunteer Services will provide you with a volunteer placement description (competency-based), as well as training, for the department(s) where you will volunteer.

Volunteers should never be used to replace an employee, nor should they ever provide any medical services to patients. Volunteers are utilized to assist patients and staff members throughout the hospital. They should only perform services that constitute "extras" designed to help patients and their families.
GENERAL VOLUNTEER DUTIES

Miscellaneous Volunteer Duties:
Duties vary by department, however key duties often include:
• Answering phones, light filing and general office duties
• Assist with hospital tours and special events
• Deliveries to patients (i.e. magazines, menus, books, newspapers, flowers)
• Errands for units
• Foreign language translation
• Patient escort and/or transportation within hospital (with training)
• Patient floors: provide comfort, get water, etc. for patients; assist staff with errands
• Restock supplies where needed
• Sign language
• Greet, assist and comfort patients, family and visitors
• Assist with newsletters or mailings
• Assist with special projects
• Restock carts for patient floors

Definite "NO" for Volunteers:
This list can be large, but here are a few identified tasks that volunteers cannot do:
• Bathe patients
• Clean dentures
• Feed patients
• Handle soiled linens
• Transport soiled instruments
• Transfer patients from bed to chair and vice versa
• Transfer patient via wheelchair if patient is on IV
• Remove bedpans/urinals
• Transport narcotics
• Read patient's chart

ASSIGNMENT DESCRIPTIONS - EXAMPLES

Nearly every hospital department has opportunities for volunteers.

ASSIGNMENTS INVOLVING PATIENT CONTACT

Hospital Attendant: Refill Water Pitcher, Empty trash and pick up around room if needed, answer call light for non-clinical needs, bring extra pillows, comfort patient with warm blankets, help visitors get acquainted and answer questions, spend time with patient, assist staff with any filing or paperwork.

Same Day Surgery Recovery: Assisting staff when patients come out of surgery. Getting patients something to drink, warm blanket, restocking supplies, room turnover, assisting with discharging patients by wheelchair (wheelchair training will be required).

Emergency Department: Greet and escort patients and visitors and assist them in getting registered at Triage desk, keeping track of families in waiting room or work in the treatment area assisting staff with room turnover and restocking supplies.
ASSIGNMENTS INVOLVING NON PATIENT CONTACT

**Customer Service:** (available at different departments and desks in the hospital) Greeting and checking in families. Escorting patient and visitors, keeping track of families in waiting room, offer wheelchair service (wheelchair training will be required).

**Customer Service Greeter / Escort:** Greet patients and visitors at entrance. Open car doors, call for Golf cart service, escort patient and visitors, offer wheelchair service (wheelchair training will be required).

**Food and Nutrition:** Assist in cafeteria, cleaning tables wiping trays, restocking.

**Golf Cart Driver:** The responsible driver will have a valid Florida Drivers License, friendly individual to greet patients and visitors, assist with transport to and from the hospital entrance, direct patients and visitors to hospital entrances, report any issues in the parking area to security.

**Courier:** Transporting items to various locations throughout the hospital and assisting with discharging patients.

ASSIGNMENTS INVOLVING INFORMATIONAL /CLERICAL

**Lobby Information Desks:** Greet and escort patient and visitors, computer work, answer phones, look-up patient information for visitors.

**Clerical Support:** Assist in various departments with answering phones, greeting customers, filing, making copies and sorting paperwork.

**Radiology:** Pulling and filing x-ray jackets. File reports into patient charts, duplicating films in darkroom, assisting clerical staff with patient requests.

**VOLUNTEER AMBASSADOR:**

In addition we are recruiting individuals to join our Volunteer Ambassador Program. Volunteer Ambassadors are specifically trained to spend time with our patients, families and their visitors. They provide a very special service to Physicians Regional Healthcare System. . . . Volunteers who have the time to spend as an Ambassador will provide comfort, emotional support and a friendly smile when it really counts.

For those who volunteer in a specific department on a regular basis you will be provided with a Department Specific Assignment Description and the Department Manager or other designated employee of that department will conduct an initial training session. Know that your dedication can make a difference in people's lives, no matter where you serve. Each assignment has something that will make you feel positively proud.

RETURN YOUR APPLICATION TODAY       WE WILL GET YOU STARTED