St. Elizabeth HEALTHCARE
Volunteer Services

New Volunteer Packet - Checklist

Thank you for your interest in becoming a Volunteer at St. Elizabeth Healthcare! Please use this checklist as a guide to complete the required documents for volunteer service found in this packet.

☐ **Volunteer Agreement**
- Please read and sign

☐ **Confidentiality Agreement**
- Please read and sign

☐ **Initial Health Questionnaire**
- Please complete and sign

☐ **Review the Medical Requirements listed below and obtain the necessary immunizations and/or records.**
- **Provide current Immunization Record**
  - Birthdate prior to 1957: No immunization record required.
  - Birthdate of 1957 or after: Obtain proof of immunizations.
  - We require proof of two Measles, Mumps and Rubella (MMR) and two Varicella immunizations, or proof that you have had the disease, as well as documentation of the Tdap (Pertussis/Whooping Cough) vaccination.
- **All Volunteers are required to obtain an Influenza Vaccine each Flu Season (September - April)**
  - If you have already received the influenza vaccine for the current flu season, please provide a copy of this record to the Volunteer Services office.
  - If you have **not** already received the influenza vaccine, Volunteer Services will provide you with information on how to receive one from St. Elizabeth Healthcare.

☐ **Complete the Online Volunteer Application**

☐ **Complete the Online Hospital Orientation**
- **Go to www.stelizabeth.com/volunteertraining**
- **Follow instructions given online**

☐ **Call to schedule a Placement Interview at the location you are most interested in:**
- **Edgewood**: (859) 301-2140
- **Florence/Grant**: (859) 212-5375
- **Ft. Thomas/Covington**: (859) 572-3166
- **St. Elizabeth Physicians**: (859) 344-3730

St. Elizabeth HEALTHCARE Volunteer Services

St. Elizabeth Healthcare Volunteer Agreement

Please *carefully* review the information provided below prior to signing.

St. Elizabeth Volunteers are Committed

Volunteers at St. Elizabeth take pride in giving their time and talents to the patient, guests and staff. Many volunteer positions require our Volunteers to commit to a regular volunteer shift, making them a reliable part of the St. Elizabeth team! ***Because of this:***

- **Adult** volunteers are asked to commit to a minimum 6 months of service
- **College** volunteers are asked to commit to a minimum of 12 weeks of service, or 8 weeks during the summer months (June through mid-August)
- **High School** volunteers are asked to commit to a minimum of one "*Session"* within the High School Volunteer Program
- *Failure to complete this commitment will result in dismissal from volunteer service or denial to return to volunteer service later. Additionally, the Volunteer Services department may not issue a volunteer service report or letter of recommendation.*

St. Elizabeth Volunteers are Compassionate

Volunteers at St. Elizabeth possess qualities essential to assisting patients and guests during a stressful and emotional time; they are friendly, compassionate, generous, honest, positive, and responsive - they CARE! ***Because of this:***

- In signing this agreement, you are acknowledging your understanding of these characteristics that should be found in a St. Elizabeth Volunteer and your willingness to fulfill these characteristics in your service at St. Elizabeth.

St. Elizabeth Volunteers are Cooperative

Volunteers at St. Elizabeth are there to support the staff; partnering with them to better the experiences of our patients and guests. Volunteers are responsible, adaptable and responsive, with a desire to serve. Our Volunteers are an integral part of the SEH team! ***Because of this:***

- Notification of end of service, changes in availability or inability to volunteer for a scheduled shift should be communicated in a timely manner and to the appropriate staff, whether that be the Volunteer Services department or assigned department.
- Additionally, you understand that falsification or significant omission of any information provided in the application process may be considered justification for immediate dismissal when discovered.

St. Elizabeth Volunteers are Competent

Volunteers are expected to be responsive to the ever-changing healthcare environment by learning new skills and adapting to new approaches. Volunteers are provided with extensive hospital orientation and training that is specific to their Volunteer position. ***Because of this:***

- An annual TB test is required of all volunteers during a designated month
- Completion of Annual Training, a review of Hospital Orientation, and a Volunteer Self-Review is required of all volunteers during a designated month
- An annual Influenza vaccine is required of all volunteers by a designated date; those who chose not to receive an influenza vaccine may take a leave of absence from volunteering during Flu Season

____
Print Full Name

____ ____________________
Signature Date

St. Elizabeth Healthcare Associate / Volunteer Confidentiality / Non-Disclosure Agreement

As a St. Elizabeth healthcare participant, I am responsible for maintaining the confidentiality of information relating to patient/residents/clients and fellow associates. Unless it is necessary to complete my job responsibilities, information about the present condition, performance, or personal affairs of patients/residents/clients or other associates will not be repeated or discussed either inside or outside the St. Elizabeth Healthcare.

When confidential information must be discussed in the course of my work, I will use discretion to keep such conversation from being overheard by others who are not directly involved. I am aware that there are both state and federal laws that protect health information and other confidential information from unauthorized access. I also realize careless or thoughtless release of confidential information can result in disciplinary action, including termination and also could result in legal action being taken against St. Elizabeth Healthcare.

As a St. Elizabeth Healthcare associate, I will be obligated to attend/complete training courses directed at ensuring my understanding of St. Elizabeth Healthcare privacy policies in relation to protecting confidential information.

Confidential information includes but is not limited to: (1) information about patient/resident/client's condition or treatment; (2) aggregate clinical data; (3) employee records; (4) employee patient/resident/client records; (5) marketing plans; (6) product or service plans; (7) strategies/forecasts; (8) patient/resident/client lists; and/or (9) financial information.

Confidential information can be obtained through hearing it, seeing it, viewing the medical record, or accessing it in the computer system.

While creating, accessing and/or utilizing confidential information I agree to abide by the following:

- I agree to keep confidential all information I access.
- I agree to access only the minimum necessary to perform my duty.
- I agree to access only that information for which there is a "Business Need to Know." I understand that my access may be monitored.
- I understand that I may not use the St. Elizabeth Healthcare computer system to access the medical records or financial records of myself, my children, my spouse, my neighbors), my co-workers or anyone, without a business based reason to do so. I also understand I may not look at paper records of any of these individuals without a business-based reason to do so.
- I agree to keep my password confidential. I understand that providing my password to another individual may result in disciplinary action up to and including termination.
- I agree to protect data at all times, which includes data in electronic, paper, film, images, video or other forms. I will protect data during its creation, entry, processing, distribution, storage, and disposal.
- I agree to protect data from unauthorized access, modification, destruction or disclosure.
- I understand that upon my termination from St. Elizabeth Healthcare my ability access St. Elizabeth information will end. I agree that I will not attempt to access St. Elizabeth Healthcare systems or disclose any confidential information to any person or entity after my termination.

I have read this document and understand that my signature constitutes my acceptance of the terms of the "Confidentiality/Nondisclosure" agreement.

______________________________	Volunteer Services______
Name (Print)	Department
______________________________	____________________
Signature	Date

St. Elizabeth HEALTHCARE Volunteer Services

Initial Health Questionnaire for Volunteers

Name: ______________________________________ **Date of Birth:** ______/______/________

Have you had the following diseases?

Yes	No	Unsure		Yes	No	Unsure	
☐	☐	☐	Rubella	☐	☐	☐	Tuberculosis
☐	☐	☐	Mumps	☐	☐	☐	Chicken Pox
☐	☐	☐	Measles *(10 day/old fashioned)*				
☐	☐	☐	Have you had a positive TB skin test?				
☐	☐	☐	Have you had close contact with anyone who has or has had TB?				

Have you had the following immunizations?

Yes	No		Yes	No	
☐	☐	Influenza	☐	☐	Measles, Mumps, Rubella *(MMR)*
☐	☐	Varicella *(Chicken Pox)*	☐	☐	Tdap *(Pertussis/Whooping Cough)*

Do you currently have any of the following symptoms?

Yes	No		Yes	No	
☐	☐	Productive Cough *(3+ weeks)*	☐	☐	Persistent weight loss
☐	☐	Persistent low-grade fever	☐	☐	Loss of appetite
☐	☐	Night sweats	☐	☐	Coughing up blood
☐	☐	Shortness of breath	☐	☐	Chest pain

IF you marked "yes" to any of these symptoms, please comment: ____________________________

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Volunteer Signature: ____________________________________ **Date:** ____________________

Documentation Requirements: Please review and obtain the necessary immunizations or records.

Immunization Record

- Birthdate prior to 1957: No immunization record required.
- Birthdate of 1957 or after: Obtain proof of immunizations and provide record to our office.
- *Specific immunizations are required for anyone volunteering at St. Elizabeth. If you do not have a record of these immunizations, we will work with you to complete this requirement.*

All Volunteers are required to obtain an Influenza Vaccine each Flu Season (Sept. - April)

- If you have already received the influenza vaccine for the current flu season, please provide a copy of this record to the Volunteer Services office.
- If you have **not** already received the influenza vaccine, Volunteer Services will provide you with information on how to receive one from St. Elizabeth Healthcare.
- If you **cannot** receive the influenza vaccine due a medical condition, please contact Volunteer Services to obtain the necessary Medical Exemption Statement which will need to be completed by your physician.

For Internal Use Only

Volunteer Office: Edgewood Florence Ft. Thomas Hospice

Employee Health Recommendations: ____

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If applicable, follow-up by Volunteer Services: ____

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Signature of Employee Health RN: ________________________________ Date: _______________