

Dear Volunteer,

A completed application or updated application consists of you returning the following forms to our office:

1. Volunteer Application
2. Volunteer Contract
3. Internet Usage Agreement
4. OSHA Acknowledgment
5. New Volunteer Training Form
6. Volunteer Acceptance
7. HIPAA Acknowledgment
8. Hepatitis B Declaration
9. Volunteer Checklist
10. Copy of Driver's License

For existing volunteers please make note of the following changes that will affect you as we begin this new and exciting relationship with Mountaintop Healthcare.

- Pam Kearney will no longer be doing the volunteer schedules. We have separated these duties by location. Carolyn Frady will be responsible for volunteer scheduling at our Canton location and Louise Goss, CMA will be responsible at our Waynesville location.
- Monthly schedules are posted in both offices two months in advance. If you are aware of your schedule and can jot in a possible time to volunteer this will help to make volunteer scheduling less time consuming for these individuals. Please ask where these calendars are located the next time you volunteer.
- Brenda Griswold will still be working with volunteers and performing other functions as she has in the past. She will be working with staff members to direct us in better ways that we can help our volunteers.
- Carolyn Frady is now an employee of the Good Samaritan Clinic. She was hired in February to coordinate and manage ongoing patient care. Her responsibilities cover a broad spectrum of needs for the Canton clinic and go beyond the function of volunteer nursing. We would like to see her have time to concentrate on lab review, referrals, and patient education/training while our nursing volunteers triage patients and assist Kristin Gruner, PA-C with patient care.
- With the addition of the staff from Mountaintop Healthcare our Waynesville location constrained for space. Currently there is not space for nurse volunteers. This will change once we move into our new building. If you used to volunteer at Waynesville and would like to volunteer in Canton or in another capacity please contact Carolyn or Louise.
- In June 2008 a new modular building will be complete beside the existing building in Waynesville. This structure will accommodate the added staff and patient needs of a growing clinic. If you would like to view our future office floor plan, please ask me next time you volunteer.

This is an exciting time for the Good Samaritan Clinic and Mountaintop Healthcare. As both organizations work together to make health care better for those in our community we look forward to having you there by our side. Once again we appreciate your time and commitment. Please send this information back to us at your earliest convenience so we can complete this part of updating our records.

Sincerely,

Donda Bennett
Executive Director for The Good Samaritan Clinic and Mountaintop Healthcare

VOLUNTEER APPLICATION

Mountaintop Healthcare/Good Samaritan Clinic of Haywood County

Name _____ Date: _____

Address _____

City _____ State _____ Zip _____

Phone

(Day) _____ (Evening) _____

E-mail:

Emergency Contact: _____ Phone _____

Past Volunteer Experience (include organization/agency, position, supervisor phone/E-mail):

Organization/Agency:	Position/Duties Performed:	Supervisor phone/E-mail:

Employment (most recent and include company, position, supervisor phone/E-mail):

Employer:	Position:	Supervisor phone/E-mail:

Time available for volunteering (circle all that apply):

	Canton	Canton	Waynesville	Waynesville
Monday				1:00-5:00
Tuesday	11:00 – 4:00	5:00-8:00		1:00-5:00
Wednesday	8:00-12:00	1:00-5:00	8:00-12:00	
Thursday	8:00-12:00	1:00-5:00	8:00-12:00	1:00-5:00
Friday			8:00-12:00	

How many times each month are you available to work a four-hour shift?

How would you like to help this organization?

Hobbies, interests, and skills:

Education/Credentials:

School:

Date:

Degree:

Location:

Skills (list skills and how comfortable you are in performing them)

References:

List three non-family members who can provide references on your ability to perform this volunteer position:

Name

Address

Phone

1.

2.

3.

Emergency Contact Name/Number:

Please read the following carefully before signing this application:

I understand that this is an application for a promise and commitment of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including this application for a volunteer position and in the interviews with Mountaintop Healthcare/Good Samaritan Clinic that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that Mountaintop Healthcare/Good Samaritan Clinic will verify information contained on my application. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Mountaintop Healthcare/Good Samaritan Clinic or my termination as a volunteer.

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

(Volunteer Signature)

(Date)

Volunteer Contract

As a volunteer, you are an important member of our team and act as a representative of our organization to the community at large. For a better understanding of what you can expect as a volunteer and what is expected of you by our organization, we ask you to read and sign the following Volunteer Contract.

The organization will provide for you:

- Beneficial and life-enriching experiences.
- General orientation and general training sessions plus any specialized training for specific jobs, such as nurses, receptionists, data entry, filing, etc.
- Opportunities for professional development and social interaction with other volunteers.
- An opportunity to learn about those less fortunate and help in the medical care for those in need.
- To provide a specific job description detailing duties and responsibilities.

The organization asks that you:

- Work an agreed number of hours on a scheduled basis that is acceptable to both you and the organization.
- Choose an assignment within your abilities, interests, and time.
- Attend a scheduled orientation, training classes, and tour of the organization.
- Notify the organization beforehand if you will be absent or if you have arranged a substitute.
- Conduct yourself in an appropriate and ethical manner at all times.
- Have fun and agree to ask questions if needed. Remember we are here for you!

By my signature I declare that I have read, understand, and agree with all parts of the Volunteer Contract and will strive to fulfill all parts therein.

Volunteer Signature _____ Date _____

Internet Usage Acknowledgment:

I acknowledge that I have read the Internet Usage and Agreement Policy for Mountaintop Healthcare/Good Samaritan Clinic. I understand the terms of the policy and agree to abide by them. I realize that the Company's security software may record and store for management use and electronic E-mail messages I send and receive, the Internet address of any site that I visit and any network activity in which I transmit or receive any kind of file. I understand that any violation of this policy could lead to my dismissal from volunteering or even criminal prosecution.

Volunteer Signature:

Name (Printed):

Manager Signature:

Date:

I acknowledge that I have received the synopsis of guidelines for the OSHA practices of both the Good Samaritan Clinic and Mountaintop Healthcare. I understand that any questions I might have should be directed to the OSHA officer designated by both clinics.

HIPAA Privacy and Security training was completed on: _____.

Volunteer Name: _____

Volunteer Signature: _____

Staff Signature: _____

NAME: _____ DATE: _____
(PLEASE PRINT)

SIGNATURE: _____

○ **General Workplace Safety**

I have been trained on this facility's Fire/Emergency Plan and I agree to comply with the requirements. I understand that management is concerned about employee safety in this facility and acknowledge that my job description requires me to immediately report any safety concerns I have to Traci Henderson, CMA (AAMA). I have had the opportunity to ask questions and have them answered to my satisfaction.

○ **Bloodborne Exposure Training**

Prior to assignment to any task or job, which could result in exposure to blood and/or other bodily fluids, I had the opportunity to review this facility's Blood-borne Exposure Control written plan. My training, which occurred prior to being assigned to any task that could result in a blood-borne exposure included, but was not limited to, symptoms of blood-borne diseases, modes of transmission and the use of Universal Precautions, specific work practice controls, engineering controls and appropriate Personal Protective Equipment to reduce the risk of exposure. I understand and agree to comply with all procedures and policies set forth in the plan and have had the opportunity to ask questions and have had them answered to my satisfaction. I will report any concerns and/or blood-borne exposure incidents to Traci Henderson, CMA (AAMA) immediately. Because my job puts me at risk of exposure to blood-borne pathogens, the Hepatitis B vaccination series was offered to me at no charge within the first 10 days of employment.

- I accept the offer and will complete the vaccination series in a timely manner.
- I decline the offer because I have previously completed the vaccination series. I have provided proof of vaccination or have signed an Informed Refusal and have checked the box indicating that I have been previously vaccinated.
- I decline the offer for other reasons and have signed an Informed Refusal form.

○ **Hazard Communications**

I have been made aware of this facility's written policy on hazard communications and have had the opportunity to read the plans. I have been trained on appropriate container labeling, the use of Personal Protective Equipment and the location and use of Material Safety Data Sheets (MSDS). I was trained prior to any task, which could put me at risk of any chemical exposure. To the best of my ability, I will comply with this facility's Hazard Communications requirements. I will immediately report any concerns I might have about over-exposure to chemical liquids, vapors or gas to Traci Henderson, CMA (AAMA).

○ **Tuberculosis Infection Control**

I have been advised of this facility's policy on TB Infection Control and have had the opportunity to review the written plan. I have been trained on the symptoms of infectious tuberculosis and how the disease is spread. The training took place prior to any assignment, which could put me at risk of exposure to this disease. I agree to comply with the policy and will follow all guidelines as set forth in the written plan.

○ **Biomedical Waste Management**

I have been trained on this facility's biomedical waste management plan. I have had the opportunity to review the written plan and to ask questions and have them answered to my satisfaction. Training was conducted prior to any assignment that could result in exposure to biohazardous materials. The training included, but was not limited to, the definition of biomedical waste generated in this facility, proper handling and disposal of biomedical waste, appropriate use of Personal Protective Equipment, the contingency plan for cleaning any biohazardous waste spill, and on-site storage requirements.

TRAINER(S): _____

Training appropriate to this volunteer's job description was completed successfully. He/she had the opportunity to ask specific questions about job safety and/or health concerns. I have answered these questions to the best of my ability. He/she was advised to report any future safety or health concerns to Traci Henderson, CMA (AAMA).

Volunteer Acceptance Agreement

We, **Mountaintop Healthcare/Good Samaritan Clinic**, agree to accept the service of _____ (Volunteer), beginning _____ and provide the following:

1. To provide accurate information, training and assistance.
2. To ensure supervision and provide job assessment feedback.
3. To respect the skills and individual needs of the volunteer.

Volunteer

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform volunteer duties to the best of my ability.
2. To adhere agency rules, policies and procedure, including record-keeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments, or to provide adequate notice so the alternate arrangements can be made.

Agreed to:

Volunteer

Staff Representative

Date

Date

HIPAA (Volunteer File)

HIPPA stands for Health Insurance Portability and Accountability Act and is mandated by the Federal Government. HIPPA identifies Protected Health Information (PHI) as any data that identifies the patient. Patient names, phone numbers, chart numbers, and addresses are forms of protected health information. HIPPA regulations insist that we make every effort to protect this information from disclosure except when needed for the treatment, payment, or for health care operations that are involved with the patient's care. For example we can call in a prescription to the pharmacy but we must make every effort to maintain privacy while speaking about this patient to the pharmacist.

As a volunteer we ask that you be aware of patient confidentiality and make every effort to protect possible disclosure of patient information. Turn papers face down that have patient data on them. Make phone calls to patients when the waiting room is empty or in a private area. Ask patients to refrain from viewing paperwork or your computer monitor.

Aside from privacy HIPPA gives patients an increased right to view, request change, and manage their medical records. Due to these regulations we ask that volunteers not copy, print, or fax records unless directed to do so by a staff member. If a patient requests a copy of their medical record or wishes to sign a consent for release form, please find a staff member to handle this request.

The security regulations of HIPPA ask that we initiate and maintain a secure physical building and computer system. These directives are managed by our HIPPA Privacy and Security Officer. The executive director performs this job. If at any time you have questions please contact that person for clarification. A copy of our HIPAA Privacy Manual and Security Manual is also available to you at any time.

Remember that it is better to be safe than sorry. When in doubt, wait to discuss the appropriate response with a staff member before taking action.

I acknowledge that I have received and read the synopsis of HIPAA regulations on the privacy and security practices of both the Good Samaritan Clinic and Mountaintop Healthcare. I understand that any questions I might have should be directed to the privacy and security officer designated by both clinics.

HIPAA Privacy and Security training was completed on: _____.

Volunteer Name: _____

Volunteer Signature: _____

Staff Signature: _____

I, _____, employed

by _____ as _____,
have received training regarding the Hepatitis B Vaccine. I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

SIGNATURE: _____

NAME (PRINT): _____

ADDRESS: _____

EMPLOYER: _____ DATE: _____
(OR EMPLOYER'S REPRESENTATIVE)

- I am signing this declination form because I have already been vaccinated but do not have a copy of a vaccination certificate for my medical records.
- Prior to employment in this facility, my blood was tested and I was advised that I have adequate HBV antibodies. Re-vaccination is not required.
- Prior to employment in this facility, my blood was tested and I was advised that I am a non-responder. I was never re-vaccinated following the initial test. I would like to be vaccinated at this time.
- Prior to employment in this facility, my blood was tested and I was advised that I am a non-responder. I was never re-vaccinated following the initial test I do not wish to be re-vaccinated at this time but understand that it is always an option if I change by mind.
- I was never tested following the vaccination series and wish/do not wish _____ to be tested at this time I understand that if I am a non-responder the Hepatitis B vaccination per current protocol is available to me at no charge. I wish/do not wish _____ to be re-vaccinated.

Date: _____

Volunteer Name: _____

