Prospective Volunteer Application

Thank you for your interest in volunteering at USA Health University Hospital. Our volunteers provide a valuable service to the patients, visitors and staff while enjoying a unique opportunity for personal growth and satisfaction. Volunteers serve throughout the hospital in patient and non-patient care areas, seven days a week. All volunteer assignments have a minimum commitment of six consecutive months. Volunteers serve at least one 4-hour shift a week on the same day each week (the only exception to this service commitment is for the summer volunteer session). However, we hope that you will enjoy this experience so much that you continue to volunteer beyond your initial commitment!

Steps to becoming a volunteer:

1. Complete and sign the application.
2. Provide documentation of:
   - 2 doses of measles, mumps, rubella (MMR)
   - 2 doses of Varicella or history of chicken pox
   - 2 negative tuberculosis skin tests done within the past 12 months
     - A positive TB skin test requires documentation of a normal chest x-ray
   - Flu Shot: Flu shots are MANDATORY if you volunteer between September – April. The hospital offers free flu shots to active volunteers or you may receive a flu shot through your healthcare provider.
   - Hepatitis B series is optional, but required for the emergency room, patient floors, or lab service areas.
3. Scan and email application to dlankster@health.southalabama.edu or mail to

   USA Health University Hospital
   ATTN: Volunteer Services
   2451 USA Medical Center Drive
   Mobile, AL 36617

4. When all requirements are met, applicants will be contacted for an interview to discuss volunteer opportunities and the orientation process.

Note: Submitting an application does not guarantee placement. Placement is determined by hospital need. At University Hospital, we are entrusted with safe guarding our patients’ health and well-being; therefore, the process of becoming a volunteer is very thorough and may take several weeks to complete.

If you have any additional questions, please contact us at the above email or 251-471-7265. We look forward to hearing from you!
Prospective Volunteer Application

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<tr>
<th>Please mark the appropriate type of volunteer:</th>
<th>Adult</th>
<th>College</th>
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</thead>
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Name: ____________________________
DOB: ____________________________
Cell Phone: ______________________
Home Phone: ______________________
Address: _________________________
City: ____________________________
State: __________________________
Zip: _____________________________
Email: ____________________________

Emergency Contact: ____________________________
Relation: ____________________________
Home/Cell Phone: ______________________

Are you a student? Yes __ No __
Where? ____________________________
Major: ____________________________
Highest Level of Education Completed: ____________________________

Employer: ____________________________
Occupation: _________________________
Business Phone: _____________________

List and describe any previous volunteer experience:

Do you have family members employed at USA? Yes __ No __
If yes, relative’s name/department: ____________________________

Why do you want to volunteer at University Hospital and what do you hope to gain?

References (Someone from the community or work; not a relative)

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<th>Name: ____________________________</th>
<th>Relation: ______________________</th>
<th>Phone: ______________________</th>
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Have you ever been convicted of a misdemeanor or felony other than a traffic violation? Yes __ No __
If you answered yes, please explain: ____________________________

To the best of my knowledge, this information is correct. I understand falsification of this information is grounds for dismissal.

Volunteer Signature: ____________________________ Date: ____________________________

Check the day and times you are available:

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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Circle area(s) you are most interested in serving

Outpatient Waiting Patient Admitting Emergency Room Nurse’s Station
Patient Transport Office Area Mailroom Emergency Room
Lobby Greeter Gift Shop Other Area(s) ____________________________

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ACKNOWLEDGEMENTS & CONFIDENTIALITY PLEDGE

The information I provided for this application is accurate and correct to the best of my knowledge. I approve University Hospital to check references. The hospital is not obligated to provide a volunteer placement, nor am I obligated to accept the placement offered. Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age or gender.

I recognize the necessity of maintaining the confidentiality of all data and documents collected and processed by University Hospital. Confidential information is defined as proprietary business data or information which contains identifying information which can be linked to a specific individual or patient. I also recognize the importance of my part in assuring the right to privacy of persons and institutions cooperating with this facility. I further understand that this facility has both ethical and legal responsibilities to safeguard confidential information. Therefore, I will not divulge any confidential information I may encounter while volunteering at University Hospital. Further, I will not make any copies of or transport off the premises any confidential information. I am aware, that in some instances, civil and criminal penalties are possible if unauthorized disclosure of confidential research records and data occurs. I agree to accept any liability which may accrue to this facility for any breaches of confidentiality which occur through my direct action.

I HEREBY AGREE THAT I WILL ABIDE BY THE POLICIES OF UNIVERSITY HOSPITAL. I UNDERSTAND THAT IF I VIOLATE ANY OF THESE POLICIES, I MAY BE DISMISSED FROM THE VOLUNTEER PROGRAM. I HAVE CONSIDERED THE SERIOUSNESS OF THE COMMITMENT I AM MAKING AS A VOLUNTEER.

Applicant's Name: ____________________________
Signature: ____________________________ Date: ______________

(If applicant is under 19 years of age, parent/legal guardian must sign also).

Parent/Legal Guardian’s Signature: ____________________________
Date: ______________

RELEASE FROM LIABILITY

TO THE UNIVERSITY OF SOUTH ALABAMA: I, ____________________________
understand that I will be voluntarily participating in the Volunteer Program at University Hospital. In consideration of the University of South Alabama permitting me to participate in this activity, I, in full recognition and appreciation of any and all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

I fully understand the risks involved in this activity and agree to assume those risks. I understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for wages of any kind, personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this ________ day of __________, 20_____.

PRINTED NAME OF VOLUNTEER ____________________________
SIGNATURE OF VOLUNTEER ____________________________

(If applicant is under 19 years of age, parent/legal guardian must sign also)

PRINTED NAME OF PARENT/GUARDIAN ____________________________
SIGNATURE OF PARENT/GUARDIAN ____________________________

PRINTED NAME OF WITNESS ____________________________
SIGNATURE OF WITNESS ____________________________
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Health Information

Name: (First, Mi, Last) ____________________________________________________________

Address: _____________________________________________________________________

Are you currently under a doctor’s care for any medical condition?  Yes  No  If yes, explain:

_____________________________________________________________________________

Are you currently on any prescription medications: Yes  No  If yes, please list:

_____________________________________________________________________________

Today’s Date ____/ ____/ _____

Attach documentation of the following:

**MMR (Measles/Mumps/Rubella) shots:** **TWO doses** are required and must be at least 28 days apart (If born before 1957 no documentation of MMR is required. If born after 1957, a self-reported 1st MMR is acceptable with a documented 2nd MMR booster).

**Varicella (Chicken Pox Vaccine) shots:** **TWO doses** are required or **declaration of history of chicken pox.**

**Tuberculosis skin test:** the hospital requires a 2-step TB skin test. Please provide **proof of 2 negative TB skin tests within the last 12 months.** (History of a positive screening requires current documentation of a normal chest x-ray.)

**Flu Shot:** Flu shots are **MANDATORY** if you volunteer between September - April. The hospital offers **free** flu shots to active volunteers or you may obtain a flu shot through your health care provider (please attach proof).

**Hepatitis B Series:** the vaccination is optional unless working in the emergency room, a patient floor, or a lab area.
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Available Service Areas

1. **Patient Transport**: assists transport staff with moving patients in beds or via wheelchair to designated areas and cleans and stores equipment.

2. **Surgery Waiting Area/Patient Access**: greet guests, provide surgery updates to waiting families, assist patient access staff with registration, and escort patients/families to appropriate areas.

3. **Patient Floor Volunteer**: greet guests, answer phones, run errands, stock supplies, clean equipment, assist with special events (i.e. Heart Walk, Nurses Week), etc.
   - a. Some patient floors require volunteers to manage a Jolly Trolley Cart. The Jolly Cart delivers comfort items to patients.
   - b. Possible floors include: respiratory, burn/wound center, progressive care unit, surgical trauma ICU, and orthopedic surgery floor.

4. **Office Volunteer**: answer phones, organize files, greet guests, run errands, and assist with special projects or events.
   - a. **Possible Areas**: Employee Health, Transfer Center, Hospital Administration, Volunteer Services, Mailroom, Hospital Accounting (Hospital Accounting has moved to a new Airport location).

*Note:* Shifts typically run Monday through Friday from 8:00 am to 12:00 pm or 12:00pm to 4:00pm. Some areas are more flexible with their times. Please call or email if you have more questions.