Bay Area Healthcare Career Program
Student Volunteer Program Application Packet

Dear Student –

We are excited that you are interested in volunteering at Bay Area Hospital! The Student Volunteer Program is a great way to explore healthcare careers, get work experience, meet other students, and help your community.

The Student Volunteer Program is for high school and college students. You must be at least 14 years old to apply. As a volunteer, we ask that you commit to volunteering for at least 6 months (or one school semester). *Most high schools offer either elective credit or work place experience credit for your participation in this program. College students may qualify for an internship.*

Included in this packet for you to complete and sign are:

- Application
- Volunteer Commitment and Agreement
- Consent Forms (your parent/guardian must sign if you are under 18)
- Confidentiality Statement

You can either *mail* your completed packet to me at the below address or you can *drop it off* at the Human Resources Department on the first floor of the hospital.

What Happens Next?

- ✓ Once I receive your application, I will contact you to schedule an ***Interview***
- ✓ After the Interview, we will schedule your **tuberculosis (TB) test** (required by the hospital) and sign you up for **Orientation**

Volunteers provide valuable services to the hospital and our community. We are happy that you would like to join our team.

Holly Gates
Volunteer Services Coordinator
Bay Area Hospital
1775 Thompson Road
Coos Bay, OR 97420
(541) 266-7994
Holly.gates@bayareahospital.org

~Bay Area Healthcare Career Program - Creating future healthcare professionals~

The Bay Area Hospital Student Volunteer Program was developed in conjunction with the Area Health Education Center of Southwest Oregon (AHECSW).

Bay Area Hospital

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Student Volunteer Application

Contact Information

Name	Street Address, City, State, Zip Code		
Date of Birth	Mailing Address (if different)		
			May we contact you this way?
Social Security #	Cell Phone		☐ / ☐
	Home Phone		☐ / ☐
Email Address			☐ / ☐

Current School:			
Current Grade:		Current GPA:	
Graduation Year:			

Emergency Contact(s)	Phone Number(s)	Relation to you

Days/Hours Available

Some shifts begin as early as 7:00 am. Some shifts end as late as 9:00 pm. Please indicate the hours you desire for each day of the week.

Monday:	☐ Morning	☐ Afternoon	☐ Evening	_____
Tuesday:	☐ Morning	☐ Afternoon	☐ Evening	_____
Wednesday:	☐ Morning	☐ Afternoon	☐ Evening	_____
Thursday:	☐ Morning	☐ Afternoon	☐ Evening	_____
Friday:	☐ Morning	☐ Afternoon	☐ Evening	_____

Any Physical Limitations? _____

Interests/Hobbies/Sports/Community Affiliations (Clubs, Churches, etc.)

Previous Employment or Volunteer Experience

Summarize your previous employment or volunteer experience.

Criminal Background

Have you ever been convicted of a felony? ☐ / ☐
If yes, please list Charge, Charge Date, County, City, State

Have you ever been convicted of any other crimes? ☐ / ☐
If yes, please list Charge, Charge Date, County, City, State

Agreement and Signature

I authorize release of all educational records, employment information and/or personal references from any school, company/agency or person listed above. The information that I have provided on this application is true and complete to the best of my knowledge.

Name (printed)	
Signature	
Date	

Release

It is the policy of Bay Area Hospital to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering at Bay Area Hospital.

Volunteer Commitment and Agreement

- I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and *not seek* to obtain confidential information from a patient.
- I shall submit to tuberculosis (TB) test(s), drug test(s), flu immunization(s), and any other appropriate lab tests or immunizations that may be necessary as part of my volunteer service.
- I commit to volunteering for at least 6 months or one school semester unless circumstances out of my control prevent me from doing so. I understand I must volunteer at least 4 hours each month to remain an active volunteer in the program.
- I shall comply with Bay Area Hospital's Dress Code. I shall wear my badge and uniform when volunteering.
- My services are donated to the hospital without compensation or future employment, and given with educational, humanitarian, and charitable reasons.
- I may not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Volunteer Services Coordinator to engage in these activities.
- I shall be punctual, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall make my best effort to fulfill my commitment to Bay Area Hospital by completing all assignments that I accept.
- I shall at all times uphold the philosophy, values, and standards of Bay Area Hospital.
- I understand that the Volunteer Services Department reserves the right to terminate any volunteer as a result of failure to comply with (1) Bay Area Hospital rules and regulations, (2) Student Volunteer Program guidelines, (3) any other circumstances which, in the judgment of the Volunteer Coordinator or Chief Human Resources Officer, would make any continued services as a volunteer contrary to the best interests of Bay Area Hospital.
- I understand that Bay Area Hospital assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program at Bay Area Hospital.
- Volunteers are not covered under Bay Area Hospital's Medical Insurance should an injury or illness occur while on duty. I also acknowledge the risks associated with working in a hospital environment, where community acquired conditions are possible. Volunteers MUST have their own personal medical insurance during their volunteer service.
- At the completion of my volunteer service at Bay Area Hospital, I agree to turn in my badge and uniform.

Print Name	Signature	Date

Parental Consent Form
Student Volunteer Program

My child, _____, has my permission to participate in Bay Area Hospital's volunteer program. As the parent/guardian, I will read the literature that is provided to my child so that I will understand the expectations.

I understand my child is required to have a Tuberculosis Test, Drug Test and a Criminal Background Check and I give my permission for my child to have these performed. I further understand that if my child does not pass the Drug Test or the Criminal Background Check, he/she will be dismissed from the program.

I am aware and give my permission for my child to view medical procedures, surgeries, and births. (Note: Students are not required to observe these procedures and will always be asked beforehand and will always have the option of leaving or moving to another room if they begin to feel uncomfortable).

I understand that it is my responsibility to find or provide transportation to and from my child's assignment if my child is unable to drive him or herself. I understand that my child is expected to notify the appropriate person in advance if unable to work and that several absences may be grounds for dismissal from the program.

Name of Parent/Guardian (please print)	Relationship to Child
Signature of Parent/Guardian	Date
Address of Parent/Guardian	Home Phone /Work Phone
Mailing Address (if different)	Cell Phone

AHECSW and Bay Area Hospital

The following is a consent form for your child to be photographed while participating in Bay Area Hospital's Student Volunteer Program. The pictures are typically used for school presentations, displays at the hospital, and events within the community to promote the program. There may be situations where we have media coverage of events.

GENERAL AUTHORIZATION TO BE PHOTOGRAPHED AND/OR INTERVIEWED

Name of Participant: _____

I hereby voluntarily authorize Bay Area Hospital and/or its parent corporations, subsidiaries, affiliates, agents, contractors, providers or employees to interview and/or take photographs of me. I understand that the term "photograph" may include, but is not limited to, videotape, videodisc, digital image and any other mechanical means of recording or producing visual images (hereinafter referred to as "photographs"). I also understand the interview may involve, but not limited to, audio tape, or other recording device, podcast, webcast, blog, written recording or other mechanical means or medium to preserve the discussions (hereinafter referred to as "interview material").

I understand and agree that the photographs and/or interview material may be used and/or disclosed for any and all purposes deemed appropriate by the Entity above, its parent corporation, subsidiaries and affiliated organizations. Such purposes may include, but not be limited to, education, treatment, public relations, advertising, communication materials, promotional, and marketing publications (including postings on an organization's website, podcast, webcast, blog), and/or fundraising activities.

I understand that I may refuse to sign this Authorization, that there is no obligation to participate and as applicable treatment, payment, enrollment in any health plan, or eligibility for benefits will not be conditioned upon my providing this Authorization for the use and/or disclosure of my photographs or interview material.

I agree to hold the Entity harmless, and its parent corporation, subsidiaries, affiliates, agents, officers, contractors, providers, directors, and employees, or other third parties designated by these entities or individuals that are involved in the production, duplication, publication, or any other use and/or disclosure of the photographs, and/or interview material for any damages or losses incurred by such use and/or disclosure of the photographs and/or interview material. I also understand the photographs and/or interview material used and/or disclosed pursuant to this Authorization may be re-disclosed by a recipient and such cannot be controlled by any of the aforementioned parties.

In addition, I waive all rights to or conditions on the use and/or disclosure of these photographs and/or interview material that I may have and waive any claim for payment or royalties related to the use and/or disclosure of the photographs or interview material (whether such is for charitable or commercial purpose) by the Entity, its parent corporation, subsidiary, affiliate, or any other party involved in any use and/or disclose now or in the future.

I further understand and agree that these photographs and/or interview material may be used beyond the initial purpose and expiration date, if any listed below, for archival and/or historical purposes by Entity, its parent corporation, subsidiaries or affiliates.

Expiration: (Choose one)

This Authorization expires on _____ (Insert date if applicable) OR Check the box below, if applicable.

☐ When no further production, duplication, publication, or reprint or any other use of the photographs or interview material is required by Entity, its parent corporation, subsidiaries or affiliates.

Revocation:

I understand that I may revoke this Authorization at any time by notifying Bay Area Hospital in writing by sending a letter to Bay Area Hospital, 1775 Thompson Road, Coos Bay, OR 97420, Attn: Human Resources Department. I understand that if I revoke this Authorization, it will not affect any actions that Bay Area Hospital took before receiving my revocation letter.

If the participant involved is under 18 or unable to grant this Authorization, the Guardian or Legal Representative must provider Authorization.

I hereby certify that I am the Guardian or Legal Representative of _____,

named above. I do give my Authorization without reservation to the foregoing.

Name of Participant's Guardian or Legal Representative: _____
(Please print)

Signature: _____ Date: _____

Witness: _____ Date: _____

For Internal Use Only

Marketing: If the Entity will receive compensation for the use and/or disclosure of the photographs or interview material, the Entity must disclose this to the participant.

Confidentiality Statement and Agreement Regarding Bay Area Hospital Information

As a user of Bay Area Hospital Information, you may develop, use, or maintain patient information or business information that is confidential. Bay Area Hospital Information ("BAH Information") from any source in any form (including paper records, oral communication, audio recordings, and electronic displays) should be kept strictly confidential. You may access Bay Area Hospital Information only if you need to know the specific Bay Area Hospital Information to perform your job responsibilities.

Violations of Bay Area Hospital's policies and procedures may include, but are not limited to:

- Accessing BAH Information that is not within the scope of your job responsibilities to BAH or otherwise permitted by written policy.
- Accessing health information in a manner inconsistent or contrary to federal or state laws governing health records release such as laboratory test results (for outpatients only) which require a 7-day waiting period before releasing such information to the patient.
- Leaving patient medical records or charts in an unsecured place, or a portable storage device or mobile application, or leaving a secured application unattended while signed on to the computer system.
- Misusing, disclosing without proper authorization, or improperly altering BAH Information.
- Disclosing your sign-on code and/or password or using another person's sign-on code and/or password for accessing electronic or computerized records.
- Discussing BAH Information in a public place (e.g., elevator or cafeteria) or with persons not authorized to receive such information.

Employees
Violation of Bay Area Hospital policies and procedures by employees may lead to corrective action, up to and including termination of employment.

Medical Staff Members
Violation of Bay Area Hospital policies and procedures by medical staff members may constitute grounds for corrective action, up to and including termination of employment or loss of medical staff privileges, in accordance with applicable Medical Staff Bylaws, Rules, and Regulations.

Students
Violation of Bay Area Hospital policies and procedures by students may constitute grounds for corrective action in accordance with applicable BAH or educational institution procedures up to and including termination of affiliation agreement.

Vendors and Other Affiliated (External) Users
Violation of BAH policies and procedures by third parties, such as temporary staff, vendors, or other authorized users (e.g., external physician office staff), may constitute grounds for corrective action, termination of the user's access, or termination of the contract or other terms of affiliation. External users must have a Sponsor. The sponsoring person is designated as someone who verifies that information submitted on this form is accurate. The sponsoring person is responsible for submitting updates/changes, including terminations for anyone who they are sponsoring, including the physician for his/her office staff and Clinic name.

Violation of BAH policies and procedures also may result in civil and/or criminal liabilities and penalties.

ACKNOWLEDGMENT

I agree to comply with the terms of this Confidentiality Statement and Agreement Regarding Bay Area Hospital Information. I agree to comply with Bay Area Hospital Privacy and Security Policies and the Joint Notice of Privacy Practices adopted by Bay Area Hospital as they apply to my position as an student, employee or active member of the medical or allied health staff or other affiliation. I understand that the obligations set forth in this statement and agreement continue beyond the end of my relationship with Bay Area Hospital. I understand that I am agreeing to the terms of the Statement and Agreement Regarding Bay Area Hospital Information on my behalf and not on behalf of any other person.

_____ _____ _____

Printed Name Signature Date

Bay Area Hospital

Dress & Grooming Standards

A professional appearance is always important when meeting and interacting with patients and customers.

You should be well-groomed and dress appropriately for our business and for your position in particular.

You must:

- Wear volunteer scrubs, polo shirt, or uniforms
- Blue denim jeans are not allowed.
- Shoes must be closed-toed (no open-toed shoes or sandals)

The following are considered **inappropriate** work attire:

- Bare midriff, cleavage, or buttocks exposure
- Excessively tight ("skin tight"), excessively baggy, or revealing clothing
- Skirts or dresses shorter than 4 inches above the knee
- Backless or shoulder-exposing clothing
- Leggings or Lycra-type pants, sweats, or warm-ups
- Blue denim jeans
- Clothing with large logos, slogans, or sayings
- Camouflage-pattern clothing

Personal Scent/Fragrance-free Facility

Unpleasant body odors, including smoke and perspiration, are unacceptable. Fragrances are not allowed as our hospital is a fragrance-free facility due to the need to minimize potential allergic or adverse medical reactions associated with exposure to scented products.