



Dear Prospective Volunteer/Chaplain:

Thank you for your indication of interest in the Volunteer Services Program at Northeastern Health System Tahlequah. Joining our dedicated team of men and women volunteers and chaplains can be a richly rewarding experience for you. Through volunteering, you will find challenging, enjoyable activities that will be satisfying to you while you perform a valuable service to others.

Enclosed you will find an application and interest profile that will assist us in making the best use of your interests and talents.

Please complete the application and profile and return it to the hospital gift shop or information booth. Please mark Attn: Erielle Stout, Coordinator of Auxiliary Services. You may also mail your application to:

Erielle Stout
Coordinator of Auxiliary Services
Northeastern Health System Tahlequah
P.O. Box 1008
Tahlequah, OK 74465

Your application will be reviewed and, if qualified, we will contact you to arrange for your orientation.

Thank you so much for your interest in volunteering at Northeastern Health System Tahlequah.

Sincerely,

Erielle Stout

Erielle Stout
Coordinator of Auxiliary Services
(918) 453-2105
estout@nhs-ok.org

PERSONAL DATA SHEET

Notice to the Applicant:

The information you voluntarily provide on this form is used solely for various background, reference, and/or security inquiries, and for certificate or license verification, if applicable. The specific information content you voluntarily provide will not influence a hiring decision and is not communicated, in any format, to the interviewing manager.

Name: _____
 First Middle Last Maiden

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell: _____

Email: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____

State Drivers License is Issued In: _____

The above information voluntarily provided is true and correct to the best of my knowledge.

I hereby authorize Northeastern Health System Tahlequah and their designated agents to obtain information from any federal, state, county, or local government agencies, and I release and forever hold harmless Northeastern Health System Tahlequah, their agents and employees, from any liability, monetary or otherwise, pertaining to said inquiries.

Signature: _____ Printed Name: _____

Date: _____

AUXILIARY VOLUNTEER/CHAPLAIN APPLICATION

If presently employed, name of business: _____

Position: _____ How long: _____ Work Hours _____

Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes: ____ No: ____

Contact in Case of Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you learn about our Volunteer program? _____

Have you volunteered for this organization before? Yes: _____ No: _____

If yes, when and why did you leave? _____

Education: _____ College: _____

Volunteer Experience: _____

Work Experience: _____

Please indicate hobbies, skills, special interests, foreign or sign language skills: _____

Days you prefer to volunteer: _____ AM: _____ PM: _____

Will you substitute for another volunteer: _____

Please provide any other information you feel is pertinent to your application: _____

Personal or Professional References (Please exclude relatives)

1. Name: _____ Phone: _____

Address: _____

How are you associated with this individual? _____

2. Name: _____ Phone: _____

Address: _____

How are you associated with this individual? _____

Where are you most interested in volunteering? Please check all that apply.

- _____ Remarkables Resale Shop (Downtown)
- _____ Information Desk
- _____ Women's Center
- _____ Surgery Waiting
- _____ Gift Shop
- _____ Other, please list _____

Please list any skills you would be willing to share as a volunteer. (Ex: reading to patients, retail sales, filing, organizing, etc...)

Volunteer/Chaplain Agreement

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff and not seek to obtain information from a client.
2. Become familiar with the organization's policies and procedures and uphold its philosophy and standards.
3. Donate my services to the organization without contemplation of compensation or future employment.
4. Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. Furnish and maintain an appropriate uniform, if applicable and maintain a well groomed appearance during my volunteer time.
6. Attend orientation and in-service training as scheduled.
7. Carry out assignments and seek the assistance of the job supervisor when necessary.
8. Take any problems, criticism or suggestions to my service area supervisor first, and then to the Director of Volunteer Services.
9. Work a specified number of hours on a schedule acceptable to the organization and me.
10. Adhere to the department's sign-in and recording of hour's procedure.
11. Notify the area supervisor if unable to work as scheduled and find a substitute according to the volunteer substitution policy.
12. Honor a minimum of six-month commitment to volunteer service with the first three months being a probationary period. At the end of three months, I may meet with the Director of Volunteer Services to re-evaluate my volunteer position.
13. I understand that the Volunteer Services Department reserves the right to terminate my volunteer/chaplain status as a result of (a) failure to comply with organizational policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; (d) any other circumstances which in the judgment of the department director, would make my continued service as a volunteer/chaplain contrary to the best interest of the organization.

I have read each of the above conditions and I agree to be bound by them.

Volunteer's Signature

Date

NORTHEASTERN HEALTH SYSTEM TAHLEQUAH STANDARDS

MISSION STATEMENT:

The mission of Northeastern Health System Tahlequah is to provide unsurpassed excellence in healthcare.

VISION STATEMENT:

The vision of Northeastern Health System Tahlequah is to be the healthcare provider of choice.

VALUE STATEMENT:

Northeastern Health System Tahlequah CARES: COURTESY, ACCOUNTABILITY, RESPECT, EFFICIENCY, SAFETY

COURTESY

1. I will demonstrate an understanding of how individual performance contributes to customer satisfaction:
 - I will be polite, respectful, courteous and helpful to all customers
 - I will do research to solve problems for a customer.
 - I will remain calm when problems or confrontations arise.
 - I will address customer's requests in a timely manner.
 - I will strive to understand the customer's perspective.
 - I will insure that the customer has confidence in me.
 - I will arrive to scheduled meetings and appointments on time.
2. I will identify and respond to the needs and expectations of a diverse set of internal and external customers:
 - I will be sensitive toward the needs of all customers.
 - I will support the performance improvement initiatives of the hospital.
3. I will be open to others' ideas and opinions:
 - I will be an effective listener.
 - I will be sensitive and responsive to what others have to say.
 - I will express a genuine interest in what the other person has to say.
 - I will not interrupt discussions to interject own thoughts/opinions.
 - I will apply active listening skills when discussing issues.

ACCOUNTABILITY

1. I will demonstrate ownership to problems or process evaluations and consider multiple perspectives:
 - I will demonstrate understanding of the impact of my work, actions, decisions and ideas within the department and other departments.
 - I will take ownership of finding a solution for problems.
 - I will be an effective problem solver.
 - I will improve work processes by taking a logical approach.
 - I will accept responsibility for my decisions and seek opportunities to learn from difficult situations.
 - I will not resist organizational and/or departmental changes.
2. I will actively seek opportunities to improve traditional processes, programs, and/or services:
 - I will take the initiative to work on problem solving independently.
 - I will offer ideas and innovative approaches to solving problems and improving work processes.
 - I will look for and apply good or new ideas from other parts of the organization.
 - I will welcome changes that improve systems or procedures.
3. I will ensure that my behavior and efforts support department/ facility goals:
 - I will complete all required work on time.
 - I will complete all projects in a competent and timely manner.
 - I will be compliant with all departments and facility policies (i.e. dress code, time and attendance, etc.).
 - I will positively influence support staff.
 - I will be a careful, effective planner with respect to department goals.

RESPECT

1. I will communicate ideas and information clearly and accurately:
 - I will insure my written instructions and reports are readily understood.
 - I will strive for communications that are logical and concise.
 - I will work for accuracy so correction/change is rarely needed.
 - I will endeavor for clear communication so clarification is rarely needed.
 - I will explain procedures to customers thoroughly to comfort and alleviate anxiety.
 - I will communicate with tact/diplomacy and discretion.

2. I will exercise good judgment in communication with regard to timing, circumstance and audience:
 - I will portray body language and an appearance that conveys a positive image.
 - I will take others opinions into account before finalizing decisions.
 - I will maintain strict confidentiality of information internally and externally.
 - I will not make statements at inappropriate times &/or in inappropriate places.
 - I will reword ideas or thoughts if my customer does not understand.
 - I will not use foul or offensive language.
3. I will consider and respect others' opinions and feeling:
 - I will be appropriately assertive while acknowledging the feelings and concerns of others.
 - I will treat all customers with respect, fairly and equitably.
 - I will be a positive participant in meeting discussions.
 - I will not make negative comments about physicians, staff, or the hospital.
 - I will demonstrate a positive attitude and concern for all members of the department/hospital.
4. I will actively contribute to morale as a member of the department or facility, and willingly place my own interests second to the collective interests of the department or facility:
 - I will discuss and resolve differences with other staff and director.
 - I will take responsibility for own actions and attitudes.
 - I will express opinions in an effective and constructive way.
 - I will be open to change.
 - I will not undermine departmental goals and objectives.
 - I will help others in a way that benefits the department.
 - I will be flexible in my schedule and/or assignments to meet patient and /or facility needs.
 - I will be willing to assist others even if the action needed is outside of my usual job duties.

EFFICIENCY

1. I will deliver high quality results on time, demonstrating cost effectiveness:
 - I will have a productivity level that supports department efforts to function at level expected by the hospital.
 - I will assist in implementation of changes to existing programs.
 - I will complete tasks, goals on time.
 - My outcomes will reflect high quality.
 - I will show awareness of cost factors.
2. I will set priorities with an appropriate sense of what are the most important, integrating both clinical and organizational perspectives:
 - I will balance competing workplace demands and accomplishments of overall individual goals.
 - I will take needed action to accomplish goals.
 - I will eliminate unnecessary activities in work processes.

SAFETY

1. I will conduct job duties in accordance with established hospital/departmental safety policies and safety/sanitation standards for personal safety, patient safety, and environment of care:
 - I will maintain department facilities, equipment, and materials in a condition to promote efficiency, health, comfort, and safety of patients, visitors and staff.
 - I will routinely check equipment, supplies, and accessories on a regular basis.
 - I will return all equipment, tools and supplies to proper location after use, clean and in good condition.
 - I will consider the consequences of my decisions and actions to prevent patient and employee variances.
 - I will report unsafe equipment and conditions to the appropriate personnel.

Customer= patients, co-workers, physicians, volunteers, chaplains, students, interns, residents, visitors, patient's family members, vendors.

My signature below indicates that I have read and understand the above expectations and I understand they will be used to evaluate my performance.

Print Name: _____

Signature: _____

Date: _____

Confidentiality Acknowledgement

Through my association with Northeastern Health System Tahlequah, as an employee, agent, volunteer, student, or approved observer, I understand that patient information in any form (paper, electronic, oral, etc.) is protected by law and that breaches of patient confidentiality can have severe ramifications up to and including termination of my relationship with Northeastern Health System Tahlequah as well as possible civil and criminal penalties. I will only access, use or disclose the minimum amount of patient information that I am authorized to access, use or disclose and that is necessary to carry out my assigned duties. I will not improperly divulge any information, which comes to me through the carrying out of my assigned duties, program assignment or observation.

This includes but is not limited to:

- I will not discuss or disclose information pertaining to my patient with anyone (even my own family) who is not directly working with said patient.
- I will not discuss any patient information in any place where it can be overheard by anyone who is not authorized to have this information.
- I will not mention any patient's name or disclose directly or indirectly that any person is a patient except to those authorized to have this information.
- I will not describe any behavior, which I have observed or learned about through association with this hospital, except to those authorized to have this information.
- I will not contact any individual or agency outside this hospital to get personal information about an individual patient unless a release of information has been signed by the patient or by someone who has been legally authorized by the patient to release information.
- I will not use confidential Northeastern Health System Tahlequah business related information in any manner not required by my job or disclose it to anyone not authorized to have or know it.
- The responsibilities of my job may place me in a position to access confidential information regarding physicians, employees and others. I will respect this information and not discuss in any manner with patients, physicians, other employees or those outside the hospital.

With my signature, I indicate I have read and understand this Acknowledgement. Further, I understand that intentional or involuntary violation of this Confidentiality Acknowledgement is basis for disciplinary action, up to and including termination.

Signature

Date

Printed Name