



Bozeman Deaconess HOSPITAL

Dear Prospective Junior Volunteers:

Thank you for your interest in the Junior Volunteer Program at the Bozeman Deaconess Hospital. Our intent is to install in you a lifelong interest in volunteering. Also, to assist you in deciding whether a career in healthcare is the direction you want to take in your life. Regardless of whether you pursue healthcare or not, volunteering and the benefits you derive from it are good for your health. Our goal is to help you exceed your expectations!

Sincerely,
Reene' Milam, Junior Volunteer Coordinator
Monica Fella, Volunteer Coordinator
Vickie Welton-Bailey, Director of Volunteer Services

Volunteer Expectations At Bozeman Deaconess Hospital

What we expect of you:

- Enjoy your volunteer experience with us! Volunteering is a means of giving back to our community and helping us achieve the mission of Bozeman Deaconess – to improve community health and quality of life.
- Comply with all the rules and regulations of Bozeman Deaconess Hospital and the Volunteer Services Department.
- Volunteers are asked to make a minimum of a 2-hour commitment each week.
- Volunteers are asked to be available to volunteer for at least 4 months.
- If you cannot make a shift on a scheduled day, please notify the Junior Volunteer Coordinator and your assigned department as soon as you know.
- Sign in and out for each shift in the provided touch screens.
- Keep record of your hours on the volunteer time sheet and in your journal.
- TB test – Before you start volunteering you must have a skin test for tuberculosis. This is done free of charge at Employee Health which is located adjacent to the Emergency Department. You return to have your test read within 48-72 hours.
- Attend volunteer workshops and other training that is deemed necessary by the Administration and/or Volunteer Services.
- Dress professionally, wear closed toe shoes and wear your nametag at all times when you are in the facility as a volunteer.

What you can expect of us:

- A meaningful volunteer experience with valuable work experience
- Assistance in finding a great match between personality and volunteer position
- A snack allowance of \$3.00 for each shift (to be taken before or after your shift)
- Longevity Awards
- Flexibility in scheduling.

We value the time our volunteers spend with us. Our volunteers are an integral part of the success of Bozeman Deaconess Hospital.



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BOZEMAN DEACONESS HOSPITAL Student Volunteer Application

Date _____

Name _____ DOB _____ Year in School _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone # _____ E-mail _____
 Mother _____ Home # _____ Business # _____
 Father _____ Home # _____ Business # _____

Are you a previous student volunteer at BDHS? _____

1. What are your hobbies/extracurricular activities/sports/other volunteer experiences?

2. What does "volunteering" mean to you? _____

3. What do you hope to gain from your volunteer experience? _____

4. What in particular appeals to you about volunteering at BDHS? _____

5. Are you interested in a career in health care? _____

6. What level of time commitment can you offer Bozeman Deaconess Hospital as a volunteer?

Shifts you are available to volunteer:

_____ M T W T H F
Hours/wk (circle days)

As a student volunteer at BDH I understand I am required to:

- Be a student in grades 9th – 12th.
- Fill out Junior Volunteer application.
- Sign and comply with the Volunteer Expectations, Code Of Ethics and Pledge, and the Confidentiality Agreement – *form attached.*
- Have a written consent from a parent or guardian – *form attached.*
- Have a written reference from a school counselor, teacher or adult non-family member who has worked with you in a supervisory capacity – *form attached.*
- Complete a TB test provided by BDH.
- Understand and Adhere to the Junior Volunteer Guide Book and dress code.



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STUDENT VOLUNTEER CODE OF ETHICS AND PLEDGE

As a volunteer, I have the responsibility to understand all components of my volunteer work, therefore:

- ❖ I will be punctual and conscientious in the fulfillment of my duties, and accept supervision graciously.
- ❖ I will conduct myself with dignity, courtesy, and consideration.
- ❖ I believe that all medical, financial and personal information is confidential and is protected from unauthorized viewing, discussion and disclosure. I may look at, use or disclose information ONLY as it relates to the performance of my duties.
- ❖ I will seek no information in regard to a patient. It is my responsibility, if I am unsure about something being confidential; to discuss it with my supervisor before any breach of confidentiality occurs.
- ❖ I will take any problems, criticisms, or suggestions to the Junior Volunteer Coordinator or Manager of Volunteer Services.
- ❖ I will endeavor to make my work of the highest quality.
- ❖ I will uphold the standards and traditions of this hospital and will interpret them to the community at large.
- ❖ I agree to attend volunteer training until I am competent to perform the required duties and will attend additional training and retraining session needed to carry out my responsibilities.
- ❖ I agree to uphold the Mission, Vision and Values of Bozeman Deaconess Hospital
- ❖ I agree to comply with all the rules and regulations of Bozeman Deaconess Hospital and the Volunteer Services Department
- ❖ I understand that I may be required to relinquish my volunteer responsibilities for willful wrongdoing or negligence and/or performing duties outside of my service area guidelines.
- ❖ I acknowledge that I have received a copy of the Junior Volunteer Guide and understand that I am expected to know and be familiar with the contents and that I have read this manual.
- ❖ I understand that this manual will be updated periodically and that I will be responsible for reading and knowing these updates.



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CONFIDENTIALITY AGREEMENT

- ❖ It is the belief of the Bozeman Deaconess Hospital that all medical, financial and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion and disclosure. Therefore, volunteers may look at, use or disclose patient information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide ground for relinquishment of all volunteer responsibilities. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of the Department of Volunteer Services and Bozeman Deaconess Hospital.

The information provided in this application is true in all respects, without any willful omissions.

Signature

Date

Printed Name



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PARENTAL/GUARDIAN STATEMENT OF PERMISSION

I acknowledge that my son/daughter has received a copy of the Junior Volunteer Guide. I acknowledge that I am expected to know and be familiar with the contents and that I have read this guide. I understand that this guide will be updated periodically and that I will be responsible for reading and knowing these updates.

I give my son/daughter permission to participate in the Junior Volunteer Program at Bozeman Deaconess Health Services. I will be supportive of my teenager who is participating in this program.

If you have any questions about the program please contact the Junior Volunteer Coordinator of BDH, Reene' Milam at 586-9199 or by e-mail at rmilam@bdh-boz.com.

Thank you for encouraging your child in his/her volunteer experience.

Student's name _____

Signature of Parent or Guardian _____ Date: _____

Daytime phone _____



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REFERENCE FORM

The mission of Bozeman Deaconess Hospital is to improve community health and the quality of life. Bozeman Deaconess Hospital strives to be the premier source of health care for people living in Southwest Montana. Our volunteers play a pivotal role by providing quality service in a variety of positions. Our volunteers must have excellent communication/social skills, demonstrate maturity, treat all aspects of their work with the utmost confidentiality and be respectful of all individuals they encounter. We appreciate your completion of this reference as it helps us maintain the standards of excellence we seek in Volunteer Services.

Please mail your completed form to:
Bozeman Deaconess Hospital
Junior Volunteer Services
915 Highland Blvd.
Bozeman, MT 59715

Name of applicant:

How long have you known this applicant and in what capacity?

Would you recommend this applicant without reservation? Why or why not?

Is there anything else you think we should know about the applicant?

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Contact number: _____