



Dear Prospective Junior Volunteer:

Thank you for your interest in the Junior Volunteer Program at Bozeman Health Deaconess Hospital. This program will give you valuable work and volunteer experience. You will also have the opportunity to explore career options in the healthcare field. Volunteering is rewarding and our goal is to help you exceed your expectations!

Sincerely,

Bozeman Health Volunteer Service

Volunteer Expectations at Bozeman Health

What we expect of you:

- Enjoy your volunteer experience with us! Volunteering is a means of giving back to our community and helping to achieve the mission of Bozeman Health: to improve community health and quality of life.
- Comply with all the policies and procedures of Bozeman Health 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 four months.
- If you cannot make a shift on a scheduled day, notify the Junior Volunteer Coordinator.
- Sign in for each shift in the touchscreens provided and keep record of your hours in your journal.
- Complete a TB test and flu shot (during flu season) free of charge.
- Attend volunteer workshops and other trainings deemed necessary by Volunteer Services.
- Dress professionally and respectfully, wear closed toe shoes and your nametag at all times in the facility.

What you can expect of us:

- A meaningful volunteer opportunity with valuable health care related experience
- Placement within a department matching your interests, skills and personality
- A snack allowance of \$3.00 for each shift (to be taken before or after your shift)
- Longevity Awards

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

For more information, contact the Junior Volunteer Services Coordinator between September 1 and May 31 at 406-414-1817.

Junior Volunteer Application

Return completed application to Bozeman Health, Junior Volunteer Program, 915 Highland Boulevard, Bozeman, MT, 59715. Applications can also be dropped off at any information desk in the hospital.

Date _____

Name _____ DOB _____ Year in School _____ SS# _____

Address _____ City _____ State _____ Zip _____

Cell Phone # _____ E-mail _____

Mother _____ Home # _____ Work # _____

Father _____ Home # _____ Work# _____

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 Bozeman Health?

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

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

Shifts you are available to volunteer: _____ Hours/wk M T W TH F (circle days)

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 will take any problems, criticisms, or suggestions to the Coordinator of Junior 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 responsibilities.
- I agree to uphold the Mission, Vision and Values of Bozeman Health.
- I agree to comply with the rules and regulations of Bozeman Health and Volunteer Services Department.
- I understand that I may be removed from my volunteer position for willful wrongdoing or negligence.

Confidentiality Commitment: As a Bozeman Health (BH) employee, volunteer, committee member, or visitor, I recognize that assuring confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of BH have the right to expect that confidential information of all kinds—medical, personnel, business and financial (verbal, written or computerized)—will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed, except in accordance with BH policies and agreements.

I recognize that due to the nature of my involvement with BH, I agree to be obligated to follow BH policies that protect confidentiality. These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, BH will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that failure to protect the confidentiality of information may be grounds for civil penalties under the Montana Health Information Act or the Health Insurance Portability and Accountability Act (HIPAA) and violation of BH policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about BH policies and expectations regarding confidentiality, I will ask my supervisor, department manager, a member of senior leadership, or the Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, department manager, or the Compliance Officer.

I have read and acknowledge the above statements and agree to abide by the expectations of the Bozeman Health. The information provided in this application is true in all respects without any willful omissions.

Signature

Date

Print Full Legal Name

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 Health Deaconess Hospital. 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 between September 1 and May 31 at 406-414 -1817.

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

Signature of Parent /Guardian_____ Student name_____

Print Full Legal Name _____ Contact Number_____



Reference Form

The mission of Bozeman Health Deaconess Hospital is to improve community health and the quality of life. Bozeman Health 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.

Please mail your completed form to:

Junior Volunteer Services
Bozeman Health Deaconess Hospital
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, City, State, Zip: _____

Contact number: _____

Email: _____
