



Volunteer Services

44045 Riverside Parkway, Leesburg, Virginia 20176

Telephone: 703-858-8094

Hello,

Thank you for your interest in volunteer opportunities at Inova Loudoun Hospital. We are proud to say that the hospital has a very large and active volunteer department. Volunteers have played an important role in helping Inova Loudoun Hospital maintain its outstanding reputation as Loudoun County's principal health services provider, dedicated to the community since 1912.

One of our main responsibilities is to ensure the highest standards of service and safety to our patients, volunteers, and staff. Serving as a volunteer is a privilege and carries great responsibility.

As part of this responsibility the process for service at Inova Loudoun Hospital has several steps. Our volunteers are required to complete health screening with tuberculosis skin tests; attend orientation, provide references, pass a criminal background check, and have department training. Our required commitment for becoming a volunteer is 75 hours per calendar year. We regret that we are unable to accept all applicants due to program limitations and selection standards. To begin the enrollment process, please follow the steps outlined on the next page of this packet.

As an Inova Loudoun Hospital volunteer, your service will be both needed and appreciated. By contacting us, you have taken the first step toward becoming part of our valuable volunteer team. Thank you again for your interest.

Sincerely,

**Volunteer Services
Inova Loudoun Hospital
44045 Riverside Parkway
Leesburg, VA 20176**

Inova Loudoun Hospital

Volunteer Application Process

Step One

- Print out, complete, and mail your application to:

Inova Loudoun Hospital
Attention: Volunteer Services
44045 Riverside Parkway
Leesburg, VA 20176

- Incomplete application packets can not be considered.

Step Two

- Applications will be reviewed to match candidates with current volunteer openings.
- If there is a position that matches your interest and availability we will call you to set up an interview.
- If there are no openings at the time or in the service area you indicated, we will notify you. Your application will be held on file for three months for future review.

INOVA LOUDOUN HOSPITAL VOLUNTEER APPLICATION

Adult application 18 and Older [] High School student [] College student []

PERSONAL INFORMATION *(please print)*

Name: _____

First

Middle Initial

Last

Nickname

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____ Sex: Male Female

BACKGROUND

Employment: Are you currently employed? Yes No If yes —or if you have ever been employed—please provide details:

Employer: _____
Company Name Position Supervisor Dates of employment

Briefly describe your responsibilities: _____

Have you volunteered for Inova before? Yes No What facility _____ Year(s) _____ Position _____

Education: Please provide information on only your highest level of education.

School/University: _____ **Degree obtained:** _____

Are you currently enrolled in higher education? _____ If yes, expected graduation date _____

College name: _____ Major: _____

If you are a high school student, are you enrolled in the Monroe Technology Program? Circle: Yes or No

History: For security purposes, we conduct a background check on all volunteers. Conviction of a crime will not necessarily bar you from our program.

Have you been convicted of or have you plead guilty to any crime or municipal ordinance violation including misdemeanors or traffic violations other than a parking ticket (including military service)? Circle: Yes or No

Have you ever been ordered by a court to perform community service? Circle: Yes or No

If "yes" to either question, please explain: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

First

Last

Tel #s: Home: _____ Work: _____ Cell: _____

Inova STANDARDS OF BEHAVIOR

φ

φ Professionalism – Confidentiality & Privacy – Sense of Ownership – Accountability – Commitment to Each Other – Safety Communication – Stewardship – Caring Relationships

Our Standards of Behavior are the foundation of our service excellence culture. It is expected that all volunteers will live these standards. By following them we will bring our mission, beliefs, and commitments to life and accelerate our vision to be the best healthcare system in the world.

φ Inova facilities are tobacco-free environments. Will you be able to comply with this policy? Circle: Yes or No

WORK ENVIRONMENT

φ Some volunteer positions require physical and sensory demands including extensive walking or standing, pushing wheelchairs, lifting and/or carrying moderately heavy items, hearing phone requests, and being patient, polite, and calm under stressful circumstances. Do you have any limitations that would affect your ability to perform these essential volunteer functions or have preferences for your own safety to avoid certain tasks? If yes, please indicate the type of work you feel is unsuitable for you:

SIGNATURE

Please sign on the line below. Entering your name on the signature line confirms that the above information is truthful and provided freely. For junior applicants, parental signature is also required.

Signature _____ Date _____

Signature of parent (if under 18 years) _____ Date _____

What prompted your interest in volunteering at Inova Loudoun Hospital?

What special qualities would you bring as a volunteer?

Thank you for your interest in volunteering for Inova Health System

NAME (please print) _____

VOLUNTEER AVAILABILITY

Make sure the information you provide is accurate as it will be used to find your assignment.

Have you ever worked or volunteered in health care? Circle: Yes or No

If yes, what was your position? _____

What was the name and location of the facility? _____

I am available to volunteer on these days: (circle) M T W TH F Sa Sun
(Give as many options as you can for scheduling purposes)

How many days a week do you want to volunteer? _____

Desired shifts: _____ 9am-12; _____ 12pm-3:00; _____ 3pm-6; _____ 6pm-9:00

What areas of the hospital interest you?

Clinical support/patient interaction: _____

Office work/behind-the-scenes projects: _____

Location where you want to volunteer:

_____ Lansdowne (44045 Riverside Parkway, Leesburg)

_____ Cornwall (224 Cornwall Street NW, Leesburg)

Will you be away for more than two weeks within the next three months?

Please circle: Yes or No

If so, what dates: _____

Will you have a major change in your life in the next three months? (i.e., moving, starting school, or a new job) Circle: Yes or No

Date I can start: _____

Inova Loudoun Hospital Volunteer Commitment and Confidentiality Agreement

_____ I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, medical staff, and not seek to obtain confidential information from a patient.

_____ I will donate my time to the hospital without contemplation of compensation or future employment and give with humanitarian and charitable reasons.

_____ I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I authorize person (s) making tests of x-ray films to report the results to the Inova Loudoun Hospital Employee Health Department.

_____ I commit to a minimum of one three hour shift every week. (Minimum of 75 hours per year.)

_____ I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

_____ I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Manager of Volunteer Services.

_____ I shall make my best effort to fulfill my commitment to Inova Loudoun Hospital by completing all assignments that I accept.

_____ I shall at all times uphold the mission and standards of Inova Loudoun Hospital.

_____ I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of: a) failure to comply with Inova Loudoun Hospital's policies, rules and regulations; b) absences without notification; c) unsatisfactory attitude, work or appearance; or d) any other circumstances which, in the judgment of the area supervisor or Volunteer Manager would make my continued services as a volunteer contrary to the best interests of Inova Loudoun Hospital.

_____ I understand that Inova Loudoun Hospital assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of Inova Loudoun Hospital.

_____ I acknowledge that our volunteer service department is unable to accept court-ordered community-service volunteers. For community service hours, another community agency can fulfill that requirement.

Certification of Accuracy and Completeness:

I certify that all of the information provided in this application is true and complete to the best of my knowledge. I acknowledge that I may be required to verify information prior to assignment and that any omitted, false or misleading information may disqualify me from volunteer consideration and may be grounds for dismissal.

Confidentiality:

I understand that Inova Loudoun Hospital volunteers may have access to confidential patient information in the course of their duties. I promise to maintain the confidentiality of patient information and understand that unauthorized access to such information or release of such information will result in discipline that can include termination.

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

Name (please print) _____

Signature _____ Date _____



800.999.9861
713.861.5959
info@precheck.com
www.PreCheck.com

**INOVA – ALL ACCOUNTS
VOLUNTEER DISCLOSURE & AUTHORIZATION**

FULL NAME _____
Any Other Names Used _____
Social Security No. ____ / ____ / ____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ No. _____
Address: _____

Have you ever been convicted of a crime? Yes No
Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____	/	_____	_____	_____
2.	_____	/	_____	_____	_____
3.	_____	/	_____	_____	_____
4.	_____	/	_____	_____	_____
5.	_____	/	_____	_____	_____
6.	_____	/	_____	_____	_____
7.	_____	/	_____	_____	_____
8.	_____	/	_____	_____	_____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

INOVA Health System (“the Company”) may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, privileges or appointment to the extent permitted by law.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ Date _____

Inova Loudoun Hospital

Volunteer Health Assessment

Please answer all questions as accurately as possible.

Name _____

Home Phone# _____

Address _____

Country of Origin _____

Emergency Contact _____

Phone # _____

Personal Physician _____

Phone# _____

Past History

Check **Yes (Y)** if you have, or ever had or **No (N)** if it does not apply

<input type="checkbox"/> Y	<input type="checkbox"/> N	Red Measles		<input type="checkbox"/> Y	<input type="checkbox"/> N	Heart Problem
<input type="checkbox"/> Y	<input type="checkbox"/> N	Mumps		<input type="checkbox"/> Y	<input type="checkbox"/> N	High or Low Blood Pressure
<input type="checkbox"/> Y	<input type="checkbox"/> N	German Measles		<input type="checkbox"/> Y	<input type="checkbox"/> N	Positive Reaction to TB Test
<input type="checkbox"/> Y	<input type="checkbox"/> N	Epilepsy or Seizures		<input type="checkbox"/> Y	<input type="checkbox"/> N	Tuberculosis
<input type="checkbox"/> Y	<input type="checkbox"/> N	Dizziness or Fainting Spells		<input type="checkbox"/> Y	<input type="checkbox"/> N	Chronic Cough
<input type="checkbox"/> Y	<input type="checkbox"/> N	Bleeding Tendency		<input type="checkbox"/> Y	<input type="checkbox"/> N	Shortness of Breath
<input type="checkbox"/> Y	<input type="checkbox"/> N	Asthma		<input type="checkbox"/> Y	<input type="checkbox"/> N	Diabetes
<input type="checkbox"/> Y	<input type="checkbox"/> N	Hepatitis A, B, or C (Please circle)		<input type="checkbox"/> Y	<input type="checkbox"/> N	HAVE YOU EVER HAD CHICKEN POX?

If your answer was "Yes" to any question, please explain fully:

Allergies/Reactions

Females Only: Are you pregnant? _____

Medications (Please List)

Do you have any condition or take any medication that affects your immune system or response to immunization/PPD testing? (ex. Steroids, chemotherapy, AIDS, leukemia)

(Y) (N)

If your answer was "Yes", please explain fully:

I understand that if I am ever exposed to measles, mumps, or German measles that I must report this immediately to the Director of Volunteers and Employee Health, and that if I am not immune I may have to stay home from work for a specified amount of time.

I understand that this information is confidential and will be disclosed only to authorized Administrative personnel.

Signature of Volunteer: _____ Date _____

Signature of Parent: _____ Date _____
(if applicable)



Health Requirements

Health Assessment:

- New volunteers must complete the health assessment form. The hospital's Employee Health nurse will review the form and provide clearance.

TST (Tuberculosis Skin Test):

- The Employee Health nurse does the TB testing for all applicants. No need to visit your own doctor.
- New volunteers need **two** tests unless they can provide a record of a negative PPD done within the last 12 months, then they need only one.
- If the TST result is positive, a questionnaire must be completed, chest x-ray taken, and applicant referred to Loudoun's Health Department or the family physician.
- For those who have had a positive TST in the past, they must complete a questionnaire and have a chest x-ray unless they can provide a copy of a report of a negative x-ray done within the past two years.
- Even if you completed TB testing with another provider, you still need to see our nurse for the health assessment. If you have had a TB test done within the last 12 months, bring a copy of the results for her to review.

Measles, Mumps and Rubella:

- Volunteers must sign the statement on the Health Assessment form that they will notify the volunteer director and Employee Health nurse if they come into contact with any of these diseases. Any follow-up is directed by Employee Health nurse.

Chickenpox (for high school students only)

- Documentation of immunity by varicella titer is required for all volunteers who do not present with a history of chickenpox.

Volunteers are not permitted to perform activities or be in situations in which they could be exposed to blood or body fluids. This includes not handling sharps, specimens, touching equipment or patients, or any medical waste. No volunteer will be assigned to tasks involving the transport of specimens.

Personal Reference Request (two references needed)
(Family members or individuals who share the applicant's household may not serve as references)

Applicant's Name _____ Date: _____
 Please Print

The person named above has applied to Inova Loudoun Hospital for a volunteer position. This program requires individuals who are dependable, motivated, personable and cooperative. Personal neatness and the ability to accept and follow instructions are also needed. The individual must understand and honor the hospital's policy on patient privacy and must respect and keep confidential all information concerning patients and the hospital.

INSTRUCTIONS: Please evaluate the candidate on each of the following characteristics:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness, honesty, integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work as a team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem-solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to comment further, please do so on the bottom and back of this form.
 How long have you known this applicant? _____ In what capacity?

Name _____

Address _____

Email Address _____

Phone(____) _____

Fax to (703) 858-6368 or mail to:
 Inova Loudoun Hospital
 Volunteer Services Dept., 44045 Riverside Parkway, Leesburg, VA 20176

Comments: _____

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Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness, honesty, integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work as a team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem-solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name _____

Address _____

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Phone(____) _____

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 Inova Loudoun Hospital
 Volunteer Services Dept., 44045 Riverside Parkway, Leesburg, VA 20176

Comments: _____

