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Application for Volunteer Services

It is the policy of Medical Center of Lewisville to provide equal opportunities without regard to race, color, religion, sex, national origin, or disability.

Title _____ First Name _____ M.I. _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birthday (Month/Day): _____

Home Phone: _____ Cell Phone _____ Other: _____

Education (check one): K-12 Undergraduate Degree Graduate Degree PHD

University attending: _____ Major(s): _____

Current/Last Employer: _____ Job Title: _____

Current/Last Managers Name: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: Start (mm/yyyy): _____ Ended (mm/yyyy): _____

Previous volunteer experience: _____

Foreign language(s) spoken: _____

Special education, training, skills (including computer): _____

Please list two personal or professional references (other than relatives):

Name & Phone # _____

Name & Phone # _____

How did you find out about our volunteer program? _____

Reason for interest in volunteering: _____

Please circle the days you would be available and write in the time each day: (shifts start as early as 5:30 am and go until 4:00 pm)

Mon/ _____ Tues/ _____ Wed/ _____ Thurs _____ Fri _____ Sat _____ Sun _____

In making application for a volunteer position, I understand that an investigative report may be made by a consumer reporting agency to verify my background information. I understand the Medical Center of Lewisville reserves the right to require its volunteers to submit to Health Screen which includes a urine drug screen, a tuberculin test, and request for immunization records. I understand and agree that if I am offered a volunteer position by Medical Center of Lewisville, my service will be for no definite term and that either I or Medical Center of Lewisville will have the right to terminate the relationship at any time, with or without cause, and with or without notice.

By signing below, I attest that I have read and agree to the attached position description and physical demands. I also attest that all the information provided in this application is true and correct.

Signature

Date

Position: Volunteer	Department: Volunteers
Status/Grade: Volunteer Position	Effective Date: September 1, 2013 Revision Date:
Position Number: NA	Job Number: NA
Reports to: Volunteer Coordinator	Supervises: NA
New Hire and Annual Review of Job Duties: I have reviewed these requirements, and verify that I can perform all essential functions of this position. I recognize that this is a volunteer assignment. Signature: _____ Date: _____	

Position Summary:

To provide Medical Center of Lewisville with assistance on a daily basis with duties that are properly aligned to supplement the professional staff while allowing personal growth and fulfillment for individual volunteers.

Minimum Position Requirements:

- a. Excellent verbal and written communication skills.
- b. Basic computer and keyboarding skills.

Note: Volunteers are required to adhere to the safety and security policies of Medical Center of Lewisville. This includes the restriction of any artificial fingernails or similar substitutes such as gel nail or shellac nail products.

Degree of Supervision Required:

Involves general guidance, supervision, and directions by the Chief Nursing Officer and/or his/her designate

Patient Population Served:

Employees in this position must be able to respond to all age categories. The skills and knowledge needed to provide such care may be gained through education, training, or experience.

Location Conditions:

Basic office and reception setting. See attached physical demands analysis for information related to potential job hazards, and functional requirements.

Duties and Responsibilities:

- Participates in hospital or departmental performance improvement activities, and seeks opportunities to improve department and inter-department processes.
- Serves as a resource to department staff, students, volunteers and other departments, and contributes to the teamwork essential to ensuring quality patient care.
- Takes appropriate measures to ensure safety of staff and patients.
- Respond to ad hoc requests and daily Project Requests.
- Support all customer service standards, positive attitudes, and resolution approach to problematic issues.
- Maintain Daily/Weekly Activities as assigned which may include but are not limited to:
 - Greet at entrances
 - Escort to specific locations as needed
 - Stock, clean and replenish coffee areas and hygiene stations
 - Stock hospitality cart and offer to patients



- Straighten magazines and periodicals and distribute to all family lounges, remove excess
- Collect Comment cards once a week (Monday)
- Collating information i.e. handouts, packets, birthday cards

Every effort has been made to make this position duties list as complete as possible and to reflect the general duties necessary to describe the essential functions of the assignment. However, this description in no way states or implies that these are the only duties that may be required to perform, as other duties may be assigned to the position if the duties are similar, related or logical assignment to the position.

PHYSICAL DEMANDS ANALYSIS
Position: Volunteer

DEPARTMENT: Volunteers

Activity	Never	Rarely 5-10%	Sometimes 10-40%	Frequently 40-75%	Always 75-100%
Standing				X	
Walking				X	
Sitting				X	
Lifting					
Up to 10 lbs.				X	
10-20 lbs.			X		
20—50 lbs.		X			
50 – 100 lbs.	X				
Over 100 lbs.	X				
Climbing					
Ladders	X				
Stairs		X			
Step Stool		X			
Other (specify)					
Balancing		X			
Kneeling	X				
Crouching		X			
Crawling	X				
Twisting			X		
Bending			X		
Reaching Overhead			X		
Reaching in Front			X		
Handling			X		
Fingering			X		
Feeling			X		
Talking: Ordinary					X
Talking: Other Sounds	X				
Hearing: Conversation					X
Hearing: Other Sounds			X		
Vision					
Acuity: <20 inches					X
Acuity: >20 feet					X
3 Dimensional					X
Color Vision		X			
Peripheral					X
Other (specify)					
Environmental Conditions:					
Inside					X
Outside	X				
Dust	X				
Fumes	X				
Other Hazards – Specify Below:					

 Any other outstanding physical requirements (specify):
