### Washington Regional Medical Center Application for Volunteer Services

### FOR OFFICE USE ONLY

TB Test Drug Test Time Card Active Mailing Name Tag Cerner Meal Roster

NAME:			
HOME or CELL PHONE:		Date of Birth:	
ADDRESS:		<u></u>	
		ZIP CODE:	
If employed, business phone &	employer:		
Your e-mail address:			
• IN CASE OF EMERGE	NCY, NOTIFY:		
NAME:	НОМ	ME PHONE:	
RELATIONSHIP:	CELL or I	BUSINESS PHONE:	
Center?		nteer at Washington Regional Medica	
IF YES; From\\	to\\	Department:	
HAVE YOU EVER BEEN CO OFFENSE?NOY		RIME OTHER THAN A TRAFFIC	
If YES, specify the nature of the	he crime and when c	committed	
Relatives or friends within the hedirectors, etc.)	- `	, employees, other volunteers, board of	
Personal References:			
• NAME:			
Address:			
City, State Zip:	Pho	ne:	
• NAME:			
Address:			
City, State Zip:	Ph	one:	

Previous	work exp	erience:							
Volunteer:									
Employmen	nt:								
Education of	or Special '	Fraining: _							
Skills & Ta	lents:								
Hobbies an	d special ir	iterests:							
your assign	ment and/o	or your leve YES	el of perfori If YES pl	manc lease	e? explain _	her disabilit			
What type of volunteer work are you interested in doing? (select from the list below)									
Days an		preferre		***			<b></b>		
Morning	Sunday	Monday	Tuesday	Wed	dnesday	Thursday	Friday	Saturday	
Afternoon									
Evening									
DAY-TO-DAY	VOLUNTEER	OPPORTUNI	TIES			ı			
WRMC Gift Shop (M-F) 9:00 am-12:30 pm 12:30 pm-4:15 pm									
Information Desk	Information Desk  Monday - Friday 9:00 am – 12:30 pm 12:30 pm- 4:15 pm								
ICU/CCU Informat	ICU/CCU Information Desk M -F 9:00am-12:30pm & 12:30-4:15 pm								
Emergency Depar	Emergency Department Daily 6-10 pm; Sat & Sun 10-2 pm & 2-6 pm.								
Center for Exercise			Flexible						

# Why do you wish to become a volunteer at Washington Regional Medical Center?

his/her complete background. To assist us in finding	s it difficult for an individual to adequately summarize the proper volunteer position for you in our hospital, us ation about your interest and describe your qualification
	oital employee at work. As a WRMC Volunteer, I'll not not not a substitute if I'm unable to work my job or I will call
Applicant's Signature:	Date:
Thank you for completing this application form and Washington Regional Medical Center.	for your interest in volunteering at
Michele Payne	

Michele Payne Volunteer Services Manager Washington Regional Medical Center 3215 N. North Hills Boulevard Fayetteville, AR 72703

Office 479.463.1085
Fax 479.463.1565
rpayne1@wregional.com

# WASHINGTON REGIONAL MEDICAL CENTER ETHICAL CODE FOR VOLUNTEERS

Every group of people who are brought together to fulfill a specific purpose must, if that purpose is to come to fruition, have an ethical code of some sort to guide them. From this code there will be certain responsibilities necessary to follow. Our code reads as follows:

- 1. I will not disclose confidential matter that has come to me in the line of duty.
- 2. I will not speak about patients or incidents that might be embarrassing or confidential to outsiders, or even to my co-workers.
- 3. I understand that by being a volunteer, I have agreed to work without compensation in money. I will not accept tips.
- 4. I will do the work which I am asked to perform by those in charge cheerfully and to the best of my ability.
- 5. I will take my work seriously and with an attitude of open-mindedness, in regard to the learning of how to be a good volunteer and accepting constructive criticism.
- 6. I will try to develop qualities of teamwork and endeavor to enrich the project in which I work.
- 7. I understand that my attitude toward volunteer work must be professional.
- 8. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done and to the public.
- 9. I understand that I must report for duty on time when I am scheduled to work unless there is a serious reason to keep me from reporting at the time I have volunteered. In the event of my inability to report for duty, it will be my responsibility to immediately notify the Volunteer Services Manager.

## WASHINGTON REGIONAL MEDICAL CENTER GUIDELINES FOR PARTICIPATING IN THE VOLUNTEER PROGRAM

• Volunteers are required to wear a uniform (vest or jacket) & to abide by the dress code. Your ID badge should always be visible when on duty.

### Ladies

Business casual- shirt, blouse or sweater. Wear with slacks, khakis or skirts (no short skirts). Wear comfortable shoes – tennis shoes are fine.

#### Men

Business casual – shirt or sweater. Wear with slacks or khakis. Wear comfortable shoes – tennis shoes are fine.

- Do not wear heavily scented perfume or cologne
- When you work you are entitled to a meal (\$4.50 value) in our cafeteria.
- TB skin test and drug screening are required. These tests are given free of charge
- You must be fully vaccinated for COVID including all three boosters
- Flu shots are required (October 1 March 31) This is given free of charge

Mail, email or fax your application to Michele Payne

This contact information is located on the last page of the application.

After reviewing the application, Michele will contact you to set up an interview.

DAY-TO-DAY VOLUNTEER OPPORTUNITIES

Information Desk	9:00 am-12:30 p.m. Monday - Friday
	12:30 pm- 4:15 p.m. Monday - Friday
ICU/CCU Information Desk	Daily 9:00 am- 12:30 p.m. &
	12:30 p.m. – 4:15 p.m.
WRMC Gift Shop	(M-F) 9:00a.m12:30p.m.
	12:30p.m 4:15p.m.
Center for Exercise	Flexible
Emergency Department	Daily 6:00 p.m-10:00 p.m.
	Saturday & Sunday 10:00 a.m2:00 p.m.
	& 2:00 p.m6:00 p.m.
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