

Washington Regional Medical Center Application for Volunteer Services

**FOR OFFICE USE
ONLY**

TB Test
Drug Test
Time Card
Mtg. Notification
Birthday
Active Mailing
Name Tag
HBO
Meal Roster

NAME: _____

HOME or CELL PHONE: _____ **Date of Birth:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

If employed, business phone & employer: _____

Your e-mail address: _____

• ***IN CASE OF EMERGENCY, NOTIFY:***

NAME: _____ **HOME PHONE:** _____

RELATIONSHIP: _____ **CELL or BUSINESS PHONE:** _____

Have you ever been employed or worked as a volunteer at Washington Regional Medical Center?

EMPLOYEE: ___NO ___YES **VOLUNTEER:** ___NO ___YES

IF YES; From _________ **to** _________ **Department:** _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC OFFENSE? ___NO ___YES

If YES, specify the nature of the crime and when committed _____

Relatives or friends within the hospital (medical staff, employees, other volunteers, board of directors, etc.) _____

Personal References:

• **NAME:** _____

Address: _____

City, State Zip: _____ **Phone:** _____

• **NAME:** _____

Address: _____

City, State Zip: _____ **Phone:** _____

Previous work experience:

Volunteer: _____

Employment: _____

Education or Special Training: _____

Skills & Talents: _____

Hobbies and special interests: _____

Do you have any physical limitations, health trouble, or other disabilities which will limit your assignment and/or your level of performance?

____NO ____YES If YES please explain _____

What type of volunteer work are you interested in doing? (select from the list below)

Days and hours preferred

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

DAY-TO-DAY VOLUNTEER OPPORTUNITIES

Surgery Waiting Room	(M-F) 7:00 a.m-12:00p.m & 12:00p.m-4:00p.m & 4:00 – 7:00 p.m.
WRMC Gift Shop	(M-F) 9:00a.m-12:30p.m & 12:30p.m-4:30p.m (Saturday) 11:00a.m-3:00p.m
Information Desk	Monday - Friday Saturday – 11:00 a.m. – 3:00 p.m. 9:00 a.m. – 12:30 p.m. Sunday – 1:00 p.m. – 4:30 p.m. 12:30 p.m- 4:30 p.m 4:30 p.m. –8:30
ICU/CCU Information Desk	(Daily) 8:00a.m-12:30p.m & 12:30p.m-4:30p.m
Emergency Department	Daily 6p.m-10p.m ; Sat & Sun 10-2 p.m & 2 – 6 p.m.
Center for Exercise	Flexible
Cuddler - Requirements: Be 21 or older, Commit to a minimum of 6 months, have prior experience holding babies and/or work with babies & children, complete a background check & attend orientations	Flexible – shifts are 2-4 hours per week.

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

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. To assist us in finding the proper volunteer position for you in our hospital, use the space below to summarize any additional information about your interest and describe your qualifications.

A volunteer will follow the same guidelines as a hospital employee at work. As a WRMC Volunteer, I'll not take an assignment that I can't fulfill. I will try to find a substitute if I'm unable to work my job or I will call the Director of Volunteer Services.

Applicant's signature: _____ Date: _____

Thank you for completing this application form and for your interest in volunteering at Washington Regional Medical Center.

**Jimmie Beauchamp
Director of Volunteer Services
Washington Regional Medical Center
3215 N. North Hills Boulevard
Fayetteville, AR 72703**

**Office 479.463.1085
Fax 479.463.1565
jbeauchamp@wregional.com**

WASHINGTON REGIONAL MEDICAL CENTER
ETHICAL CODE FOR ADULT 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. As volunteers working with a missionary spirit in a hospital, you too must have an ethical code, as do the professional people with whom you will be working. 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 Director of Volunteers and/or send a substitute volunteer in my place.

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.

No jeans, t-shirts, sweat shirts/ pants or shorts.

Men

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

No jeans, t-shirts, sweat shirts/ pants or shorts

- 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
- Flu shots are required (October 1 – March 31) This is given free of charge

Mail, email or fax your application to Jimmie Beauchamp
This contact information is located on the last page of the application.
After reviewing the application, Jimmie will contact you to set up an interview .

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