

Thank you for your interest in becoming a South Lake Hospital Volunteer!

Our volunteers provide a number of services throughout the Hospital. They are members of our community, and truly represent a spirit of caring and compassion to all who walk through our doors.

Often our volunteers are the first encounter a visitor, patient or guest has with South Lake Hospital, and we expect them to follow our PROMISE behaviors, which are:

Positive Attitude
Respect
Ownership
Mindfulness
Inclusiveness
Superior Communication
Exceed Expectations

Please read the following to begin the process of becoming a volunteer.

1. Be sure to include three references (name, address, phone number and relationship). Try to list at least one business/professional reference. Remember that family members cannot be used as a reference.
2. The application process includes:
 - Criminal Background Check
 - Tuberculosis TestThese screenings will be done at no charge to you. Please review and sign the consent forms (attached to application), and be aware that we do not accept applications for those individuals attempting to complete court-ordered community service hours.
3. Once you have completed the application, please return all necessary papers to:

South Lake Hospital
Volunteer & Guest Services Department
1900 Don Wickham Drive
Clermont, FL 34711

We will notify you upon receipt of your application and begin calling your references. When the reference checks are complete, we will contact you to set up an appointment for an interview.

Volunteers also:

1. Are required to attend a New Volunteer Orientation, which will be scheduled after your interview. You will also be required to shadow an experienced volunteer to learn more about your role.
2. Wear a specific uniform top. Uniforms range in price from \$35-45.
3. Commit to at least one scheduled 4-1/2 hour shift each week; assignments are issued based on the Hospital's greatest need.
4. Be able to escort patients and guests when needed throughout the hospital, which may require walking long distances and pushing a wheelchair with a patient or visitor to assist them to their destination.

Thank you again for your interest!

Sincerely,

Sheri Olson

Director

Foundation, Government & Guest Relations

352.536.8771

Sheri.Olson@orlandohealth.com

P.S. South Lake Hospital strives to be a leader in our community for healthy behaviors. South Lake Hospital is proud to be tobacco-free and supporting the health of our community. Therefore, volunteer candidates may be tested for primary use levels of cotinine, a byproduct of nicotine. Any candidate that tests positive for nicotine will not be eligible for service.

VOLUNTEER APPLICATION

Date: _____

Contact Information

First Name: _____ Last Name: _____

Title: _____ Address: _____

Any name/s by which you were formerly known? If so, please indicate: _____

City, State, Zip: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Demographic Information

You are required to provide the following information. Some information may be used to complete a mandatory background check.

Date of Birth: _____ Social Security #: _____

Gender: _____ Marital Status: _____ Level of Education: _____

Education Background

Please list the level of education received. If you are currently attending school, please list the name of the schools and your degree program.

Level of Education: _____ School: _____

References

Please list the full name, mailing address and e-mail address for three references. Include any combination of personal and professional reference sources; RELATIVES MAY NOT BE LISTED AS REFERENCE SOURCES. Your application WILL NOT be processed without complete information.

Name	Address	Relationship	Telephone

Past Work Experience

Please list the most recent name and address of your past employer. Also, list the name of your most recent supervisor/leader.

Employer Name	Contact Name	Address	Telephone

Skills & Experience

Please list any special skills or talents you would like to share with us.

Current health status: Excellent _____ Good _____ Fair _____ Poor _____

Physical Limitations: _____

Referral Source

Why are you interested in SLH Volunteer Services? _____

List Community Affiliations: _____

Email Preferences

We like to keep volunteers informed of important news, schedules, and volunteer opportunities by email, however, will not send you any email you prefer not to receive. Use the checkboxes below to select the kinds of email you would like to receive from us:

Electronic Newsletters _____ Recruitment Appeals _____ Checklist Reminders _____

Availability

Please indicate the days and times that you would like to share with us.

On-going _____ On-going except between these dates _____

Only between these dates _____

Emergency Contact Information

In the event of an emergency, who do you prefer we contact.

First Name: _____ Last Name: _____

Title: _____ Address: _____ City, State, Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-mail Address: _____ Relationship: _____

Criminal Background History

Have you ever been convicted in a court of law, pleaded nolo contender, been placed on probation, or had withheld to an offense other than a minor traffic violation?

No _____ Yes _____ If yes, please explain: _____

Do you have a friend or relative employed at SLH? If yes, who? _____

Please provide all previous addresses for the past 7 years (use a separate sheet of paper if necessary):

Address City, State, Zip

Address City, State, Zip

Address City, State, Zip

South Lake Hospital
Disclosure and Authorization

This serves to advise you that, in consideration for Volunteering, an investigative report may be obtained. This process may include verification of education, employment history, review of local, state and federal agency records, court public records, driving records, personal and professional references.

Received and authorized by:

The following is required to conduct the above investigation/verifications:

Printed Full Name

Telephone number with area code

Maiden Name or any other names used

Social Security Number

Date of Birth

I request that this document in its original or copied form serve as my valid authorization to any and all persons, institutions, past or current employers, organizations, law enforcement and criminal record agencies to release information; and thereby release all such persons, institutions, agencies, organizations providing such information from liability in any or all claims and damages connected with their providing any requested information.

Signature

Date

NON-EMPLOYEE STATEMENT OF CONFIDENTIALITY

First Name: _____

Last Name: _____

As a non-employee performing services for South Lake Hospital, you may have access to confidential information including patient, financial or business information obtained through your association with South Lake Hospital. The purpose of this agreement is to help you understand your personal obligation regarding confidential information. **Signed acknowledgement of this form is required prior to issuance of computer network or application credentials (user ID and password) and prior to commencement of any services for South Lake Hospital.**

Confidential information is valuable and sensitive and is protected by law by strict South Lake Hospital policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires protection of confidential patient information contained within a healthcare information system. Inappropriate disclosure of patient data may result in the imposition of fines up to \$250,000 and 10 years imprisonment per incident. Information made available through the Orlando Health computer network, the internet or by any other means is not to be discussed, replicated, or disseminated in any manner to anyone who is not officially and directly given access to this data. In addition to patient data this includes but is not limited to: financial information, business information (such as contracts, business strategies, plans, etc.), personnel information and other information of a sensitive or confidential nature.

It is the policy of South Lake Hospital that:

- A. To expect each volunteer to adhere to the specific confidentiality guidelines for their position.
- B. Volunteers are expected to use good judgment, to adhere to high ethical standards, and to avoid situations that would create a possible breach of confidentiality.
- C. All volunteers are refreshed on the confidentiality policy on an annual basis.
- D. All information that deals with PHI is protected under the provisions of the Health Insurance Portability and Accountability Act regulations (HIPAA) and violations of this act will be dealt with in accordance with SLH policies and procedures.
- E. Patient information is not shared with anyone who does not have a legal need to know whether in the computer system, in files or in any other location. This includes accessing a person's own record, family member, friend, and/or co-worker's information.
- F. Information should be handled in such a way as to prevent any unauthorized disclosure of information.
- G. Information security must be protected at all times for unauthorized disclosure of all types of information, including but not limited to patient data, payroll, records, personnel files, password and access codes.
- H. A volunteer may not in any way divulge, copy, disclose, sell, loan, review, alter, destroy or remove from the organization any confidential information unless expressly permitted by existing policy or except as properly approved in writing by an authorized individual within the scope of their duties at SLH.
- I. A volunteer may not utilize another user's password in order to access any system and may not reveal their computer user access code to anyone for any reason.
- J. Any volunteer who observes a breach of confidentiality should report it immediately to a supervisor or manager of SLH.
- K. All reports of a breach of confidentiality are investigated and handled according to policy.

Signature

Date

Volunteer Code of Conduct

Being a good volunteer is more than showing up and calling when you are not able to come in. Being a good volunteer involves making choices that help make your facility shine. First impressions count! Patients and families will view our facility based on the way they see you.

Are you following the PROMISE guidelines?

- **Demonstrate a Positive Attitude**
- **Show Respect toward all**
- **Take Ownership of our actions**
- **Be Mindful in the moment**
- **Be Inclusive by appreciating and valuing everyone**
- **Provide Superior Communication**
- **Exceed Expectations**

As integral member of the South Lake Hospital team, you are expected to accept certain responsibilities, adhere to acceptable business principles in matters of personal conduct, and exhibit a high degree of personal integrity at all times. This not only involves sincere respect for the rights and feelings of others, but requires that you refrain from behavior that might be harmful to you, your coworkers, our patients and/or South Lake Hospital. You are expected to observe the highest of standards of professionalism at all times.

Types of behavior and conduct that South Lake Hospital considers inappropriate include, but are not limited to the following:

1. Falsification of application for volunteering.
2. Unlawful manufacture, possession or use of controlled substance during volunteer hours (volunteers may use prescription drugs prescribed by the volunteer's physician).
3. Striking or threatening any person; fighting with fists or other weapons on South Lake Hospital property.
4. Stealing or other forms of dishonesty, including but not limited to, personal use of cell phones, I-pads, office supplies or other South Lake Hospital supplies.
5. Use of profanity or otherwise exhibiting an uncaring attitude towards patients, visitors, team members, or other volunteers.
6. Destruction of South Lake Hospital property, supplies or equipment.
7. Violation of established safety, security, infection control, fire or smoking rules.
8. Gambling, including, but not limited to, games of chance, operation of pools, lotteries, etc. on South Lake Hospital property.
9. Unauthorized possession of firearms, explosives or other weapons on South Lake Hospital property.
10. Unauthorized possession, use copying or reading of South Lake Hospital records.

11. Divulging confidential information relating to patients or team members to unauthorized sources, including names, addresses, and telephone numbers.
12. Sleeping while on duty
13. Inappropriate behavior, including, but not limited to, unsolicited sexual advances, violation of South Lake Hospital's harassment policy, lewd conduct or other acts of a sexual nature during work hours and/or on South Lake Hospital property.
14. Carelessness in performance of duties including participating in acts of "horseplay."
15. Unauthorized use of the South Lake Hospital information system, including, but not limited to, the internet. Using South Lake Hospital information systems for any transmission of material that is obscene, illegal, discriminating or intended to harass or defame other is strictly prohibited.
16. Unauthorized solicitation or distribution in violation of South Lake Hospital's policy.
17. Unsatisfactory performance.
18. Failure to provide good customer service.

Should you violate any of the above or any other South Lake Hospital policy, rule or regulation or should your performance, attitude, conduct of demeanor become unsatisfactory in the judgment of South Lake Hospital, you may be subject to dismissal from your volunteer duties.

I accept this Code of Conduct willingly and agree to follow it during my service as a South Lake Hospital volunteer.

Signature

Date

Please read and sign below.

- I certify that the information provided herein is true and complete.
- If selected to volunteer, I understand that false and misleading information given or misrepresentation of any statements contained in my application or interview(s) will be considered grounds for discharge.
- I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision for volunteer service. This will include a criminal background check and may include verification of references and education.
- Should a volunteer position be offered and I accept I understand that I will be required to participate in the hospital's health screening process, as well as attend and complete new volunteer orientation and training prior to assignment. Further, I agree to abide by all hospital rules and regulations.
- I understand that, in order to be considered for an adult Volunteer position at South Lake Hospital, minimum requirements include that I am at least 18 years of age and a high school graduate.
- I understand that volunteering means that I agree to volunteer my time without monetary compensation or the expectation of future employment.
- I understand that South Lake Hospital does not accept volunteer applicants who are seeking to complete court-ordered community service hours.
- I understand that all information provided will be kept strictly confidential.
- I will follow South Lake Hospital's PROMISE guidelines, demonstrating a positive attitude, respect, ownership, mindfulness, inclusiveness, superior communication and exceeding expectations for each patient, guest, and colleague.

Signature

**MEDIA AUTHORIZATION FOR USE OF AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

I, _____ hereby authorize South Lake Hospital
(Volunteer)

to allow one or more members of the news media to interview me and to take and reproduce photographs, videotapes, images and recordings and/or films of me and to use such interviews, photographs, videotapes, images and recordings and/or films for purposes that include, but are not limited to, use in print publications, television programs, radio broadcasts, electronic transmission, and audiovisual presentations for the purpose of providing information to the general public relative to treatment conducted at South Lake Hospital and other topics of interest. I understand and acknowledge that this authorization is for the gathering of information by the news media and is not required for my medical care.

I hereby release South Lake Hospital, its medical staff, agents, officers, directors, and employees from any and all liability and claims related to the interviewing, taking, reproduction, publication, broadcast, distribution, and/or use of such interviews, photographs, videotapes, images, recordings and/or films, and the release of information concerning me acquired by the news media pursuant to this Authorization. It is expressly understood that this authorization and consent includes permission for the release of the patient's name and information regarding the patient's medical condition and treatment to the news media, and the use of such name and information by the news media. I acknowledge that the information released under this Authorization may include individually identifiable health information as defined by the Health Insurance Portability and Accountability Act of 1996 and other laws and regulations.

I recognize that the hospital reserves the right to require the news media to obtain its permission to interact with any patient and may withdraw such consent at any time.

I recognize that I may revoke this authorization provided that the revocation is provided by me to South Lake Hospital in writing. Any such revocation shall not apply to information already released by South Lake Hospital prior to its receipt of such written revocation.

Unless stipulated otherwise, this authorization shall cover the entire period of the patient's admission to South Lake Hospital, and shall remain in effect thereafter unless and until revoked by patient in writing in the manner set forth above.

If photographs or filming is for marketing purposes, I agree that I will not seek remuneration, compensation or payment from South Lake Hospital for the purpose of publicity, advertising or marketing.

Volunteer Signature

Date

Witness

Date