

Dear Volunteer Applicant:

Thank you for your interest in volunteering at Henry Mayo Newhall Hospital. Please review the Volunteer application and our Eligibility and Requirements. Return the **COMPLETED** application with (2) signed letters of recommendation for Adult applicants and (1) signed letter of recommendation plus (1) Reference Form for Teen applicants to the Volunteer Services Department which is located in the lobby of the Hospital's Pavilion at 25727 McBean Parkway. **Please do not submit any medical forms or tests with application**, they will be requested upon acceptance into the volunteer program.

**Your application will be reviewed and BASED ON AVAILABILITY of volunteer opportunities a representative from Volunteer Services will contact you within 12 weeks after receiving your application.**

If at any time you would like to know the status of your application please email Maria Strmsek or April Garcia at the email addresses listed below.

We are very sensitive to the impact that the economy has had on our community. We are also aware that employment opportunities at this time are scarce. Please understand that the volunteer program is not a stepping stone for employment at HMNH. We cannot provide the outstanding service without our volunteers and that is why it's important that we have continuity in our volunteer force. This is a difficult message to share but please join our volunteer program based on a willingness to volunteer. If you are searching for a paid position, please look at the available positions being offered through our web site, [www.henrymayojobs.com](http://www.henrymayojobs.com).

We look forward to sharing opportunities with you and welcoming you to our team of healthcare professionals dedicated to improving the quality of life and health of the people we serve.

Sincerely,



Maria Strmsek, Director, Volunteer Services  
[strmsekma@henrymayo.com](mailto:strmsekma@henrymayo.com)



April Garcia, Volunteer Coordinator  
[garciaap@henrymayo.com](mailto:garciaap@henrymayo.com)

FOR OFFICE USE ONLY
Date Rec'd: _____

Adult    College Student    Teen

## VOLUNTEER APPLICATION

TITLE: <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> DR.		TODAY'S DATE:	
LAST NAME (LEGAL)		FIRST NAME	MI      NICKNAME
STREET ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	
E-MAIL ADDRESS			
DATE OF BIRTH			
CHECK HIGHEST YEAR OF EDUCATION COMPLETED:			
HIGH SCHOOL: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12   COLLEGE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> MASTERS <input type="checkbox"/> PHD <input type="checkbox"/> MD			
SCHOOL NAME (FOR FULL TIME HIGH SCHOOL AND COLLEGE STUDENTS):			
EXPECTED GRADUATION DATE FROM HIGH SCHOOL, COLLEGE OR OTHER:			
ARE YOU VOLUNTEERING TO FULFILL CLASS REQUIREMENTS FOR COMMUNITY SERVICE CREDITS? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, EXPLAIN:			

EMERGENCY CONTACT INFORMATION			
NAME		RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	
NAME		RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE	

<b>EMPLOYMENT HISTORY</b>			
PLEASE LIST BELOW PRESENT AND PAST EMPLOYMENT HISTORY FOR THE LAST 10 YEARS.			<b>RETIRED</b> _____
COMPANY		POSITION	
ADDRESS		PHONE	
START DATE	YEARS OF SERVICE	SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY		POSITION	
ADDRESS		PHONE	
START DATE	YEARS OF SERVICE	SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>VOLUNTEER EXPERIENCE</b>		
ORGANIZATION		DATES OF SERVICE
ADDRESS	CITY	PHONE
DESCRIBE YOUR VOLUNTEER DUTIES:		SUPERVISOR

<b>SPECIAL SKILLS OR EXPERIENCE</b>	
PLEASE CHECK ALL SKILLS THAT YOU POSSESS:	
<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Cashiering <input type="checkbox"/> Filing <input type="checkbox"/> Medical <input type="checkbox"/> Merchandising <input type="checkbox"/> Sales <input type="checkbox"/> Public Relations <input type="checkbox"/> Typing      wpm <input type="checkbox"/> Shipping /Receiving      Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Musical Instrument/s: _____ <input type="checkbox"/> Computer Programs please list: _____	
LIST ANY OTHER SKILLS OR JOB KNOWLEDGE THAT ARE NOT LISTED ABOVE:	
CAN YOU SPEAK ANOTHER LANGUAGE? IF YES, PLEASE LIST:	CAN YOU READ/WRITE IN THIS LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>VOLUNTEER SCHEDULE</b>							
DO YOU PLAN TO CONTINUE TO VOLUNTEER AFTER YOU HAVE COMPLETED YOUR 100 HOUR COMMITMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG?							
PLEASE INDICATE THE SHIFT AND DAY YOU WOULD LIKE TO VOLUNTEER: SHIFTS AVAILABLE: <b>OPTION 1:</b> 8AM TO NOON <b>OPTION 2:</b> NOON TO 4PM <b>OPTION 3:</b> 4PM TO 8PM							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SHIFT TIME							
PLEASE LIST YOUR DEPARTMENT PREFERENCE FOR VOLUNTEERING:							
<b>1<sup>ST</sup> CHOICE</b>		<b>2<sup>ND</sup> CHOICE</b>			<b>3<sup>RD</sup> CHOICE</b>		
WHAT ARE YOU EXPECTING TO LEARN AS A VOLUNTEER?							

<b>ADDITIONAL INFORMATION</b>		
HOW DID YOU LEARN ABOUT OUR PROGRAM AT HENRY MAYO HOSPITAL?		
IN THE PAST YEAR, HAVE YOU APPLIED FOR ANY POSITION AT HENRY MAYO HOSPITAL?		
ARE YOU ATTEMPTING TO VOLUNTEER AS A BRIDGE TO BECOMING AN EMPLOYEE AT HENRY MAYO HOSPITAL?		
PLEASE LIST NAMES OF FRIENDS AND/OR RELATIVES EMPLOYED OR VOLUNTEERING AT HENRY MAYO HOSPITAL:		
NAME:	RELATIONSHIP:	DEPARTMENT:
NAME:	RELATIONSHIP:	DEPARTMENT:
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE:		

<b>CERTIFICATE OF INFORMATION</b>	
<p>Believing that Henry Mayo Newhall Hospital (herein referred to as Henry Mayo) has need of my volunteer services I agree to:</p> <ul style="list-style-type: none"> <li>• Hold as absolutely confidential all privileged, and or sensitive information, which I may obtain directly or indirectly concerning Henry Mayo, its patients/families, staff and volunteers.</li> <li>• Donate my personal time to Henry Mayo without contemplation of compensation, or future employment.</li> </ul> <p>I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize Henry Mayo to investigate and or verify the foregoing information, and any other information, which might assist them in determining my qualifications for volunteering. I release Henry Mayo and my former employers, and all others from liability from damage that may result from such investigation, if upon, such investigation, anything contained in this application is found to be untrue. I further agree to comply with the policies and procedures, as well as safety practices in all areas of Henry Mayo. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of Henry Mayo including those of the Volunteer Services Department, for absence without notification, for reasons of unsatisfactory attitude, work, personal appearance, and for any other circumstances which, in the judgment of Henry Mayo would make my continued service as a volunteer contrary to their best interests.</p> <p style="text-align: center;"><b>ANY PERSON WHO KNOWINGLY GIVES FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE DISMISSAL.</b></p>	
Printed Name	
Signature	Date

# VOLUNTEER ELIGIBILITY & REQUIREMENTS

*The following items must be agreed to in order to participate in our volunteer program*

- While volunteering at Henry Mayo Newhall Hospital, volunteers must maintain the confidentiality of the patients and their families and friends. Volunteers are NOT to discuss or release any information learned while volunteering to anyone outside of the hospital, nor discuss patient information with fellow volunteers or staff members. Breach of this confidentiality directive is immediate grounds for dismissal.
- Adult volunteers are defined as high school graduates 18 years of age and older.
- Teen volunteers are to be no younger than 15 years of age with an academic standing of 3.0 GPA or better.
- **ADULTS ONLY** – Background Check must pass in order to volunteer.
- **ADULTS ONLY** – 2 Letters of Recommendation must provide from two non related individuals who have knowledge of work skills, academic achievements and or community service.
- **TEENS ONLY** – 1 Letter of Recommendation and 1 Reference Form must be provide by a teacher or Guidance counselor who have knowledge of work skills, academic achievements and community service.
- Uniform- Adult volunteers are to wear the official blue logo shirt or jacket and Teen volunteers wear the official red logo shirt along with white pants, and tennis shoes. Volunteers will be sent home if not in proper uniform. Volunteers are responsible for purchasing their uniforms only at our designated uniform provider.
- Badge- A badge will be worn and will be visible at all times. Lost badges will be replaced at a cost of \$5.00.
- 1 Year 200 Hour Commitment- Maintain a regular schedule with a minimum of one 4-hour shift per week to complete the commitment. A letter verifying service hours will only be given upon completion of your first 200 hours of committed service.
- Orientation- Attend the new volunteer orientation, as well as any additional trainings and meetings deemed necessary by the Director of Volunteer Services.
- Tuberculosis Screening- Requested upon acceptance into the volunteer program. Comply with the Henry Mayo requirements for Tuberculosis screening yearly renewal as noted within the Employee Health Department guidelines.
- **HIGH SCHOOL AND COLLEGE STUDENTS ONLY** - Provide a copy of immunization record upon acceptance into the volunteer program.
- Conduct – Be punctual and conscientious, conduct self with dignity, courtesy and consideration of others, and endeavor to make performance professional in quality.
- Volunteers are not to be trained for paid positions.
- Volunteers must demonstrate willingness to help staff, patients, visitors, and other volunteers whenever possible.
- Volunteers must be able to speak, read and write in English (knowledge of a second language is a plus).
- Problem Resolution- Attempt to resolve any problems related to volunteer activities with immediate supervisor, and, if unsuccessful, attempts to resolve any such problems with the Director of Volunteer Services.

- Termination- Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with hospital policies, rules and regulations: (b) unsatisfactory attitude, performance or appearance: or (c) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the hospital. (see Disciplinary Policy)
- Absences - **Three (3) non-excused absences is grounds to be automatically terminated. (Non-excused absences are comprised of the non-notification of the Department of Volunteer Services.)**  
– When unable to report to assigned area, volunteers are required to notify the department supervisor and the Volunteer Services Department.
- **TEENS ONLY** – Parents are to assume full responsibility for the required transportation to and from the hospital and agree to support all requirements in order to maintain within the program.
- **All changes to assigned schedules are to be done by notifying the Volunteer Services Department** at (661) 200-1500 or via e-mail [stmsekma@henrymayo.com](mailto:stmsekma@henrymayo.com) or [garciaap@henrymayo.com](mailto:garciaap@henrymayo.com)
- Leave of Absence - Notify the Department of Volunteer Services in writing. Upon return you may not be guaranteed previous position.
- Address change- Inform the Volunteer Services Department about any changes to residential address, telephone number, e-mail address or other information that is pertinent to volunteers.
- Henry Mayo is not responsible for any lost or stolen property that I have in my possession while volunteering.

The above requirements must be met in order to participate in the volunteer program at Henry Mayo Newhall Hospital. Applicants who do not comply with these requirements, or who return incomplete information, will not be invited to participate.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

<p>_____ <b>PARENT SIGNATURE REQUIRED FOR TEEN APPLICANT</b></p>	<p>_____ <b>Date</b></p>
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**PERSONAL STATEMENT**

Name: \_\_\_\_\_

1. Why are you interested in volunteering at Henry Mayo Newhall Hospital?

2. What do you expect to gain from this experience?

3. What are your special strengths and interests?

4. Please describe your short-term goals.

5. Please describe your long-term goals.

6. What would the IDEAL volunteer experience be if you had no restrictions?

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Reference Form for Teen Applicant

First Name	Last Name	MI
Date of Birth: Month	Day	Year
Age		
School Name		
Address	City	State
Zip Code		

**THE SECTION BELOW MUST BE COMPLETED BY A TEACHER OR GUIDANCE COUNSELOR WHO HAS KNOWLEDGE OF THIS TEEN'S PERSONAL TRAITS.**

**GUIDELINES**

- The student must be attending high school, between the ages 15 – 18 and **HAVE AT LEAST A 3.0 GPA.**
- The student should not have any "Unsatisfactory" ratings in cooperation in the current school year.

**Current Grade Level:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

Character/Conduct	Excellent	Above Average	Average	Below Average
Maturity				
Ability to Follow Directions				
Dependability				
Communication Skills				
Social Skills				
Conduct				
Willingness to Work				
Teamwork				

**PLEASE DESCRIBE IN DETAIL WHY YOU BELIEVE THIS STUDENT WILL BE A SUCCESSFUL HOSPITAL VOLUNTEER:**

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PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## **VOLUNTEER OPPORTUNITIES**

*Placement in departments is based on the hospitals greatest needs*

### **CURRENT GREATEST VOLUNTEER NEEDS**

#### **Gift Shop - Monday thru Friday 9:00am – 7:30pm | Saturday 9:00am – 5:00pm | Sunday 10:00am – 6:00pm**

The Henry Mayo Gift Shop is located in the main lobby and is open seven days a week. The Gift Shop is a great opportunity to gain retail experience. It requires strong customer service skills while assisting with purchase transactions, product merchandising, gift wrapping and hospital-wide delivery.

*Profits from the Gift Shop contribute to the Auxiliary's pledge toward patient care services.*

#### **Information Desk Main Lobby**

These volunteers greet the patients and visitors in the front lobby and are truly the ones who make the first impression on all people entering the hospital. They work under the guidance of the Patient Experience Department. They assist with way finding, escorting patients, and referring questions to appropriate personnel.

#### **Waiting Room Representatives**

This position is responsible for helping family members and visitors by providing information and support while they are in the waiting room area. As a volunteer, you can offer the visitors coffee, tea and reading material while maintaining a peaceful and harmonious atmosphere. You are responsible to help them understand pre-operation, surgery, recovery, and ICU policies, so they will be assured that the hospital is concerned about their best interest, as well as that of the patient.

***Strong public relations skills are important since there is much patient and visitor contact.  
Compassion and good listening skills are important for all hospital roles.***

### **OTHER VOLUNTEER OPPORTUNITIES**

#### **Art and Music for Healing**

The art and music volunteers assist in the relaxation of patients and visitors through art and playing music with soft string instruments. They are both used as therapeutic tool to help facilitate patients in achieving positive health effects.

#### **Central Supply**

Prepare supplies for sterilization, fold linens, clean and restock supply shelves, deliver supplies throughout the hospital, sticker items, date trays and peel packs, answer telephones, and log orders from floors.

#### **Clerical Support (only available 8am - Noon or Noon - 4pm)**

Clerical support is needed in numerous departments throughout the hospital. Tasks can vary from answering telephones, data entry, photocopying, distributing mail, filing, and shredding papers and other duties as needed.

#### **Emergency Department**

Assist staff with nonprofessional tasks and act as a liaison between patients and visitors. Duties include assisting with patient transportation needs, stocking supplies, delivering lab specimens, assisting with telephone calls, stocking rooms between patients and changing linen. This role is extremely vital as we are a Level II Trauma Center and Paramedic Base Station.

**Emergency Department Lobby**

These volunteers greet the patients and visitors in the Emergency Department lobby and are truly the ones who make the first impression on all people entering the area for assistance. They work under the guidance of the Emergency Department staff. They assist in the patient admitting process, notify the triage nurse of any problems that may occur in the lobby, act as liaison between the staff and visitors, and refer visitors' questions to appropriate personnel.

**Floor Service/Nursing Unit Volunteers**

Deliver meal trays, answer telephones and call lights at the nurses' stations, make rounds to patient rooms, fill water pitchers, deliver specimens to the Lab, pick up supplies, assist with changing linen, and various other duties as needed.

**Marketing, Planning and Public Relations (only available 8am - Noon or Noon - 4pm)**

This volunteer assignment is for someone who prefers to work independently, enjoys the computer, and has a penchant for accuracy. This volunteer position is project specific and may include calendar and flyer distribution, and event sign ups.

**Patient Magazine Rounds**

These volunteers work as a vital network to make the patient's hospital stay as pleasant as possible. Volunteers make daily rounds and visit with patients supplying them with reading material. Volunteers may also get newspapers and gift items from the Auxiliary Gift Shop if patients request them.

**Rehabilitation Services – Physical Therapy (only available from 8am - Noon and Noon - 4pm)**

Assist the Physical Therapy and Occupational Therapy departments both in the main hospital, ARU and off site at the Henry Mayo Fitness Center with group activities, patient exercises and other duties as needed.

**Women's Unit and Neonatal Intensive Care Unit**

The Women's Unit volunteers assist the nursing staff in caring for the mothers and newborns. Deliver meal trays, answer telephones and call lights at nurses' station, fill water pitchers, pick up supplies as needed, cleaning baby cribs, and various other clerical duties as requested. *If you are interested in volunteering in our Neonatal Intensive Care Unit, please note that you will be required to interview successfully with NICU staff for this highly specialized department.*

*All volunteers are to adhere to Infection Control Standards and HIPAA policies and privacy practices in all departments at all times.*