

**Dear Prospective Volunteer:**

Thank you for your interest in Longmont United Hospital's Volunteer program. We are very proud of our volunteers and the role they play as part of our healthcare team. Your willingness to share your time and talent makes a huge difference in the mission of the hospital.

The Volunteer Services department is committed to providing equal opportunity for all applicants. Volunteer Services has the responsibility to recruit the most qualified volunteers, determine their capabilities and make assignments accordingly. The qualifications and requirements are as follows:

**Basic qualifications for all Volunteers:**

- Committed to volunteer **a minimum requirement of 6 months of service**. Most volunteer shifts are once a week.
- At least 18 years of age.
- Honest, reliable, and able to be professional in all interactions.
- Friendly and customer-service oriented.
- Physically able to work independently; some services require sitting, standing, or walking for long periods of time.

**Requirements for volunteering (Volunteer opportunities are not clinical internships or rotations):**

- Submit an application.
- Attend an interview with the Volunteer Manager to determine your interest, abilities, schedule, and our openings and needs.
- Agree to a criminal background check to ensure security and safety.
- Provide a copy of your COVID-19 vaccination card
- Agree to a TB test and Influenza (flu) vaccination (at no cost to you).
- Complete orientation prior to beginning your assignment.
- Attend on the job training specific to your volunteer position.
- Wear the volunteer uniform while volunteering.

We are excited to meet you and discuss our volunteer program opportunities with you. If you have any questions, please contact the Volunteer Office at (303) 651-5205.

Thank you,

*Stacey Jackson*

Manager of Volunteer Services and Gift Shop

Longmont United Hospital, 1950 Mountain View Ave, Longmont, CO 80501

Volunteer Office: 303.651.5205

Email: [staceyjackson@centura.org](mailto:staceyjackson@centura.org)

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**Mission:** *We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.*

**Vision:** *Every community, every neighborhood, every life – whole and healthy.*

**Core Values:** *Compassion, Respect, Integrity, Spirituality, Stewardship, Imagination, Excellence.*

FOR OFFICE USE ONLY
Date Received: _____
Notes: _____
_____

*Please print clearly or type • Complete all questions*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender (optional) :  Male  Female Preferred Name (if different than first) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ----- \_\_\_\_\_

Preferred phone number to contact me:  Home  Cell

E-Mail Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day (Year Optional)

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Current Employer (if applicable): \_\_\_\_\_ Position: \_\_\_\_\_

Work Experience/skills? \_\_\_\_\_

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Primary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell ----- \_\_\_\_\_

Secondary Non-Household Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell ----- \_\_\_\_\_

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**EDUCATION:** Current College Student?  Yes  No College: \_\_\_\_\_

Area of Study/Major \_\_\_\_\_

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**INTEREST/SKILLS:** Please list any special skills, talents, hobbies, interests or other languages that may help place you for volunteer service: \_\_\_\_\_

**VOLUNTEER EXPERIENCE (past or current):**  Hospital  Nursing Home  School

Faith Organization  Other: \_\_\_\_\_

Reasons why you would like to volunteer at Longmont United Hospital \_\_\_\_\_

Have you ever volunteered with us before?  Yes  No If yes, what year? \_\_\_\_\_

Have you ever been an employee at Longmont United Hospital?  Yes  No

If yes, when and what department? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**REFERENCES:** Please provide the names of two people who would be willing to serve as a personal reference and are NOT related to you. You MUST provide this information in order for your application to be considered.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TIME AVAILABLE:** Please check the times you are usually available for a volunteer assignment.  
*Check as many as apply*

	6:30am-9:30am	8:00am-12:00pm	11:00am-2:00pm	12:00pm-4:00pm	4:00-7:00pm	Other (please fill in)
<b>Mondays</b>						
<b>Tuesdays</b>						
<b>Wednesdays</b>						
<b>Thursdays</b>						
<b>Fridays</b>						
<b>Saturdays</b>						
<b>Sundays</b>						

**VOLUNTEER INTERESTS:** Please check as many as you are interested in. *We attempt to place you in a volunteer service that will meet your interests and fits our availability. Times and services are subject to change.*

**Special Areas:**  Gift Shop  TAILS: Therapy Dog program  Caring Clowns  
 Hand Arts: Knitting & Sewing (at home)

**Patient Contact:**  Patient Ambassador  Entertainment Cart  Day Surgery  
 Emergency Department

**Visitor & Information Areas:**  Welcome Desk  ICU Waiting Room  Surgery Waiting Room

**Non-Patient Contact:**  Volunteer Office  Messenger Service  Other Office work

**Helping with extra projects:** Would you be willing to come to help with extra projects when needed?  
 Yes  No

**Cross Training:** Would you be willing to cross train in another volunteer service line to help with coverage when needed and being a substitute?  
 Yes  No If yes, please indicate which service area(s) \_\_\_\_\_

**Fundraiser:** All monies raised through our fund-raisers go to the hospital to help benefit patient care. Please check if you are interested in:  Special events  Serving on the Volunteer Leadership Board

The organization is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regards to religion, creed, race, national origin, age, gender or sexual identification.

I certify that the information contained in this application is correct and complete to the best of my knowledge. Any misrepresentation of facts will be cause for rejection of this application.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

We very much appreciate you choosing to be a part of our volunteer team at Longmont United Hospital. We will make every effort to see that your experience here will be rewarding. To ensure that you realize the commitment involved, we request that you read the following statements and sign below:

## I understand that:

- Acceptance as a volunteer at Longmont United Hospital is contingent upon satisfactory completion of all pre-placement procedures which include, but are not limited to, an interview, criminal background check, TB test results, Influenza (flu) vaccination, orientation and training.
- Volunteer Services within Longmont United Hospital is a support system for patients, visitors, associates, physicians, and fellow volunteers.
- The Volunteer Services department is not obligated to utilize my services as a volunteer nor am I obligated to accept the assignment.
- My services are donated to the hospital without contemplation of compensation or future employment and given with humanitarian and charitable reasons.
- Volunteer opportunities are not clinical internships or rotations.

## Confidentiality:

I will hold as ***absolutely confidential*** all information that I may obtain directly or indirectly concerning patients, staff or personnel, and *not seek* to obtain confidential information that does not pertain to my volunteer position.

## Commitment:

- I will uphold the mission and vision of Centura and Longmont United Hospital at all times.
- I will be professional, punctual and conscientious, conduct myself with dignity, courtesy, respect and consideration of others.
- I will make my best effort to fulfill my commitment to Longmont United Hospital by completing all assignments that I accept. I understand that Volunteer shifts, based on my availability, will be scheduled through the Volunteer Office. I will make every effort to try and find a substitute when unavailable for my volunteer shift and I will contact the Volunteer Office in advance to notify them of any substitutions or absences.
- I will wear the required uniform and my badge while volunteering. I understand that while I am in uniform, I represent Longmont United Hospital.
- I have the right to request a new volunteer assignment if my current assignment is not acceptable to me.
- I have the right to request more training if I do not feel comfortable in my role.
- When I need to relinquish my volunteer assignment, I will give as much notice as possible (prefer at least a two-week notice) and return my volunteer badge to the Volunteer Office.

- The Volunteer Services department reserves the right to terminate my volunteer status as a result of:
  - Failure to comply with hospital policies, rules and regulations
  - Several absences without prior notification
  - Unsatisfactory attitude, work or appearance which interferes with our mission

**Health and Immunization:**

- As a Volunteer for Longmont United Hospital, I understand I am not entitled to health benefits or other benefits that are extended to employees.
- I understand that if I am injured during the time I am serving as a volunteer that I am not covered under Workers' Compensation, and my personal insurance will be billed.
- I understand that I must not lift patients or heavy equipment.
- If I am feeling ill, I will not come to volunteer and I will contact the Volunteer Office to inform them of my absence until I am better.
- I have been advised that there is an inherent risk of contracting a contagious illness when working in a healthcare facility. Examples may include, but are not limited to: Influenza, COVID-19, TB or others. To my knowledge, I am free of any contagious disease
- I certify that I am responsible for discussing my volunteer service at the hospital and all recommended vaccinations with my personal physician/health care provider. Any vaccinations other than those required by the hospital are my responsibility to obtain at my personal cost.

**Drug-Free Workplace:**

In keeping with our mission and core values, Centura Health is dedicated to activities and services promoting health and wellness. Therefore, all volunteers must abide by applicable drug-related laws and must perform their responsibilities unencumbered by the improper possession, distribution, or use of drugs, narcotics, controlled substance or alcohol. The objective is to provide a safe, hazard free environment where patient care can take place under optimum conditions without exposing patients, associates, and others to unnecessary risk or harm.

**Tobacco Free Workplace:**

Individuals applying for a volunteer position at Longmont United Hospital (LUH) need to be aware that LUH is a tobacco-free facility. As such, associates, volunteers, business associates, patients, visitors, and physician staff are prohibited from smoking or using tobacco products in the facility or anywhere on the campus, including parking lots, cars, surrounding sidewalks, and any building owned by Centura. For the safety and consideration of our patients, volunteers are expected to report to work free from the smell of smoke and remain smoke-free during their times of service. *Tobacco or Tobacco Products:* Includes, but is not limited to, the use of pipes, cigars, chewing tobacco, snuff, cigarettes, marijuana, "vaping" with e-cigarettes (both tobacco and marijuana), and personal vaporizer (PV).

*By my signature below, I am indicating that I have read, understand, and agree to adhere to the expectations and guidelines set for in this document.*

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Print Volunteer Name

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Volunteer Signature

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Date