

How to become a member of the Mercy Hospital of Folsom Auxiliary

Thank you for your interest in the Mercy Hospital of Folsom Auxiliary. The information below explains the process for becoming a volunteer, which can take up to two months to complete. Please read the program requirements carefully before deciding if our volunteer program is right for you.

Reference Forms (2)

Please have two reference forms completed by persons other than family members. You may attach them to your application or have them mailed separately by your contacts.

Interview

You will be contacted by e-mail or telephone to arrange for an interview, where we will discuss your interests, skills, abilities and availability. Selection is based on open volunteer positions at the hospital and if you meet the requirements of the volunteer program. If accepted, our Placement Director will find an area that is both comfortable and interesting to you.

Requirements/Qualifications

- Must be at least 18 years of age.
- Must make a one-year commitment and be willing to work four hours per week, notwithstanding emergencies, illness or vacations.
- Must be able to see and hear well enough to communicate clearly with persons of same or different nationalities and/or cultures.
- Must be able to follow directions and learn new things.
- Must be mobile enough to carry out errands around the hospital.
- Must have the maturity to remain calm under pressure.

Background Screening

If your application is selected, you will be required to complete a background screening form, which will authorize Mercy Hospital of Folsom to conduct a formal background check. If no discrepancies are found, you will then proceed to the health clearance requirements.

Health Clearance Requirements

Once the interview and background check are completed, you must call the Employee Health Unit for an appointment to have your first Tuberculosis (TB) test and to also provide immunization records for review. Employee Health will check these records to ensure that you have immunity for Rubella, Rubeola, Mumps and Chicken Pox. If you do not have immunization records, you will be required to have a blood test. The lab work, TB tests and immunizations are provided by our Employee Health Unit. An annual flu shot is required and provided by Employee Health. Lastly, you must have/receive the COVID-19 vaccine + one booster.

Please note that two TB tests are required before you can begin volunteering. Within 48 to 72 hours of your first TB test, you will need to return to Employee Health to have your TB test read by a staff member. The second TB test must be completed within 7 to 14 days following the first TB test. The hospital also offers a three-shot series of the Hepatitis B vaccine, if you are interested.

Volunteer Agreement

All applicants must read and sign the Volunteer Agreement that clearly states the conditions of being a volunteer at Mercy Hospital of Folsom. This agreement will be discussed at Orientation.

Orientation

Orientation provides information about the hospital in general and the volunteer role. Privacy laws, safety codes, volunteer benefits, volunteer resources, dress code and the Volunteer Agreement are also discussed. At orientation, you will be given a volunteer uniform smock and have your picture taken for the ID badge you must wear as a volunteer. You will be told of the orientation date at the time of your interview.

Uniform Requirements

While on duty, volunteers must wear the approved uniform smock that is provided at no charge by the hospital. Information about the proper uniform, shoes and dress code are provided at the Orientation.

Training

Training for individual positions is provided within the department to which the volunteer is assigned and given by a hospital staff member or an experienced volunteer.

Annual Review

All volunteers are required to participate in an annual Safety Safari Education/Compliance training session, where current laws, codes and hospital requirements are reviewed.

Thank you for your interest in our volunteer program. If you have any questions after reviewing this information, please contact our Auxiliary Vice President, Membership, at (916) 983-7411.



1650 Creekside Drive
Folsom, CA 95630
Telephone (916) 983-7411
Fax (916) 983-7406

APPLICATION FOR AUXILIARY MEMBERSHIP

Please leave your completed application at the Front Desk in the Hospital Lobby; or mail to the Volunteer Coordinator at the above address.

Name: _____
Last First MI

Address: _____
Street City Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ E-Mail Address: _____

Education (Please Circle) High School 9, 10, 11, 12 College 1, 2, 3, 4

Student: Yes ___ No ___ If Yes, List College and Field of Study

Employment Information

Name of Company: _____ Position Held: _____

Address/City/Zip: _____ Telephone: _____

Have you ever been an employee or a volunteer at any Mercy facility? () Yes () No

If Yes, where _____ Dates: _____

List special training, skills and languages:

Please tell us briefly why you want to volunteer at Mercy Hospital of Folsom:

List other volunteer experiences: _____

_____ Dates: _____

Days and times available to volunteer: _____

(Continued on back of page)

In case of an emergency, please provide a contact person:

_____	_____	_____
(Name)	Relationship)	Contact Number

Please read before signing:

I certify that the information contained in this application is correct to the best of my knowledge.

_____	_____
Signature	Date

Interviewed by: _____

Date

Mercy Hospital of Folsom is dedicated to providing equal opportunity for all volunteer applicants, regardless of age, race, religion, ethnic background, gender or sexual preference. Volunteers are judged on commitment, competence and reliability.

MERCY HOSPITAL OF FOLSOM AUXILIARY
VOLUNTEER AGREEMENT

I AGREE THAT:

- I shall fulfill the requested commitment of one year of volunteering services at Mercy Hospital of Folsom. ***Please note:** The completion of the one-year commitment is mandatory and the Volunteer Office will not provide letters to verify hours until the commitment is fulfilled.*
- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and may not seek to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation of compensation or future employment and are given freely for humanitarian, religious or charitable reasons.
- I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off hospital property. I shall report all known occurrences of solicitation for attorneys to the Coordinator of Volunteer Services.
- I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Coordinator of Volunteer Services.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
- I shall be punctual and conscientious, conduct myself with dignity and courtesy and endeavor to make my work of professional quality.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor and, if unsuccessful, with the Coordinator of Volunteer Services.
- I shall make the best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
- I shall, at all times, uphold the Mission and Philosophy standards of the hospital.
- I understand that Mercy Hospital of Folsom reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of my supervisor or the Coordinator of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the hospital.

I HAVE READ EACH OF THE ABOVE CONDITIONS AND I AGREE TO BE BOUND BY THEM.

VOLUNTEER SIGNATURE

DATE

MERCY HOSPITAL OF FOLSOM AUXILIARY VOLUNTEER REFERENCE

_____ has applied for a volunteer position at Mercy Hospital of Folsom.
Please complete the form below and return it as soon as possible. All information provided is strictly confidential.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

How would you rate the applicant on the following? Place an "X" in the appropriate box.

	Above Average	Average	Below Average	Do Not Know
Ability to work well with people				
Ability to work with persons with disabilities				
Attendance				
Dependability				
Ability to take initiative				
Ability to accept direction				
Maturity				
Overall Impression				

Is there anything about this person that you feel would exclude them from being a volunteer?

Please indicate the strength of your overall recommendation:

Highly Recommend __ Recommend __ Recommend with Reservation __ Not Recommended __

Do you have any additional comments as to the character of the applicant?

Your Name and Title _____

Business Name (if applicable) _____

Phone (daytime) _____

Mailing Address _____

Signature _____

Please return this form to: Volunteer Coordinator
Mercy Hospital of Folsom Auxiliary
1650 Creekside Drive
Folsom, CA 95630