THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER
EDUCATION • RESEARCH • HEALTHCARE

Hands that serve....Hearts that care.

Dear Applicant,

We are excited that you are interested in volunteering at The University of Mississippi Medical Center (UMMC) and we want to make your volunteering experience rewarding for both you and the staff of our medical center.

To become a Volunteer of UMMC, will first need to complete our Volunteer Application and submit it to the Volunteer Services Department by US Mail or fax. You can find our mailing address and fax number at the bottom of this page. There are a few requirements that must be met:

- Once we have reviewed your information, one of the Volunteer Coordinators will contact you to arrange a time for your TB Skin test and background check. You will need to present a valid state-issued photo identification or passport. These are performed at no charge.

- **Applicants 16 and 17 years of age** must provide a copy of their Immunization Record **when** TB skin test is administered. **Immunization record should reflect that you received 2 Varicella shots OR had the Chicken Pox. If you had the Chicken Pox, you must provide a Varicella Titer (blood test from your doctor proving your immunity to the Chicken Pox).** *A parent or legal guardian MUST accompany the applicant in order to get the TB skin test.*

- All volunteers must be vaccinated annually against influenza in advance of the flu season unless they are eligible for and have an approved medical contraindication or an approved religious restriction. The vaccine will be offered free of charge through our Student Employee Health Department. You may choose to have an outside provider. If so, written documentation on the letterhead of the provider must be provided.

- **Volunteer Orientation is required for all of our volunteers.** Our orientation is a wonderful time for you to meet other volunteers, discover our requirements and to get to know our team. See the attached schedule for a date you can attend. **These classes start promptly at the assigned times.**

Once again, thank you for your interest in volunteering at UMMC and we look forward to working with you soon. Don't hesitate to contact us with any questions.

Contact

Volunteer Services

601-984-2068

volunteer@umc.edu

Revised 6/18

Volunteer Services
2500 North State Street · Jackson, MS 39216
Phone: 601-984-2068 · Fax 601-815-4090 ·
umc.edu

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This form applies to all volunteers who provide care or services on the campus of UMMC. All volunteers at UMMC **must be 16 years** of age or older. (Please make sure to provide all pertinent information and write legibly)

(This form is for use by Volunteer Services only)

Personal Information:

First Name_____ MI ____ Last Name _____ Maiden Name _____

Preferred Name _____Date of Birth _____ Sex_____ SS# _____

Address   _____City_____State_____Zip_____

Email _____Home phone _____Mobile phone _____

Emergency Contact(s):   **Relationship to Volunteer: _____**

Last Name: _____ First Name: _____

Address: _____City_____State_____Zip_____

          Home Telephone: _____ Other Telephone: _____

References: (No Relatives)

Name: _____ Phone: _____ Email: _____
                                        (Daytime number)

Name: _____ Phone: _____ Email: _____
                                        (Daytime number)

Career Interest_____

Volunteer Assignment Preferred: Children's Hospital_____ Adult Hospital_____

Days and Hours Available: _____

{For Office Use Only}	Department:	Completed:	Date Completed:
Fingerprinting	HR-Fingerprinting	Y N	_____
ID Badge	HR-Benefits	Y N	_____
Criminal Background Check	HR Directors Office	Y N	_____
2 Step TB skin Test	S/E Health	Y N	_____
Volunteer Orientation	Volunteer Services	Y N	_____

Parent or Guardian must accompany applicant who is under 18 years of age for the TB skin test

As a volunteer of UMMC, I agree to the above reference checks, TB skin test, background check, and a minimum of 30 hours volunteer service per year. All information I have provided on this application is true and accurate.

Volunteer Signature _____ Date _____

(Parent or Guardian signature for volunteers under 18)

(Signature) _____Date_____

The University Of Mississippi Medical Center
Information Systems Security Acknowledgement and Nondisclosure Agreement

Because of advances in technology, the Medical Center has increased its dependence upon computer systems for storage, processing and transmission of information. It is the policy of the Medical Center that information, in all its forms, written, spoken, recorded, electronically, or printed, will be protected from accidental or intentional unauthorized modification, destruction, or disclosure. All computer equipment must be protected from misuse, unauthorized manipulation, and destruction. Protection measures may be physical and or software oriented.

As an associate of the Medical Center (employee - student – volunteer – clinical faculty – consultant – contractor) I understand and agree to abide by the following:

A. I understand that in the performance of my duties I may come into contact with confidential or sensitive information contained in written records, documents, ledgers, internal verbal communication and correspondence, computer programs and applications or some other medium pertaining to patients, employees, students, medical business enterprise and/or administrative support. I agree not to disclose any confidential or sensitive information unless release of such information is directly related to the performance of my assigned responsibilities. This nondisclosure agreement is binding during and after my affiliation with the Medical Center.

B. All passwords to information are confidential. Under Mississippi Code 1972: Sec. 97-45-5 (1) (b), it is a computer crime to use another person's password or disclose passwords to another for the purpose of obtaining unauthorized access to computer systems. I will not disclose any password(s) I am assigned or create, and I will not write such password(s) or post them where they may be viewed by another. I understand that use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited. I understand that I will be held responsible for all computer activity performed with the use of my password.

C. I will not attempt to circumvent the computer security system by using or attempting to use any transaction, software, files, or resources that I am not authorized to use.

D. I will not deliberately sabotage computer equipment or software. I will not make or distribute unauthorized copies of software. I will not load unlicensed software or software unauthorized by UMC or any computer belonging to UMC.

E. I understand that access to confidential information is granted only as required to fulfill my job responsibilities. I understand that approved access to confidential information does not authorize the indiscriminate browsing of such information. Access is only authorized for specific and legitimate "need-to-know" information that is required to accomplish assigned job responsibilities.

F. I understand and agree to comply with all policies, standards, and procedure adopted to safeguard information and associated information resources as set forth in the Mississippi Code and UMC policies. Further, I acknowledge that I have received, read and understand the security policies outlined above and in the Information Security Policies. Standards and Procedure document.

G. I understand that failure to comply with any of the conditions noted herein may result in disciplinary action, including possible termination of employment. I further understand that the Medical Center retains the right to pursue any other legal remedies available where misuse of its information and/or information resources is suspected.

My signature below represents my acknowledgment that I understand and will abide by the security policies as outlined above and as contained in the Information Security, Policies, Standards and Procedures document.

_____   _____

(Volunteer Signature)   (Date)

_____

(Parent or Guardian signature for volunteer under18)

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
VOLUNTEER AGREEMENT

If accepted into the University of Mississippi Medical Center Volunteer Program, I agree to the following:

- **Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff and not seek to obtain confidential information from a patient. Under <u>NO</u> circumstances can pictures/videos be made of patients and <u>NO</u> posting of patient information on social media.**

- Become familiar with and follow the hospital's policies and procedures.

- Patient safety and quality are UMMC's top priority and as a volunteer, I understand that I can play an integral part by providing suggestions or ideas to improve Patient Safety or Quality of Care to my Volunteer Coordinator and/or to the Director of Volunteer Services.

- Donate my services to the hospital with no expectation of compensation or future employment.

- Be punctual and dependable, conducting myself with dignity, courtesy and consideration of others.

- Wear the volunteer uniform and nametag and maintain a well-groomed appearance while on duty.

- Carry out assignments and take any problems, criticism or suggestions to the volunteer program coordinator or the Director of Volunteer Services.

- Agree not to leave my assigned area without permission from my on-site supervisor or enter restricted rooms or areas of the hospital where I am not assigned.

- Work only when and where scheduled. If a change in my schedule is needed or desired, I will notify the volunteer coordinator or the Director of Volunteer Services.

- Follow the department's time card procedures and dress code

- **Notify the Volunteer Services office (984-2068), IN ADVANCE, if unable to come to work as scheduled.**

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:

a) failure to comply with organizational policies, rules and regulations;
b) absences without prior notification;
c) excess absences;
d) unsatisfactory attitude, work or appearance; or
e) any other circumstances which in the judgment of the department director or program coordinator would make my continued service as a volunteer contrary to the best interest of the hospital.

I have read each of the above conditions and I agree to abide by them.

Volunteer Signature_____ Date_____

(Parent or Guardian signature for volunteer under18)_____

Volunteer Orientation Information

When: the second Thursday of every month at 5:30 P.M. and the third Friday @ 10:00 a.m. It will last approximately 1 hour. Volunteer Staff is available for questions.

Orientation dates for "Thursday" @ 5:30 p.m. in Classroom 3A (N318)

July 12, 2018	January 10, 2019
August 9, 2018	February 14, 2019
September 13, 2018	March 14, 2019
October 11, 2018	April 11, 2019
November 8, 2018	May 9, 2019
December 13, 2018	June 13, 2019

Orientation dates for "Friday" @ 10am in Classroom 3A (N318)

July 20, 2018	January 18, 2019
August 17, 2018	February 22 2019
September 21, 2018	March 22, 2019
October 19, 2018	April 19, 2019
November 9, 2018	May 17, 2019
December 21, 2018	June 21, 2019

Directions: Park in Parking Garage A, exit garage facing the School of Nursing and University Heart. Walk to the end of the courtyard that's between School of Nursing and University Heart, enter the School of Medicine take an immediate left then the first hall to the right take the North Elevators to the 3rd floor 3A (N318) will be on the left.

Parking validation - bring ticket into orientation.

THE ORIENTATION PRESENTATION BEGINS PROMPTLY AT 5:30 P.M./10:00 A.M. AND EACH SEGMENT IS REQUIRED INFORMATION FOR VOLUNTEERING.

If YOU ARRIVE AFTER THE DOORS CLOSE, YOU WILL HAVE TO WAIT UNTIL THE NEXT ORIENTATION TO COMPLETE THE VOLUNTEER PROCESS.

Professional Appearance Standards

Volunteers are representatives of the University of Mississippi Health Care. Our patients, families, co-workers and visitors know that we care about them by taking pride in our dress and appearance.

In the interest of safety and maintaining a professional appearance please adhere to the following:

Clothing

Skirts
-No mini skirts
-No denim skirts
-No scrubs

Pants
-No denim/No jeans
-No shorts/capris/leggings
-No scrubs
-No overalls/coveralls
-No extremely low rise pants

Shirts
-No backless, sleeveless garments
-No garments that expose shoulders, underarms, or midriff
-No slogan t-shirts, jackets or sweatshirts
-No athletic wear/sweat suits/jogging suits/camouflage

Shoes
-No flip flops/sandals/open toe shoes

Uniform and Hygiene

Name badge
-UMHC issued name badge is required at all times while volunteering
-Badge will be worn with the name and photo clearly visible
-Badge will be worn on the upper, front torso
-Volunteer uniform will be worn at all times while volunteering, **no other uniforms are allowed to be worn while volunteering**

Grooming
-Cleanliness and personal hygiene is imperative
-No fragrances
-No extreme hair color or hairstyles
-No extreme nail lengths
-No caps/head scarves/sweatbands (unless one's religion or culture required it)
-No sunglasses worn inside
-No visible tattoos
-No visible body piercing (with the exception of ears)

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Professional Etiquette Standards

In the interest of meeting and exceeding our customers' expectations every day, please adhere to the following:

Cell Phone/Electronics Usage:
-Cell phones must be turned off or on vibrate while volunteering
-Cell phones should **not** be used in public areas
-Blue Tooth devices are **not** allowed
-Texting is **not** allowed while volunteering
-Listening to an iPod is **not** allowed while volunteering or in public areas
-Under **NO** circumstances can pictures/videos be made of patients and **NO** posting of patient information on social media

Elevator Etiquette
-In the new University Hospital, reserve the front set of elevators for patients or visitors
-Use stairs when possible
-Allow those getting off the elevator to exit before you enter
-Hold the door open for others to enter the elevator
-Maintain confidentiality while on elevators

Showing Consideration
-Acknowledge others with eye contact and a smile
-Ensure that people get to where they need to go (if you are unsure of location, find someone who will escort them to their destination)
-Say "thank you"
-Provide assistance as needed
-Maintain confidentially of patient information in every setting