

Windham Hospital Onboarding Procedure for Adult Volunteers

1. Applying

Complete and sign an Adult Volunteer application and health screening form (if 18 years of age or older) or a Junior Volunteer application and health screening form (if ages 14 to 18).

This application and onboarding process consists of several steps including, review of the application, interview, approval of the health screening form, background check and if approved an orientation will be scheduled.

This process is also to ensure that you meet the HIPAA and compliance regulations as a hospital volunteer. Windham Hospital's onboarding process takes approximately four to six weeks. You will only move to the next step of the process if you have successfully cleared the previous step.

Please submit all required items to: Windham Hospital, Volunteer Services, 112 Mansfield Avenue, Willimantic, CT 06226.

2. Informational Interview

All volunteers that have successfully cleared the application process will be contacted for an informational interview to review their application and interests, be informed of the next steps in the process and obtain the appropriate paperwork, and go over any questions the applicant may have.

3. Health Requirements

Fully completed and signed Health Screening form

Immunization Records including:

A positive varicella titer or provider documentation of history of varicella disease (chicken pox) or proof of 2 chicken pox vaccinations

Documentation of 2 MMRs or immune titers for rubella, mumps and rubella.

Documentation of **2** step Tuberculin Skin Tests. (1st test and results and 7 days after 2nd test and results).

COVID-19 Vaccine (must be fully vaccinated)

Flu Vaccine - per hospital employee protocol (see application)-during declared Flu Season

For volunteers who require additional testing (such as chest X-Ray or Titers) to complete their screening, the tests must be performed by their own primary care provider at their own expense.

4. Background Check

Background checks are only conducted on applicants 18 years or older.

Once the Health Requirements have been met and approved by our Employee Health Office, you will be required to complete and sign an Application Notification/Release of Information Form. A background check will then be performed subject to Windham Hospital Human Resources Department protocol.

5. Orientation

If you have met all the above requirements to volunteer, you will be contacted to set up an Orientation. During your orientation, placement details will be discussed and your photo will be taken for your identification badge. Upon successful completion of orientation a start date will be determined.

Application Submission Checklist

- **Fully Completed and Signed Volunteer Application**
- **Fully Completed and signed Health Screening form**
- **Official Immunization records which include:**

A positive varicella titer or provider documentation of varicella disease (chicken pox) or proof of 2 chicken pox vaccines.

Documentation of 2 MMRs or immune titers for rubella, mumps and rubella.

Documentation of 2 Step Tuberculin Skin Tests

Documentation of COVID-19 vaccine – (must be fully vaccinated)

Documentation of current season flu shot.

Incomplete Applications will not be processed.



Volunteer Application (Adult)

Name _____

Mailing Address _____

City, State, and Zip Code _____ email address: _____

Home Phone# _____ Work/Cell Phone# _____

Reference: (do not use family or household member)

Name _____ Phone# _____

Address _____

Education and Employment:

Name of school: _____ Last grade completed: _____

Are you presently employed? _____

Present (or past) Employer and position held: _____

Health:

Have you had any recent illnesses? _____

Do you have any physical limitations we should be aware of? _____

If yes, please explain _____

Physician _____ Phone # _____

In case of emergency, please call _____ Phone# _____

Past Volunteer experiences _____

Do you wish patient contact? _____

Job preference _____

Days and times available _____

How did you hear about our Volunteer Program? _____

I authorize Windham Hospital to solicit all relevant information about this application, including a criminal background check. This authorization for release of information includes but is not limited to factual information and and/or matters of opinion relating to my character, ability, reputation and past conduct.

I authorize and request all persons, schools, prior employers, companies, corporations, credit bureaus and law enforcement agencies to release such information to Windham Hospital, without restriction or qualification. I voluntarily waive all recourse and release them from liability for complying with this authorization.

I affirm that the information I provided on this application, any attached resume or supporting documentation, is complete and accurate. I understand that omission of facts or misrepresentations of information on this application are cause for dismissal from my volunteer assignment if discovered after I start volunteering at the hospital.

I WILL UPHOLD THE TRADITIONS AND STANDARDS OF WINDHAM HOSPITAL. I WILL BE EXTREMELY CAREFUL TO MAINTAIN CONFIDENTIALITY. I WILL ENDEAVOR TO DO MY BEST, BE DEPENDABLE, AND GIVE VOLUNTEER SERVICE OF THE HIGHEST QUALITY.

Signature _____ Date _____

*You are not required to disclose any arrest, criminal charge or conviction pertaining to a finding of delinquency or an adjudication as a youthful offender that has been erased, dismissed or nulled, or for which you were found not guilty or for which you received an absolute pardon. If criminal records have been erased, you are deemed never to have been arrested.

Do not write below this line

Interviewer _____ Date _____

Placement _____ Days and time _____

Duties _____

Health Screening Form (Volunteers)

Name: _____ DOB: _____

Address: _____ Telephone Number: _____

Physician's Name: _____ Telephone Number: _____

Emergency Contact Name: _____ Telephone Number: _____

List any chronic health problems or immune disorders: _____

Describe any chronic skin conditions or open wounds: _____

List any allergies: _____

Have you ever had any exposure to active tuberculosis? Yes No

Have you ever had a positive reaction to any of the following tests?

Tine: _____ Intradermal PPD _____

If past positive Tuberculin skin test (PPD) – need to submit copy of negative chest x-ray

Have you ever received the BCG vaccine (a vaccination to prevent Tuberculosis)? Yes No

Are you presently taking any oral steroid (cortisone) medications? Yes No

Date of Tuberculin skin tests (PPD) STEP#1: _____ Results: _____

(PPD) STEP#2 _____ Results: _____

(7 DAYS AFTER STEP 1, STEP 2 TEST CAN BE DONE)

(Attach a copy of provider documented results for each test)

COVID-19 Vaccine – attach provider documentation of being fully vaccinated.

Date of Flu vaccine _____ **(attach a copy of provider documented record)**

Attach a copy of immunization records (most recent dates) must be from a provider or official records.

Have you ever had chicken pox? Yes No

I certify that the above health history statements are true and accurate.

Signature _____ **Date:** _____

(Parent/Guardian's signature for volunteers under 18 years of age)

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Health history reviewed by: _____ Date: _____
Employee Health Nurse

Any restrictions? Yes No If yes, list restrictions: _____

Follow-up action as indicated: _____

Health Record to: Volunteer Office