



8118 Good Luck Road
Lanham, Maryland 20706-3596
301-552-8118

Volunteer Services
301-552-8602

Dear Volunteer Candidate:

Thank you for your interest in the Volunteer Program at Doctors Community Hospital! Our hospital enjoys working with dependable and friendly volunteers who complement the quality care provided to patients, families, visitors and the community by our existing hospital staff.

The Volunteer Program at our hospital, in its effort to provide an efficient and competent volunteer team, follows a set of **Guidelines for Adult Volunteers**. Enclosed is a copy for your review.

1. Please complete the **Adult Volunteer Service Application** and return it to Volunteer Services with two (2) **Letters of Reference**.
2. Be sure to return your application and reference letters as soon as possible
3. Plan to attend **one required Volunteer Orientation**. Orientations are held periodically and volunteer candidates may participate in any one of the below dates:

Orientation: Wednesday August 11, 2010 10:00 am- 12:00 noon

Wednesday, October 6, 2010 6:00 pm -8:00 pm

All classes will be held in the 5th Floor, DSE Room /North Building, behind the hospital.

4. Then the **next step** is to confirm your participation in the above listed session by calling the Volunteer Services office at 301-552-8602; feel free to leave a message.
5. A personal interview to determine areas of interest will be scheduled **after** you have attended an Orientation session.

A commitment of one year of service is strongly encouraged.

I look forward to hearing from you soon!

Sincerely,

Mary P. Dudley
Director, Community Relations/Volunteer Services

DOCTORS COMMUNITY HOSPITAL

Guidelines for Adult Volunteers

MISSION: The Volunteer Services Department of Doctors Community Hospital has been established to provide efficient and competent volunteers to supplement and complement the quality care provided to patients, families, visitors and the community by our existing hospital staff.

REQUIREMENTS AND GENERAL GUIDELINES:

1. The Adult Volunteer Program is open to all persons 18 years of age and over, who are able to donate at least 4 hours of service on a regular basis.
2. Volunteers must complete and submit a **Volunteer Service Application** along with **Two (2) Letters of Personal Reference**.
3. Volunteers are required to attend one Orientation Session. Day and evening orientations are held periodically throughout the year. On-the-job training will be provided in each department.
4. Adult Volunteers must have a **physical examination** and **PPD (Tuberculosis)** test prior to entry into the volunteer program. Instructions will be provided at the Volunteer Orientation.
5. A Volunteer Interview must be scheduled to determine areas of interest after all the requirements have been completed.
6. Volunteers will need to purchase a uniform smock/jacket (\$20) through the Volunteer Office. Checks should be payable to DCH (Doctors Community Hospital). Upon completion of the Volunteer Interview, a hospital identification badge and volunteer patch will be issued. Both must be worn at all times while on duty.
7. Volunteers must strongly adhere to the **confidentiality and privacy** of all patients and staff.
8. Doctors Community Hospital is not obligated and does not guarantee the hiring of volunteers into paid positions. A time commitment of one year of service is strongly encouraged.

COURTESIES PROVIDED:

- Volunteers who serve 4 or more hours a day are entitled to one “free” meal up to \$7.
- Volunteers are welcome to attend any employee social function or training workshops.
- Volunteers will receive service awards after 100 hours of service. The service awards are given to active volunteers for milestone hours of service of 500, 1000, 2000, etc. at the Annual Volunteer Appreciation held in the Spring.

Doctors Community Hospital Adult Volunteer Service Application

◆ Name (Last, First, MI) _____ ◆ *Circle one:* Mr. Mrs. Ms.

◆ Nickname _____ ◆ Social Security No _____

◆ Street Address _____

◆ City, State & Zip _____

◆ Home Phone _____ ◆ Work Phone _____ ◆ Cell Phone _____

◆ E-Mail _____

◆ Date of Birth _____ ◆ License Plate _____ ◆ State _____

◆ How did you hear about this Volunteer Program? (*circle*): 1 P.G. Volunteer Center

2 Phoned Hospital 3 Newspaper 4 Word of Mouth-Name: _____ 5 School

6 Human Resources 7 Visiting Hospital 8 Website 9 Other: _____

◆ Marital Status (*circle*): Married Single Widowed Divorced

◆ Work Status (*circle*): Employed Unemployed Retired Student

◆ Previous Volunteer and/or Work Experience _____

◆ Are you a returning DCH Volunteer? No _____ Yes _____

◆ Why have you chosen to volunteer? _____

◆ Commitment to Service with DCH: Indefinitely _____ Months _____ Years _____ Summer _____

◆ Availability: (Indicate preferred shift below ; M=Morning A=Afternoon E=Evening)

Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

◆ Do you speak/understand a language other than English (*Specify*): _____

◆ Are there any limitations on your activities: No _____ Yes (explain) _____

◆ Skills/Interests (*Circle*): 1 Clerical 2 Patient Care 3 Telephone 4 Word Processing

5 Typing 6 Cashiering 7 Verbal Skills 8 other _____

◆ Person(s) to call in an Emergency:

Name _____ Relationship _____

Telephone: Home _____ Work _____

◆ Family Physician

Name _____ Telephone _____

I authorize the use of any information in this application to enable the hospital to verify my statements, and I authorize my present employer and any other persons to answer all questions asked by the hospital concerning my ability, character and reputation.

◆ Applicant's Name (print) _____

◆ Applicant's Signature _____ Date _____

◆ NOTE: **Be sure to attach - TWO letters of reference**

Return To: Volunteer Services
 Doctors Community Hospital
 8118 Good Luck Road
 Lanham, MD 20706

Phone: 301-552-8602

Rev: 7/10