



*Dr. P. Phillips*  
Hospital

VOLUNTEER SERVICES  
9400 Turkey Lake Rd., MP 417 • Orlando, FL 32819  
tel 321.842.7416 • fax 321.842.7312 | OrlandoHealth.com

Dear Prospective Volunteer:

Thank you for your interest in the Teenage Volunteer Program at Dr. P. Phillips Hospital. Teenage volunteers are an important part of our organization. Your presence and help provide comfort and support to the many patients and staff with whom you will come in contact. As a volunteer, you will be certain of a satisfying and rewarding experience learning and working side-by-side with our dedicated staff.

There are three teen volunteer sessions per year. The spring session begins in January and ends the last week in May. The summer session begins in June and ends the weekend before public school starts in August. The fall session starts in September and ends the last week of December.

Please find enclosed the **Teenage Volunteer Application** package which includes a list of volunteer opportunities. Teenage volunteers must be at least sixteen (16) years of age. Three recommendations, two from teachers and one from your guidance counselor, are required for each applicant. The teen must maintain a "B" average or above (minimum 3.0 GPA required) in school. Teen volunteers will also be required to submit to a drug and tuberculosis screening at our occupational health office and attend an orientation session prior to volunteering.

We ask that you volunteer for one full session: fall, spring or summer; but, you may volunteer for as many sessions as you wish. You will be scheduled for a certain time every week. Of course, the amount of time and the day and time that you volunteer will be entirely up to you.

Applications must be submitted at least **8 weeks prior** to the upcoming session. Placement is on a first come, first served basis and is not guaranteed.

**Unfortunately, Orlando Health does not accept court-ordered community service volunteers; nor will Volunteer Services verify volunteer hours for court-ordered community service.**

Again, we appreciate your interest in volunteering at Dr. P. Phillips Hospital. Our volunteers are a vital part of the caring spirit that thrives in our community. If you have any questions, please feel free to call me at 321-842-8615.

Sincerely,

*Pamela Rogers*

Pamela Rogers  
Volunteer Coordinator

**APPLICATION FOR DR. P. PHILLIPS HOSPITAL  
TEENAGE VOLUNTEER PROGRAM**

Date: _____		Graduation Year: _____	
Name: _____		Phone Number: _____	
(last)	(first)	(MI)	
Address: _____			
(street)	(city)	(zip code)	
E-Mail Address: _____			
Date of Birth: _____		Age: _____	Social Security Number: _____
Parent's Name: _____		Phone Number: _____	
(last)	(first)		
Address (if different from above): _____			

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

School Guidance Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever applied before to the Dr. P. Phillips Hospital Teenage Volunteer Program?  Yes  No

List your special skills: \_\_\_\_\_

List your reasons for joining the Teenage Volunteer Program: \_\_\_\_\_

List the areas of the hospital that interest you: \_\_\_\_\_

What days of the week are you available to volunteer?

<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What hours?

8-12  12-4  4-8  Other

Please return application to:

**Pamela Rogers  
Volunteer Services  
Dr. P. Phillips Hospital  
9400 Turkey Lake Road  
Orlando, FL 32819-8014**

**For Office Use Only:**

Interview _____
Orientation _____
PPD/Drug Screen _____
Uniform _____ Badge _____
Placement _____
_____

## RECOMMENDATIONS

Applicant: \_\_\_\_\_

Ask your teachers (two teacher recommendations required) and your counselor for his/her recommendation and signature.

### TEACHER RECOMMENDATION

His/her grade average is at least a "B." (minimum GPA 3.0 required)  Yes  No

Comments, if any: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Signature)

School: \_\_\_\_\_ Date: \_\_\_\_\_

### TEACHER RECOMMENDATION

His/her grade average is at least a "B." (minimum GPA 3.0 required)  Yes  No

Comments, if any: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Signature)

School: \_\_\_\_\_ Date: \_\_\_\_\_

### GUIDANCE COUNSELOR RECOMMENDATION

His/her grade average is at least a "B." (minimum GPA 3.0 required)  Yes  No

Comments, if any: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Signature)

School: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT FORM

My son/daughter \_\_\_\_\_  
has my consent to participate in the Teenage Volunteer Program at Dr. P. Phillips  
Hospital. I have read and agree to the conditions below.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Volunteer must:

- Be a student between the ages of 16 and 18 and in the 9th grade or over.
- Maintain a "B" grade average or better.
- Have the recommendation of two teachers and a high school guidance counselor.
- Work at least one shift per week.
- Provide his/her own transportation to and from the hospital.
- Purchase khaki slacks. One uniform polo shirt will be provided.
- Be required to undergo tuberculosis (PPD) and drug and alcohol testing prior to their service in the hospital.
- Neither the hospital nor Volunteer Services are responsible for the Teenage Volunteer when assigned hours are completed.
- Adhere to the personal conduct, membership requirement, dress code and appropriate behavior. Failure to comply may result in immediate dismissal from the volunteer program.

# DR. P. PHILLIPS HOSPITAL

## CODE OF ETHICS FOR TEENAGE VOLUNTEERS

I will hold all information regarding patients, guest, staff and all matters pertaining to the hospital **absolutely confidential**.

I interpret the word volunteer to mean that I agree to work without compensation in money or expectation of future employment.

I expect to exemplify the corporate Standards of Behavior at all times by being punctual, conscientious, dignified, courteous, and considerate to others.

I expect to wear an approved uniform and maintain a professional appearance while on my volunteer service.

I expect to do my work according to the departmental standards.

I recognize that I am part of the Dr. P. Phillips Hospital team and am willing to help develop good teamwork both within the volunteer group and other departments throughout the hospital.

I assume certain responsibilities and expect to be accountable for what I do.

I am willing to attend orientation and to be trained for my particular services.

I anticipate being assigned to a service that meets my needs, one that I enjoy, and that meets the needs of the hospital.

I am willing to adhere to the Teenage Volunteer's sign-in/out procedure and follow the set procedure when I cannot or am unable to report for duty.

I am willing to commit to a minimum of one full session of volunteer service.

I pledge to demonstrate tolerance and respect for all persons, and to avoid being judgmental of those different from me.

I will be sensitive to the restrictions of my position as a volunteer and will refer questions beyond my scope of responsibility to the appropriate authority.

I understand that the Volunteer Department reserves the right to terminate volunteer status as a result of (a) failure to comply with Dr. P. Phillips Hospital's policies, rules and regulations; (b) unsatisfactory attitude, work or appearance; or (c) any other circumstances which, in the judgment of the Department director, would make my continued service as a volunteer contrary to the best interests of the organization.

**I accept this code willingly and agree to follow it during my service as a Dr. P. Phillips Hospital Teenage Volunteer.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## TEENAGE VOLUNTEER PROGRAM PARENTAL RELEASE

My son/daughter has my permission to participate in the Teenage Volunteer Program at Dr. P. Phillips Hospital. I understand that participation in this program will involve a 3-4 hour weekly commitment of service for the duration of the session.

I understand that my son/daughter must adhere to the hospital policies and procedures as stated in the Teenage Volunteer Manual. These policies and procedures are made clear to the teen volunteer during orientation.

I understand that my son/daughter can be released from the teen program and forfeit all hours earned for the current session if they are caught demonstrating any of the following:

- Falsifying time records.
- Failure to report to assigned service area or leaving service area without consent.
- Failure to notify the volunteer office and assigned area if absent.
- Failure to report for two consecutive weeks or more.
- Excessive absences (more than 2 during summer session and more than 4 during fall and spring session).
- Leaving hospital property during work shift.
- The use of cell phones, I-Pods, I-Pads, gaming devices or Bluetooth headsets during work shift. Cell phones are not allowed in work areas and must be kept in lockers provided during volunteer shifts.
- Performing personal tasks (such as homework/reading) while on duty and not focusing on your duties as assigned.
- Stealing.
- Sleeping while on duty.
- Smoking on hospital property.
- Not adhering to hospital volunteer dress code.
- Failure to adhere to any policy or procedure as stated during orientation.

If my son/daughter is injured in the course of their duties at Dr. P. Phillips Hospital, they are to report the injury to a staff member in their assigned area or the Volunteer Services Department.

I understand that my son/daughter is volunteering their time without expectations of employment or monetary compensation.

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Name of Teen Volunteer (Please Print)

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Signature of Parent/Guardian

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Date

Title: **Volunteer Dress Code**  
**Dr. P. Phillips Hospital**

Policy #: 2991-0001

Page 1 of 3

Replaces #:

Issue Date:

Issued By: Manager Volunteer Svcs.

Revision Dates: 7/28/00, 8/24/06, 2/21/07

## I. PURPOSE

All volunteers of the Dr. P. Phillips Hospital are expected to portray a professional appearance to patients, visitors and the general public.

## II. POLICY

The success and acceptance of Dr. P. Phillips Hospital depends in large measure upon the image its volunteers present. Therefore, a dress code has been established to present a professional impression to our patients and the general public, as well as to develop pride in Dr. P. Phillips Hospital and its volunteers.

## III. PROCEDURE

### A. Adult Uniform

The Adult uniform will consist of two options:

**Option 1:** A navy blue jacket, provided by Volunteer Services, will be worn with a white shirt or blouse. For the ladies, a white shell is also acceptable. White or khaki slacks or a white skirt (ladies) are to be worn with the jacket. Shoes are to be white sneakers or white rubber sole shoes. See section C for specific information.

**Option 2:** A navy blue camp shirt provided by Volunteer Services will be worn with khaki or natural color slacks (chinos) or skirts (ladies). White or khaki color sneakers or rubber sole shoes are to be worn with this uniform. See section C for specific information on shoes.

### B. Teenage Uniform

The Teenage uniform will consist of a royal blue or red, embroidered, polo shirt furnished by the Volunteer Manager. The shirt will be worn with khaki slacks (chinos) and plain white rubber soled shoes.

### C. General Guidelines

1. Fabrics should be those traditionally acceptable for business wear such as polyesters, tweeds, wool or wool-like fabrics, cotton or cotton blends. Fabrics that are **not** acceptable are sheers, clinging jerseys, open crochets, crepe satins, or elaborate printed or sweatshirt-type fabrics that suggest casual sportswear.
2. Denim of any type or color is **not** acceptable.
3. Jeans or jean-style pants of any type are **not** acceptable.
4. Appropriate undergarments must be worn.
5. Polo shirts may be worn tucked in or outside of slacks. If worn outside, the shirts must be an appropriate length, not above the belt or below the buttocks.
6. Shoes are to be worn at all times. Shoes must be either predominantly white (or beige/tan with khaki slacks) sneakers/athletic shoes or any white rubber soled shoe. Shoes must be in good repair. **No casual boots, flip-flops, slippers, thongs, flat sandals, jellies, beach shoes, deck shoes or clogs are allowed.**
7. The ORHS photo identification badge must be worn at all times. The badge must be worn above the waist with the photo visible and facing out.

- a. Volunteer service pins may not be worn on the name badge. Pins may be work on jacket or polo shirt.
- b. Damaged, faded, worn or lost ID badges must be replaced.
8. Holiday costumes may not be worn without prior approval of the Volunteer Manager.
9. Gum chewing, smoking or tobacco chewing while on duty is strictly prohibited.
10. No hats or caps may be worn. Barrettes and pony tail holders are acceptable.
11. Clothing and accessories, which could pose a safety hazard, must be avoided.
12. Tattoos must be covered.
13. Body cleanliness is mandatory.
14. Fingernails will be kept short, clean and well groomed.
15. Hair must be neatly cut, styled and clean at all times.
16. Clothes must be clean and pressed at all times.
17. Perfumes and colognes, which could be distracting or offensive to patients and staff, should be avoided.
18. Blue tooth devices may not be worn while on duty.

#### **D. Female Dress Code**

1. Full-length slacks are permitted. Regular (knee or slightly below) length skirts are appropriate.
2. Appropriate hosiery is required. Socks or stockings must be worn.
3. Split skirts, culottes, gauchos, knickers, crop-pants, stretch or stirrup pants, harem-pants or "after 5" clothing is not permitted.
4. Jewelry and accessories, which could be distracting or offensive, should be avoided. No nose decorations, including rings and studs are allowed with the exception of religious reasons with prior notice to the Volunteer Manager. No more than two earrings per lobe are permitted.
5. Make-up that is not distracting or offensive may be worn. Nail polish is permissible if it is a daywear color and fresh and not chipped. Fingernails should be of a length that does not hinder the ability to perform the functions of the job. Nail jewelry and nail decorations are not permitted.

#### **E. Male Dress Code**

1. Slacks should be an appropriate length, not too short or too long.
2. Large ornamental belt buckles are not appropriate.
3. Socks must be worn.
4. Men with hair extending beyond collar length must have it neatly secured in a ponytail.
5. Jewelry shall be kept to a minimum. No earrings, nose decorations, including rings and studs are allowed with the exception of religious reasons with prior notice to the Volunteer Manager.
6. Make-up and nail polish are not permitted.
7. Beards, sideburns and mustaches shall be neatly trimmed.

**I have read and received a copy of the Dress Code Policy and Procedure and will abide by the guidelines.**

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Signature

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Date



Last Name:	First:	MI:
Phone Number:	Title:	
Company:	Phone Number:	
Date of Birth:	(Used in resetting passwords)	

As a non-employee performing services for Orlando Health, you may have access to confidential information including patient, financial or business information obtained through your association with Orlando Health. The purpose of this agreement is to help you understand your personal obligation regarding confidential information. **Signed acknowledgement of this form is required prior to issuance of computer network or application credentials (user ID and password) and prior to commencement of any services for Orlando Health.**

Confidential information is valuable and sensitive and is protected by law and by strict Orlando Health policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires protection of confidential patient information contained within a healthcare information system. Inappropriate disclosure of patient data may result in the imposition of fines up to \$250,000 and 10 years imprisonment per incident. Information made available through the Orlando Health computer network, the internet or by any other means is not to be discussed, replicated, or disseminated in any manner to anyone who is not officially and directly given access to this data. In addition to patient data this includes but is not limited to: financial information, business information (such as contracts, business strategies and plans, etc.), personnel information and other information of a sensitive or confidential nature.

Accordingly, as a condition of my access to confidential information, I acknowledge and agree that:

1. I will not access confidential information for which I am not an authorized user and for which I do not have a legitimate "need to know", whether on the computer system, in files, or in any other location. This includes accessing my own, my family members', my friends' and my co-workers' medical or other confidential information without proper access permission.
2. I will not in any way divulge, copy, disclose, sell, loan, review, alter or destroy any confidential information unless expressly permitted by existing policy or except as properly approved in writing by an authorized individual within the scope of my duties at Orlando Health.
3. I will not utilize another user's password in order to access any system nor will I reveal my computer user access code to anyone for any reason. I understand that I am personally responsible for all transactions and information entered into the computer under my assigned user access code.
4. If I observe or become aware of any unauthorized disclosure of confidential information, I will report it immediately to my Orlando Health supervisor or contact person.
5. If I observe or become aware of a security breach (any incident in which there occurs an attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system), I will contact my Orlando Health supervisor or contact person, or the Orlando Health Information Services Help Desk at 321.841.7378.
6. I will not seek personal benefit or permit others to benefit personally from any confidential information to which I may have access.
7. I understand that all information medium is the property of Orlando Health and it shall not be used inappropriately or for personal gain regardless of:
  - a. The medium on which it is stored (i.e., paper, computer, videos, recorders).
  - b. The system which processes it (i.e., computers, voicemail, telephone systems, facsimiles).
  - c. The methods by which it is moved (i.e., electronic mail, over the internet, face to face conversation, facsimiles).

I also understand that Orlando Health reserves the right to inspect or monitor any company owned, leased or controlled computer, computer device, network, computer facility, storage device, voicemail or telephone system at any time for any reason and that Orlando Health may divulge any information found during such inspections or monitoring to any party it deems appropriate. I understand that I should not consider electronic communications (including the internet, email, telephone, voice mail, facsimile, interactive pager, etc.) to be either private or secure, nor have an expectation of privacy in anything I create, store, send or receive on the computer and the network or any other electronic communications medium.
8. I will not use patient names within the body of an email; I will use names only in an attachment to the email.
9. I understand that if I am transferred to another department, my user access code may not necessarily be appropriate for the new area and may be changed or deleted.
10. I understand that if my association with Orlando Health terminates for any reason; my user access code will be deleted immediately.
11. I agree to abide by all Orlando Health rules and regulations as specified unless altered by a separate contractual agreement.
12. I understand that my failure to comply with this agreement may result in action against me personally and/or against the business or individual with which Orlando Health contracts for my services, which action may include but is not limited to my being removed from performing services for Orlando Health, as well as potential civil or criminal penalties.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature and Department at Orlando Health Sponsoring Representative \_\_\_\_\_

# Orlando Health Volunteer Code of Conduct

The Orlando Health Code of Conduct is our commitment to maintaining the highest standards of legal and ethical excellence. The bi-line on the Orlando Health Code of Conduct is ***“An Ethical, Honest Workplace Begins with YOU”***. We strive to help everyone do things right the first time and every time.

Being a good volunteer is more than showing up and calling when you are not able to come in. Being a good volunteer involves making choices that help make your facility shine. First impressions count! Patients and families will view our facility based on the way they see you.

- Are you sympathetic to their anxiety?
- Can you put yourself “in their shoes”?
- Do you have a pleasant expression and a smile?
- Do you treat all people with dignity and respect, even if you can’t understand them?
- Do you give the person your immediate attention by making eye contact?
- Are you able to supply the appropriate information?
- If not, do you go out of your way to find someone who can?

As an integral member of the Orlando Health team, you are expected to accept certain responsibilities, adhere to acceptable business principles in matters of personal conduct, and exhibit a high degree of personal integrity at all times. This not only involves sincere respect for the rights and feelings of others, but requires that you refrain from behavior that might be harmful to you, your co-workers, our patients and/or Orlando Health. You are expected to observe the highest standards of professionalism at all times.

In the event of the arrest of a team member by law enforcement, our action will be guided by the principle that the individual is presumed innocent unless found guilty by the court. Volunteers who are arrested for any reason are required to notify the Volunteer Manager within five days following the arrest.

Types of behavior and conduct that Orlando Health considers inappropriate include, but are not limited to the following:

1. Falsification of application for volunteering.
2. Unlawful manufacture, possession or use of controlled substance during volunteer hours (volunteers may use prescription drugs prescribed by the volunteer’s physician).
3. Striking or threatening another team member; fighting with fists or other weapons on Orlando Health property.

4. Stealing or other forms of dishonesty, including, but not limited to, personal use phones, cell phones, I-phones, I-pads, office supplies or other Orlando Health supplies.
5. Use of profanity or otherwise exhibiting an uncaring attitude toward patients, visitors and/or other team members.
6. Destruction of Orlando Health property, supplies or equipment.
7. Violation of established safety, security, infection control, fire or smoking rules.
8. Gambling, including, but not limited to, games of chance, operation of pools, lotteries, etc., on Orlando Health property.
9. Unauthorized possession of firearms, explosives or other weapons on Orlando Health property.
10. Unauthorized possession, use, copying or reading of Orlando Health records.
11. Divulging confidential information relating to patients or team members to unauthorized sources, including names, addresses and telephone numbers of team members.
12. Sleeping while on duty.
13. Inappropriate behavior, including, but not limited to, unsolicited sexual advances, violation of Orlando Health's harassment policy, lewd conduct or other acts of a sexual nature during work hours and/or on Orlando Health property.
14. Carelessness in performance of duties including participating in acts of "horseplay."
15. Unauthorized use of the Orlando Health information system, including, but not limited to, the Internet. Using Orlando Health information systems for any transmission of material that is obscene, illegal, discriminating or intended to harass or defame others is strictly prohibited.
16. Unauthorized solicitation or distribution in violation of Orlando Health's policy.
17. Unsatisfactory performance.
18. Failure to provide good customer service.

Should you violate any of the above or any other Orlando Health policy, rule or regulation or should your performance, attitude, conduct or demeanor become unsatisfactory in the judgment of Orlando Health, you may be subject to termination.

I accept this Code of Conduct willingly and agree to follow it during my service as an Orlando Health Volunteer

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Signature

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Date



ORLANDO HEALTH  
1414 Kuhl Ave.  
Orlando, FL 32806

LINE UP PATIENT I.D. LABEL HERE

**ORLANDO HEALTH VOLUNTEER AUDIO, VISUAL & IMAGE BLANKET RELEASE FORM**

As an OHI Volunteer, you have joined a Team of Health Care Professionals whose daily work often includes stories and events that are worth sharing. OHI has many active, ongoing initiatives and programs for publicizing these activities in a variety of ways. Some programs are used internally, to help train, educate, and motivate other Volunteers and Team Members. Others are shared with the public on our websites, in brochures, even commercials.

Because it is possible that your name or image could become part of a program, we ask that you agree in advance to allow us to use your image, picture, name or likeness in one or all of these various programs. It is helpful for OHI to record that agreement as part of your Volunteer record. It is not practical to seek out a release each time you might happen to appear in one of our promotional or educational programs, so we ask you to complete this Blanket Release now. By selecting the box "I Agree" below, you indicate that you have read the following Blanket Release and that you agree with and intend to be bound by its terms. If you have a serious personal reason why you might not want to appear in one of our programs, then select the second box.

- I agree to the terms and conditions of this Blanket Release.
- I do not agree to the terms and conditions of this Blanket Release for important reasons personal to me.

**Release:** I hereby authorize Orlando Health, its assignees, licensees and sub-licensees, to do the following without compensation to me:

1. To record on videotape, audiotape, digital images, film or any other media my image, likeness, voice, appearance, photograph, name, biography, and any statements, interviews, and / or performances conducted by me (the "Recording"); and
2. To edit, mix, duplicate, alter, use or reuse the Recording in whole or in part.
3. I grant permission to Orlando Health to make use of the Recording, in whole or in part, for publication, broadcast, and / or distribution anywhere in the world and at any time by means including but not limited to domestic and international broadcast, for use at professional meetings and symposiums, for use through streaming video and audio webcasts broadcasted on the Internet through external websites that may or may not be controlled by Orlando Health, and all other media whether now known or hereafter created.

I understand that Orlando Health is under no obligation to broadcast the Recording. I hereby acknowledge and agree that all rights, title and interest in the Recording are the exclusive property of Orlando Health.

I hereby declare this Release to be irrevocable and I expressly release Orlando Health, its assignees, licensees and sub-licensees from any and all claims, known or unknown, arising out of or in any way connected with the uses described in this agreement.

I proclaim and promise that I have the right to enter into this Release and that my appearance and the rights I have granted hereunder will not conflict with or violate any commitment or understanding I have to or with any other person or entity.

\_\_\_\_\_  
Volunteer Signature (Participant/Legal Representative)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

Address: \_\_\_\_\_

Representative's Authority and Relationship to Act for Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**INTERPRETER ONLY**

(Please Print)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Language: \_\_\_\_\_

# VOLUNTEER OPPORTUNITIES

## Dr. P. Phillips Hospital

### **Admitting Dept.**

**Description:** Greet patients/guests coming in for diagnostic treatments. Escort patients to their designated treatment areas. Assist staff with clerical duties as requested.

### **Art/Activity Cart**

**Description:** The art/activity cart is designed to provide creative activity for patients and families that provide stress relief, decrease loneliness and anxiety. Volunteers bring art supplies, puzzles, books and magazines to patients and families.

### **Emergency Guest Services**

**Description:** Greet patients and visitors immediately upon arrival into the emergency dept. Direct patients to the triage area, direct visitors to appropriate areas and assist families in locating patients who have come to the Emergency Department.

### **Environmental Services**

**Description:** Volunteers assist with light cleaning duties throughout the hospital such as dusting, damp wiping, dust mopping, refilling hand sanitizer dispensers and vacuuming.

### **Food and Nutrition**

**Description:** The Food and Nutrition Department provides all dietary needs for in-patients as well as cafeteria service for staff and guests. Volunteers assist with kitchen/cafeteria duties such as stocking beverage coolers, replenishing salad bar, keeping cafeteria table clean, refilling salt & pepper shakers, making sure there are food trays available. Assist kitchen staff with some prep work.

### **Healing Arts**

**Description:** Musicians, artists, storytellers, clowns, etc. to entertain patients and guests on patient floors and lobby areas. (Baby grand piano provided in lobby).

### **Information Desk**

**Description:** Greet patients, visitors and guests as they enter the hospital. Answer phone, assist patients/guests with directions, look up room numbers, escort people when necessary. Give out pertinent information as necessary.

### **Main Laboratory**

**Description:** Retrieve lab specimens from the pneumatic tubes and deliver samples to technical area. Deliver out-patient requisitions to phone center. File in-patient requisitions. Empty and place used biohazard bags in red trash bag and place labels in shred box. Retrieve tubes from centrifuge and spin coagulation tubes in the hematology area. (training required).

## **Nursing Unit**

Description: Answer telephone at nurse's station. Answer the call lights. Check and fill patient water pitchers. Restock floor inventory. Assist nurses with clerical duties.

Hours: Volunteer hours are available 8a-8p, 7 days a week.

## **Perry Pavilion**

Description: Assist with general housekeeping duties in the Perry Pavilion.

## **Radiology Department**

Description: Greet and assist patients with paperwork. Maintain supply of necessary forms. Monitor the waiting area. Replenish the supply of patient education materials and maintain displays.

## **DPH Scripts – Retail Pharmacy**

Description: The retail pharmacy fills prescriptions for patients and team members. Volunteers are needed to assist customers at the drop off and pick up window and assist with the payment transactions.

## **2nd Floor Information Desk**

Description: Answer phones, assist patients and guests with directions, look up room numbers, escort people when necessary. Give out pertinent information as necessary.

## **Volunteer Training**

All Teenage Volunteers are required to attend a general hospital orientation at Dr. P. Phillips Hospital prior to beginning volunteer service. Unit specific training is provided by the service area staff to which the volunteer is assigned.