



Dear Prospective Member,

Thank you for your interest in volunteer service with Madera Community Hospital League of Volunteers. **The purpose of the League of Volunteers is to provide requested, non-clinical, support services and assistance to Madera Community Hospital Patients, Visitors, Guests and Employees.**

You have taken the first step toward entering into an interesting, satisfying and valuable volunteer endeavor - where you can be of service to others. Following this cover memo is our New Member Application. Please complete, sign and return the form via email or US Mail. The return address is provided on the application. Once received, your application will be reviewed by Human Resources, and based on need, you will be notified of the next scheduled orientation. During orientation, you will meet with the Volunteer Coordinator, receive detailed information about the League of Volunteers and the area of service and responsibilities where you are most needed. During orientation we will provide you with a tentative volunteer schedule.

**Applicant must:**

1. Submit completed and legible application. Using ink or fillable PDF.
2. Attend the Orientation.
3. Be able and willing to volunteer for a minimum of 4 hour shift, twice a month and a minimum of 50 hours per year.
4. Active members have voting privileges and pay annual dues.

**The League of Volunteers expects you to:**

1. Follow the Madera Community Hospital Behavior Standards.
2. Be prompt and dependable, honest and cooperative – work well with others.
3. Comply with all Madera Community Hospital Policies and Procedures.
4. Accept supervision and coaching gracefully.
5. Serve as an Ambassador for Madera Community Hospital.
6. Attend quarterly business meetings and luncheons.

## **Madera Community Hospital League of Volunteers**

The League of Volunteers, organized in 1968, is a group of committed community members who volunteer their time in support of Madera Community Hospital. Volunteers have an essential role in providing the excellent care and service to patients, visitors, guests and our employee colleagues.

In addition to the Hospital services listed below, the League of Volunteers also conducts craft and bake sales and opportunity raffles twice a year. The proceeds from these activities are invested in advancing the care at Madera Community Hospital. We are proud of our service to the community and our financial contributions the Madera Community Hospital totaling more than \$1.1 million since the Hospital opened in 1971.

### **Volunteers Provide the Hospital with the Following Services:**

#### **Hospital Related Services**

Objective: To provide a combination of patient/visitor support and staff support.

Essential Duties:

- Assist Hospital Staff by delivering specimens to the Lab, paperwork to designated departments and performing other necessary errands throughout the Hospital.
- Provide limited clerical assistance as requested by Administration.
- Welcome and escort outpatients to registration, treatment areas, or surgery.
- Transfer, via wheelchair, patients entering or leaving Hospital or going to treatment areas.
- Delivers flowers, cards, magazines, food, drink, etc. to patients after being logged accurately and permission given by Nursing Supervisor.

Hours:

- Monday thru Friday (Except Holiday Schedule)  
9:00 a.m.to 1:00 p.m. –or- 1:00 p.m. to 5:00 p.m.

#### **Reception Desk Services**

Objective: In collaboration with the patient, the family, and/or the health care team, and with assistance from Hospital Related Volunteers, the Reception Desk Volunteer shall provide information and location services.

Essential Duties:

- Assure that all visitors, patients, staff and administration are pleasantly greeted, have their questions answered or are escorted or directed to an appropriate area of the Hospital.
- Answer on-site phone by identifying oneself and your location. Clearly and concisely convey directive to Hospital Related Services Volunteer regarding room/department where service is needed.
- Give only accurate and appropriate information to incoming guests, phone callers, or visitors.
- Keep current patient room list so as to easily and quickly locate Hospital inpatients.

Hours:

- Monday thru Friday (Except Holiday Schedule)  
9:00 a.m.to 1:00 p.m. –or- 1:00 p.m. to 5:00 p.m.

### **Gift Shop**

Objective: To provide merchandise for the convenience of visitors, staff, and patients. Additionally, this process creates funds, which the League contributes to the Hospital to further its mission. The Gift Shop is managed and staffed by Volunteers.

Essential Duties:

- Operate cash register using correct key tabs for various merchandise, give correct change and prepare cash reserve for next shift.
- Follow accounting procedures, including payroll deduction, and Visa/Master Card charges.
- Assist customers in gift selection and gift-wrap items when appropriate.
- Perform other duties as needed such as dusting, rearranging merchandise, and restocking candy display.

Hours:

- Monday thru Friday  
9:00 a.m. to 1:00 p.m. –or- 1:00 p.m. to 5:00 p.m.  
Saturday  
11:a.m. to 3:00 p.m.



**Note:** A TB (Tuberculin Test) or chest x-ray (if previously positive) is required before starting work in any service. This test is available free of charge by and at Madera Community Hospital. Proof of this test must be on file with the League before you start working, as required by law. This test must be repeated annually as long as you actively volunteer in the hospital.

**Work Experience:**

**Volunteer:**

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**Employment:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Special Training:** \_\_\_\_\_

**Other than English, list additional languages spoken:** \_\_\_\_\_

**Special Skills:** \_\_\_\_\_

**Hobbies:** \_\_\_\_\_

**Emergency Contacts - Provide 2:**

\_\_\_\_\_  
Name ( ) Phone Number

\_\_\_\_\_  
Name ( ) Phone Number

**VOLUNTEER AGREEMENT**

I understand my service as a volunteer is for charitable, humanitarian reasons, and without promise or expectation of receipt of compensation or employee type benefits. I freely offer my services without direct or indirect pressure or coercion.

**I am interested in becoming a Volunteer at Madera Community Hospital. If accepted, I will serve at the times agreed upon. If unable to work, I will provide my own substitute, if possible, or will contact my chairperson to assist me in obtaining a substitute.**

I agree to abide at all times by the Code of Ethics and the Regulations of the Madera Community Hospital League. I will wear my uniform with dignity and conduct myself at all time in a manner of credit to the League and the Hospital.

I understand I will have a training period of 3 shifts before a regular work schedule will be assigned to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The Madera Community Hospital League does not discriminate in its membership decisions or volunteer assignments on the basis of sex, race, color, religion, ancestry, national origin or disability. All decisions will comply with all applicable laws prohibiting discrimination in employment, including: Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, California Fair Employment and Housing Act of the 1991 American Disabilities Act.

**If referred by a League Member, Name:** \_\_\_\_\_

**Mail completed application, pages 4 – 6, to:**

Madera Community Hospital League / Chairman of Volunteers  
1250 E. Almond Ave.  
Madera, CA 93637

-or-

WeCare@MaderaHospital.org