



Dear Prospective Member,

Thank you for your interest in volunteer service with Madera Community Hospital League of Volunteers. We greatly welcome and appreciate the participation of volunteers who offer a companionship and emotional comfort by the assistance of their therapy animal for our patients, visitors, physicians and staff.

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 Volunteer Services and Human Resources. 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 that you will be serving. 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. Uphold the commitment of days chosen to do service.

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.

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 excellent care and service to patients, visitors, guests and our employeecolleagues.

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 Madera Community Hospital totaling more than \$1.1 million since the Hospital opened in 1971.

Pet Therapy Functions/Service Description

Objective:

To provide emotional comfort while improving a patients well-being and enhancing the care of the patient by offering certified/registered therapy dog visits.

Qualification:

Each pet handler/owner and his/her therapy dog must be certified/registered by a nationally recognized organization (e.g. Therapy Dogs International, Alliance of Therapy Dogs or Pet Partners).

Hours:

Therapeutic animal visitation volunteers make hospital visits on specified days, scheduled in advance through volunteer services. Visits depend upon the availability of these volunteers and their therapy animals and the willingness of eligible patients.

Criteria for Therapy Dogs

- Must be at least one year old
- Be clean and well groomed
- Have short nails with no rough edges
- Have clean ears
- Be in good health and free of fleas, wounds, or any skin conditions
- Be appropriately restrained at all times on a four foot or shorter leash held by the handler or contained in a carrier Retractable leashes are NOT permitted
- Never be left alone with a patient
- Be "house broken"
- Wear an MCH issued photo ID Badge or a bandana provided by Volunteer Services
- May not be hooked or attached to the handler's belt, body, chair, wall or purse or other person. (Dogs visiting in animal-approved strollers may be hooked to stroller, but must not be left unattended by handler)
- Dogs must weigh less than 30 pounds to be allowed on patient's beds

Criteria for Handlers

- Provide service in a volunteer capacity
- The handler and animal must be in good health, free from illness at time of visit
- Ask permission before entering a patient's room and before placing a dog on the bed, and to communicate any concerns about the patient or pet visit to the nursing staff and or Volunteer Escort
- Under no circumstance is it the animal owner/handler's responsibility to attend to the needs of a patient. Handlers should inform nursing staff of any patient requests
- Prevent the dog from licking any dressings or devices (such as a catheter bag)

- Practice good hand hygiene before and after animal contact, including handler, Volunteer escort, patient and staff
- Place a barrier (such as a chuck – provided by the hospital) on bedding if the dog is permitted on the bed. Barriers should be sanitized properly at the end of the visit
- Clean up after dog both inside and outside the facility. In the event the dog “eliminates” inside the building the incident must be reported immediately to the Environmental Services Department for appropriate cleaning and disinfecting



Name:

Last First Middle

Social Security Number: _____

Address:

Number Street Apt.

City State Zip Code

Telephone: (____) _____ Mobile Phone: (____) _____

E-mail: _____

May we list your phone numbers and email in our directory? Yes No

Birthday: _____

Month Day

Have you worked or volunteered at Madera Community Hospital before? Yes No

If Yes, When did you volunteer/work at MCH? _____ In what Position _____

Do you have family who works for Madera Community Hospital? Yes No

Please list two references (Business, Church, School, Volunteer, etc.)

DO NOT include friends or relatives.

Name Relationship Contact Information

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Mark the most convenient day(s) and time(s) for you to work:

<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>

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:

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 uphold my duties with dignity and conduct myself at all time in a manner of credit to the League and the Hospital.

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