



Application For Volunteer

Office Use Only	
Application Received _____	PIN # _____
Interview _____	Jersey Size _____
Orientation _____	[] SCHEDULED
	CORI _____

PERSONAL INFORMATION

First Name _____ Last Name _____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work phone _____

Email _____

WORK AND VOLUNTEER EXPERIENCE

Please Select:

- Employed Student Retired Eucharistic Minister MassHire Top Notch Scholars

Please list current employer or school _____

Describe current & previous work experience _____

Describe current & previous volunteer experience _____

BACKGROUND

How did you learn about the volunteer opportunities here? _____

Have you ever been employed, volunteered or applied previously at this hospital? _____

List any special skills and interests that you have: _____

INTERN REQUEST - Please complete the Student Application (*students required to provide a certain amount of hours through a school internship*)

JOB SHADOW REQUEST - Please complete the Job Shadow Application

AVAILABILITY AND INTEREST ___ Patient Care Areas ___ Office Support

View Current Volunteer openings on our Website: www.lawrencegeneral.org and search for Volunteer Opportunities – Select the top 3 places to volunteer:

1. _____ 2. _____ 3. _____

Please circle how many times a week you would like to volunteer? **1 day** **2 days** **3 days**

PREFERRED TIMES: Mornings 8 or 9am-1pm Afternoons 1-3pm Evenings 3-7pm
(under 18, you cannot volunteer past 7pm)

PREFERRED DAYS: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Why do you want to volunteer at Lawrence General? _____



So good. So caring. So close.

Application For Volunteer

REFERENCES (Please do not include names of relatives)

Name _____ Relationship to you _____
Phone _____ Email _____

Name _____ Relationship to you _____
Phone _____ Email _____

STUDENTS – Please Provide the name of your Guidance or School Intern Coordinator:

Name: _____ Phone _____

Email _____

[] **Resumé – Students:** It is recommended to include your resume with this application

EMERGENCY CONTACT

Name _____ Relationship to you _____

Phone _____ (This is a: ____ Home ____ Cell ____ Work number)

SIGNATURE

- The information on this application is true to the best of my knowledge. I understand that false statements made as part of this application will be considered cause for dismissal.
- I understand that if I am accepted as a volunteer/intern, I will not be paid for my services.
- I understand that if I am accepted as a volunteer/intern, I will agree to abide by the guidelines of the Volunteer Services Program.
- I grant authorities of this hospital to investigate my references.
- I understand that Criminal Offender Record Information (CORI) checks are required for all applicants. Acceptance to the volunteer/intern program is contingent upon successful clearance of CORI evaluation.

Applicant Signature _____ Date _____

*If you are under 18 years of age, the signature of a parent or guardian is required.

Signature _____ Date _____

Mail, Email or Deliver Completed Application:

Volunteers@lawrencegeneral.org
Lawrence General Hospital
Volunteer Services
1 General Street
Lawrence, MA 01841

Name: _____ Date of Birth: _____

Directions: Please take this form to your health care provider for completion. The lab tests needed when immunization records are not available may be costly, and you are responsible for payment. Please be diligent in getting your records from your private physician, school record or previous employer.

For Health Care Provider Completion: For this individual to qualify to volunteer at Lawrence General Hospital, there are minimal infection control standards that need to be met. **A list of the standards is on the next page. Please complete the form below with special consideration to the following:** If there is no evidence of measles and/or rubella immunity, please administer MMR or draw titer(s). For questions on form completion, 978-683-4000, ext. 2645. Thank You.

Signature and printed name/stamp of Health Care Provider: _____ **Date:** _____

A copy of your immunization records or your school health record is acceptable. In addition, we need a copy of your COVID vaccine card.

Office/Clinic Name or Stamp: _____ **Telephone:** _____

MMR	MMR #1 DATE: _____ or <input type="checkbox"/> Titer, please provide documentation MMR #2 DATE: _____ <input type="checkbox"/> MMR Booster, please provide documentation
TDAP	TDAP Date: _____
VARICELLA	History of two documented vaccines or else provide a positive immune titer Vaccination Dates: #1: _____ #2: _____ or Titer, please provide documentation
HEP B	Hepatitis B Vaccine Date # 1: _____ <input type="checkbox"/> Titer, please provide documentation Hepatitis B Vaccine Date # 2: _____ <input type="checkbox"/> Or Declination Signed: _____ Hepatitis B Vaccine Date # 3: _____
TB	Date Planted: _____ Date Read: _____ Result in MM: _____ <input type="checkbox"/> TB Assessment Risk Form completed and included with application <input type="checkbox"/> Date Q-GOLD TB Blood Test completed, please provide documentation
FLU	<input type="checkbox"/> Flu Vaccine: please provide documentation
COVID	<input type="checkbox"/> COVID Vaccine: Include a copy of an official CDC-issued vaccination card OR Massachusetts Vaccine Record (if administered in MA), visit MYVAXRECORDS.MASS.GOV for details

Occupational Health, 2nd Floor, 25 Marston Street, Suite 204
Lawrence, MA Monday – Friday, 8:30am – 4:00pm

Infection Control Standards for Health Clearance

Tuberculosis Screening and Chest X-Rays. *One of the following is required:*

- A. One (1) PPD Skin test within the *past 12 months and complete a TB Risk Assessment Form.*
- B. For individuals known to be PPD test positive proof of a negative chest x-ray and report of review from pediatrician/PCP are required.
- C. Receive the IGRA blood test such as the QuantiFERON – TB Gold blood test or T-SPOT TB.
- D. Ongoing volunteers will complete a yearly TB Risk Assessment Form.

Measles and Rubella Immunity. The following is required:

- A. Documentation of two MMR vaccines, or
- B. Proof of immunity to measles, mumps and rubella by titer (blood test done by your private Physician. Please note that you will be responsible for payment for this test.)

Hepatitis B Vaccine. For individuals who may be exposed to blood or body fluids during their experience at LGH:

- A. Documentation of the Hepatitis B series, or
- B. Not all volunteers will need to have a Hep B Surface Antibody test done, only **those volunteers who are reasonably anticipated to have exposure to blood or other potentially infectious materials**” per OSHA guidelines.

Chicken Pox: History of two documented vaccines or else provide a positive immune titer.

Flu Vaccine: 100% compliance during Flu Season, per the CDC.

COVID Vaccine: Individuals are considered “fully vaccinated” (1) **two weeks after receiving the second dose in a two dose COVID-19 vaccine series** or (2) **two weeks after receiving a single dose COVID-19 vaccine.** LGH currently requires that employees, volunteers, medical staff are fully vaccinated against COVID 19. LGH also follows CDC recommendations in encouraging all to remain up to date with COVID vaccination.

Health & Wellness Measures in the Workplace Policy

Policy # HR-00090, 2/21

Purpose or Description

The good health, well-being, and safety of employees, patients, volunteers, contractors, students, and visitors are of utmost priority to Lawrence General Hospital. This policy endorses safe and healthful conditions which reduce illnesses to the lowest possible level and emphasizes compliance with CDC guidelines for maintaining a healthy work environment. This policy applies to employees, volunteers, contractors and students of Lawrence General Hospital and its affiliates. All Lawrence General Hospital employees, volunteers, contractors and students have individual responsibilities to take reasonable care for their own health and safety and for that of others who might be affected by their acts or omissions.

Policy:

The hospital endeavors to provide information, training, and safeguards to help hospital employees take the proper steps to avoid contracting and spreading illnesses and infections in the workplace.

Procedure:

The following is a non-inclusive list of guidelines employees, volunteers, contractors and students are expected to follow in an effort to take every precaution to maintain a healthy environment for all who frequent the hospital and its affiliates.

1. Regularly assess and monitor for symptoms of illness

- a) Prior to coming to the workplace, all employees must check their temperature and symptoms of illness.
- b) If you have any of the following symptoms, including but not limited to those below, call Occupational Health at 978-683-4000, extension 2121 and contact your manager immediately. Do not come to work until you have been cleared by occupational health.
 - Temperature > 99.5 (F)
 - Symptoms may include, but are not limited to:
 - cough
 - sore throat
 - shortness of breath
 - body aches
 - runny nose or congestion
 - vomiting
 - loss of taste or smell, etc.

2. Wash hands properly and frequently

- a) Handwash often with soap and water for at least 20 seconds and/or use hand sanitizer that contains at least 60% alcohol. This is especially important after being in public places, or after blowing your nose, coughing, or sneezing.
- b) Avoid touching eyes, nose, and mouth with unwashed hands.

3. Avoid close contact (physical distancing)

- a) Keep at least 6 feet (about 2 arms' length) of distance between coworkers and others. Practice physical distancing.
- b) Do not gather in large groups.
- c) Replace handshakes with head nods and waves.
- d) Avoid using/sharing coworkers' office space and equipment when possible.

4. Wear a face mask when around others

- a) Face masks that cover your mouth and nose must be worn when around others. Face masks are not a substitute for social distancing.

5. Cover coughs and sneezes

- a) Cover your mouth and nose with a tissue when coughing or sneezing or use the inside of your elbow.
- b) Throw used tissues in the trash.
- c) Immediately wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean hands with a hand sanitizer that contains at least 60% alcohol.

6. Keep work areas clean

- a) Use proper cleaning products and follow cleaning product instructions when cleaning work areas.
- b) Clean and disinfect frequently touched surfaces daily to include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- c) Clean surfaces that are dirty. Use detergent or soap and water prior to disinfecting with a disinfectant cleaning product.

7. Employees should speak with their manager and/or Occupational Health if they have concerns regarding specific, health circumstances.

8. Follow hospital policies concerning health and safety requirements

- a) Ensure you are aware of and understand hospital policies concerning health and safety requirements and recommendations. If you are uncertain about these requirements and/or recommendations, contact your manager.

The following is a non-inclusive list of strategies hospital leaders shall consider when configuring and maintaining work areas, in order to promote health and safety:

1. Configure workspaces appropriately

- a) Arrange workspaces to allow for 6 feet of physical distancing; consider physical partitions to separate workstations to ensure physical distancing.
- b) Minimize the use of confined spaces
- c) Ensure ventilation of enclosed spaces whenever possible
- d) Post visible signage throughout the unit/office to remind employees of safety and hygiene protocols.

2. Minimize close contact

- a. Avoid sharing of office equipment where feasible and disinfect between use.
- b. Limit meeting sizes; use virtual meeting spaces and conference call lines when possible
- c. Consider staggering work schedules, break times
- d. Consider employees eligible for remote work; complete telework agreements for those working remotely
- e. Limit visitors where reasonable

3. Maintain clean work areas

- a. Provide adequate cleaning products.
- b. Provide adequate soap and water, hand sanitizer where applicable
- c. Provide face coverings and other PPE applicable to the position; provide training and promote proper usage.
- d. Require employees to keep individual office spaces clean as indicated above, at the start and end of every shift.
- e. Ensure regular cleaning of work areas, to include offsite locations.

The following is a non-inclusive list of strategies hospital leaders shall consider in order to promote health and safety:

1. Promote ongoing health and wellbeing

- a. Provide regular training and education to staff regarding policies and processes that focus on safety, health and wellness and processes for proper health and safety reporting.
- b. Regularly evaluate worksites to ensure compliance with health and safety guidelines.
- c. Provide information regarding the Employee Assistance Program and/or Chaplain services as needed.
- d. Lawrence General Hospital has an established, wellness committee, which assists employees and their families with improving their health and engaging in preventive measures. Encourage participation in the various wellness initiatives offered by this committee.

Approval

Chief Human Resources Officer
Director, Infection Control

References: www.cdc.gov, www.shrm.org

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HEALTH AND WELLNESS MEASURES IN THE WORKPLACE

I have read and been informed about the content, requirements, and expectations of the Health and Wellness Measures in the Workplace policy for employees, volunteers, students and contractors at Lawrence General Hospital. I have received a copy of the policy and agree to abide by the requirements outlined in the policy.

I understand that if I have questions, at any time, regarding the Health and Wellness Measures in the Workplace policy, I will consult with my immediate supervisor or Human Resources (x2602)

Please read the Wellness Measures in the Workplace policy carefully to ensure that you understand the policy before signing this document.

Signature

(Print your name)

Date

If you are under 18 years of age, the signature of a parent or guardian is required:

Parent / Guardian Signature

(Print your name)

Date

ASSESSMENT OF SYMPTOMS FOR TUBERCULOSIS

Complete this questionnaire:

Annually for any individual working as a volunteer for Lawrence General Hospital
Prior to the start of service for any new volunteer with a past history of positive skin testing or reported history of tuberculosis disease.

Below I indicate if I have any symptoms related to a possible TB infection. Should I now or at any time in the future have these symptoms I will contact the Occupational Health staff. I understand that I may ask Occupational Health staff or my personal physician for any additional information regarding TB.

Symptoms of TB always include a persistent cough and one or more of the following symptoms. I have indicated below if I have any of the following:

YES	NO	
_____	_____	Persistent cough
_____	_____	Unexplained weight loss
_____	_____	Night sweats
_____	_____	Bloody sputum
_____	_____	Loss of appetite
_____	_____	Fever

Signature

(Print your name)

Date

If you are under 18 years of age, the signature of a parent or guardian is required:

Parent / Guardian Signature

(Print your name)

Date

Volunteer Agreement And Parent Agreement if Volunteer is a Minor

Confidentiality and HIPAA (Health Insurance Portability and Accountability Act)

Confidentiality is extremely important in health care. Often people breach confidentiality and do not even realize they have done so. It is very important that we are constantly aware of every individual's right to privacy, and that it is respected. With the HIPAA regulations and The Joint Commission's focus on confidentiality, it is your responsibility to ensure privacy is not breached:

- Do not leave patient information on computer screens and walk away. Always make sure you have removed any identifying patient information.
- Do not discuss patients in any public area, the hallways, elevators, and cafeteria or outside the hospital. You never know who is listening.
- Make sure to keep your voice down when discussing patient sensitive information at the nursing station and/or in the patient's room.
- Keep patient sensitive information turned face down in the work area.
- Computer *passwords* must not be shared.
- **NEVER** dispose of patient information in any trash container or recycling bin.
- Using cell phone cameras to photograph patients or their patient information is *strictly prohibited*, as is posting those pictures on social media sites such as Facebook or Twitter.
- You may see family, relatives, or friends. You may also be asked by someone to find out the status of a patient. However, you must not discuss any patient information outside of the hospital. Violations of confidentiality may result in you losing your volunteer position and may also result in liability to you personally.

*In signing this statement of confidentiality, I agree to support Lawrence General Hospital's strong tradition of protecting the privacy of our patients.

Signature

(Print your name)

Date

If you are under 18 years of age, the signature of a parent or guardian is required.

Signature

(Print your name)

Date