



University of Mississippi
Health Care

University Hospitals and Health System

Dear Applicant,

We are so happy that you have expressed interest in volunteering at UMC. To complete our application process, the following is required:

- **SUBMIT APPLICATION**
Letters of Recommendation from school counselors and/or educators may be submitted in lieu of references.
 - **PERSONAL INTERVIEW**
Please call for appointment
 - **ATTEND VOLUNTEER ORIENTATION**
Second Tuesday of each month
Program begins **promptly at 5:30 pm**, Volunteer Staff available at 5:00 for questions
 - **BACKGROUND CHECK FOR ALL VOLUNTEERS 18 YEARS OF AGE AND OVER**
Arrange appointment with Volunteer Coordinator
 - **TB TEST**
Free of charge at UMHC Employee Health Department
Arrange appointment with Volunteer Coordinator
- *APPLICANTS 17 YEARS OF AGE OR YOUNGER - must provide UMHC Employee Health with a signed Volunteer Parental Consent Form and a copy of their Immunization Record, when TB skin test is administered.**
- **PHOTO IDENTIFICATION BADGE**
After all requirements are met, please make an appointment with Volunteer Coordinator

Please call if you have additional questions. We look forward to being of assistance.

Sincerely,

Janet Crecink
Eliza Hegwood
Kathe Levanway
Angela Compere

Director of Volunteer Services 601-984-2068
Volunteer Coordinator, University Hospital 601-815-5198
Volunteer Coordinator, Wiser Hospital for Women and Infants 601- 815-7001
Volunteer Coordinator, Blair E. Batson Hospital for Children 601-815-8277

Volunteer Services

2500 N. State Street • Jackson, MS 39216-4505
T 601-984-2068 • F 601-815-4090 • umhc.com



**The University Of Mississippi Medical Center
Information Systems Security Acknowledgement and Nondisclosure Agreement**

Because of advances in technology, the Medical Center has increased its dependence upon computer systems for storage, processing and transmission of information. It is the policy of the Medical Center that information, in all its forms, written, spoken, recorded, electronically, or printed, will be protected from accidental or intentional unauthorized modification, destruction, or disclosure. All computer equipment must be protected from misuse, unauthorized manipulation, and destruction. Protection measures may be physical and or software oriented.

As an associate of the Medical Center (employee - student - volunteer - clinical faculty - consultant - contractor) I understand and agree to abide by the following:

A. I understand that in the performance of my duties I may come into contact with confidential or sensitive information contained in written records, documents, ledgers, internal verbal communication and correspondence, computer programs and applications or some other medium pertaining to patients, employees, students, medical business enterprise and/or administrative support. I agree not to disclose any confidential or sensitive information unless release of such information is directly related to the performance of my assigned responsibilities. This nondisclosure agreement is binding during and after my affiliation with the Medical Center.

B. All passwords to information are confidential. Under Mississippi Code 1972: Sec. 97-45-5 (1) (b), it is a computer crime to use another person's password or disclose passwords to another for the purpose of obtaining unauthorized access to computer systems. I will not disclose any password(s) I am assigned or create, and I will not write such password(s) or post them where they may be viewed by another. I understand that use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited. I understand that I will be held responsible for all computer activity performed with the use of my password.

C. I will not attempt to circumvent the computer security system by using or attempting to use any transaction, software, files, or resources that I am not authorized to use.

D. I will not deliberately sabotage computer equipment or software. I will not make or distribute unauthorized copies of software. I will not load unlicensed software or software unauthorized by UMC or any computer belonging to UMC.

E. I understand that access to confidential information is granted only as required to fulfill my job responsibilities. I understand that approved access to confidential information does not authorize the indiscriminate browsing of such information. Access is only authorized for specific and legitimate "need-to-know" information that is required to accomplish assigned job responsibilities.

F. I understand and agree to comply with all policies, standards, and procedure adopted to safeguard information and associated information resources as set forth in the Mississippi Code and UMC policies. Further, I acknowledge that I have received, read and understand the security policies outlined above and in the Information Security Policies, Standards and Procedure document.

G. I understand that failure to comply with any of the conditions noted herein may result in disciplinary action, including possible termination of employment. I further understand that the Medical Center retains the right to pursue any other legal remedies available where misuse of its information and/or information resources is suspected.

My signature below represents my acknowledgment that I understand and will abide by the security policies as outlined above and as contained in the Information Security, Policies, Standards and Procedures document.

(Printed Name)

(Signature)

(Date)



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**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
VOLUNTEER AGREEMENT**

If accepted into the University of Mississippi Medical Center Volunteer Program, I agree to the following:

- **Hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients and staff and not seek to obtain confidential information from a patient.**
- Become familiar with and follow the hospital's policies and procedures.
- Donate my services to the hospital with no expectation of compensation or future employment.
- Be punctual and dependable, conducting myself with dignity, courtesy and consideration of others.
- Wear the volunteer uniform and nametag and maintain a well-groomed appearance while on duty.
- Carry out assignments and take any problems, criticism or suggestions to the volunteer program coordinator or the Director of Volunteer Services.
- Agree not to leave my assigned area without permission from my on-site supervisor or enter restricted rooms or areas of the hospital where I am not assigned.
- Work only when and where scheduled. If a change in my schedule is needed or desired, I will notify the volunteer coordinator or the Director of Volunteer Services.
- Follow the department's time card procedures and dress code
- **Notify the Volunteer Services office (984-2068), IN ADVANCE, if unable to come to work as scheduled.**

I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:

- a) failure to comply with organizational policies, rules and regulations;
- b) absences without prior notification;
- c) excess absences;
- d) unsatisfactory attitude, work or appearance; or
- e) any other circumstances which in the judgement of the department director or program coordinator would make my continued service as a volunteer contrary to the best interest of the hospital.

I have read each of the above conditions and I agree to abide by them.

Volunteer Signature _____ Date _____



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Volunteer Orientation Information

When: the second Tuesday of every month at 5:30 P.M. It will last between 1 to 1½ hours. Volunteer Staff is available at 5:00 for questions.

Orientation dates:

January 11, 2011

July 12, 2011

February 8, 2011

August 9, 2011

March 8, 2011

September 13, 2011

April 12, 2011

October 11, 2011

May 10, 2011

November 8, 2011

June 14, 2011

December 13, 2011

Location: Norman C. Nelson Student Union – UMC Campus

Directions: Enter the UMC Campus at Lakeland and Peachtree St. traffic light. Go to three way stop, turn left, and Park in lot D.

Parking validation - bring ticket into orientation.

THE ORIENTATION PRESENTATION BEGINS PROMPTLY AT 5:30 P.M. AND EACH SEGMENT IS REQUIRED INFORMATION FOR VOLUNTEERING.

IF YOU ARRIVE AFTER THE DOORS CLOSE, YOU WILL HAVE TO WAIT UNTIL THE NEXT MONTH'S ORIENTATION TO COMPLETE THE VOLUNTEER PROCESS.

For questions please call the Volunteer Services Department @601-984-2068

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Volunteer Parental Consent Form

TB SKIN TEST

All volunteers' 17 years of age and under must complete this form. Skin tests are given Monday, Tuesday, Wednesday, and Friday between 7:45 a.m. – 3:30 p.m. in Student-Employee Health. If you had a positive skin test in the past, please come and fill out a Pulmonary History form or an X-ray as indicated. If you had a skin test within the last 3 months of hire date, please bring a copy of the results to Student-Employee Health. All TB skin tests are to be read within 48 to 72 hours (2-3 days) after being given. **FAILURE TO RETURN FOR A READING WILL RESULT IN REPEAT TESTING.**

Student-Employee Health has my permission to give a Tuberculosis Test (TB skin test) which is given intradermally (under the skin of the arm). If you have any questions, please feel free to call us at 984-1185.

PARENT/GUARDIAN SIGNATURE

DATE

PERMISSION TO TREAT

I hereby give permission to the Student-Employee Health Department to provide minor medical care including over the counter medications for my minor child in the event of an illness or on the job injury. More severe illnesses and injuries will be referred to the UMMC Emergency Room.

PARENT/GUARDIAN SIGNATURE

DATE

OR:

I would prefer to be called prior to administering any medical care to my minor child. I can be reached at –
PHONE: _____

PARENT/GUARDIAN SIGNATURE

DATE

TETANUS IMMUNIZATION

DATE OF LAST TETANUS/DIP _____ . Permission is hereby granted in the event it is necessary to administer a Tetanus-Diphtheria injection.

PARENT/GUARDIAN SIGNATURE

DATE

VOLUNTEER NAME: _____

(Please Print)

DATE OF BIRTH: _____ **AGE:** _____ **SOC. SEC. NO.** _____

VOLUNTEER SIGNATURE: _____

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VOLUNTEER APPLICATION

Name: _____ Social Security No. _____

Address: _____
(Street Address) City, State, Zip

Home/Cell Phone: _____ Email _____

Present Employment: _____ Work Phone: _____

Birthday: _____ Previous Volunteer Experience _____
Month/day

Health related limitations: _____

In Case of Emergency, Contact: _____
(Name, Relationship, and Phone Number)

REFERENCES: (No Relatives)

Name: _____ Phone: _____ Email: _____
(Daytime number)

Name: _____ Phone: _____ Email: _____
(Daytime number)

COMPLETE THIS SECTION IF YOU ARE UNDER 18 YEARS OLD

Age: _____ Date of Birth: _____ Grade Level: _____

Name of School: _____ Graduation Date: _____

Career Interest: _____

Volunteer Assignment Preferred: _____

Days and Hours Available: _____

As a volunteer of UMHC I agree to the above reference checks, TB skin test, background check, and a minimum of 30 hours of volunteer service per year. All information I have provided on this application is true and accurate.

Signature

Date



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Professional Appearance Standards

Volunteers are representatives of the University of Mississippi Health Care. Our patients, families, co-workers and visitors know that we care about them by taking pride in our dress and appearance.

In the interest of safety and maintaining a professional appearance please adhere to the following:

Clothing

Skirts

- No mini skirts
- No denim skirts

Pants

- No denim/No jeans
- No shorts/capris/leggings
- No overalls/coveralls
- No extremely low rise pants

Shirts

- No backless, sleeveless garments
- No garments that expose shoulders, underarms, or midriff
- No slogan t-shirts, jackets or sweatshirts
- No athletic wear/sweat suits/jogging suits/camouflage

Shoes

- No flip flops/sandals/open toe shoes

Uniform and Hygiene

Name badge

- UMHC issued name badge is required at all times while volunteering
- Badge will be worn with the name and photo clearly visible
- Badge will be worn on the upper, front torso
- Volunteer uniform will be worn at all times while volunteering

Grooming

- Cleanliness and personal hygiene is imperative
- No fragrances
- No extreme hair color or hairstyles
- No extreme nail lengths
- No caps/head scarves/sweatbands (unless one's religion or culture required it)
- No sunglasses worn inside
- No visible tattoos
- No visible body piercing (with the exception of ears)

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Professional Etiquette Standards

In the interest of meeting and exceeding our customers' expectations every day, please adhere to the following:

Cell Phone/Electronics Usage:

- Cell phones must be turned off or on vibrate while volunteering
- Cell phones should **not** be used in public areas
- Blue Tooth devices are **not** allowed
- Texting is **not** allowed while volunteering
- Listening to an iPod is **not** allowed while volunteering or in public areas

Elevator Etiquette

- In the new University Hospital, reserve the front set of elevators for patients or visitors
- Use stairs when possible
- Allow those getting off the elevator to exit before you enter
- Hold the door open for others to enter the elevator
- Maintain confidentiality while on elevators

Showing Consideration

- Acknowledge others with eye contact and a smile
- Ensure that people get to where they need to go (if you are unsure of location, find someone who will escort them to their destination)
- Say "thank you"
- Provide assistance as needed
- Maintain confidentiality of patient information in every setting