

Dear Prospective Volunteer:

Thank you for your interest in CommonSpirit Longmont United Hospital's Volunteer program. We are very proud of our volunteers and the role they play as part of our health care team. Your willingness to share your time and talent makes a huge difference in the mission of the hospital.

The Volunteer Services department is committed to providing equal opportunity for all applicants. Volunteer Services has the responsibility to recruit the most qualified volunteers, determine their capabilities and make assignments accordingly. The qualifications and requirements are as follows:

Basic qualifications for all Volunteers:

- Committed to volunteer at least twice a month with a minimum requirement of 6 months of service.
- At least 18 years of age.
- Honest, reliable and able to be professional in all interactions.
- Friendly and customer-service oriented.
- Physically able to work independently; some services require sitting, standing or walking for long periods of time

Requirements for volunteering (Volunteer opportunities are not clinical internships or rotations):

- Submit an application.
- Attend an interview with the Volunteer Manager to determine your interest, abilities, schedule and our openings and needs.
- Agree to a criminal background check to insure security and safety.
- Agree to a TB test and Influenza (flu) vaccination (at no cost to you).
- Complete orientation prior to beginning your assignment.
- Attend on the job training specific to your volunteer position.
- Wear the volunteer uniform while volunteering.

We are excited to meet you and discuss our volunteer program opportunities with you.

If you have any questions, please contact the Volunteer Office at (303) 651-5205.

Thank you,

Ann Huggins

Volunteer Coordinator

CommonSpirit Longmont United Hospital, 1950 Mountain View Ave, Longmont, CO 80501

Volunteer Office: (303) 651-5205

Email: LUHvolunteeroffice.mtregion@commonspirit.org



FOR OFFICE L Date Received	
Notes:	

Volunteer Application

Last Name:	First Name:		_ MI:		
Gender (optional) : □ Male □ Female	Preferred Name (if different	ent than first):			
Address:	City:	State:	Zip:		
Home Phone:	Cell Phone:				
Preferred phone number to contact me:	Home □ Cell				
E-Mail Address::	Date of Bir	th:			
		Month/Day (Ye	ear Optional)		
Current Employer (if applicable):	Pos	sition:			
Work Experience/Skills:					
Primary Emergency Contact:	Relatio	nship:			
Home Phone:	Cell Phone:				
Secondary Non-household Emergency Co	ntact:	Relations	hip:		
Home Phone:	Cell Phone:				
EDUCATION: Current College Student? Area of Study/Major:					
INTEREST/SKILLS: Please list any special place you for volunteer service:					
VOLUNTEER EXPERIENCE (past or curre	nt): □ Hospital □ Nursing H	lome □ School			
Reasons why you would like to volunteer at Longmont United Hospital:					
Have you ever volunteered with us before?	P □ Yes □ No If yes, wha	t year?			
Have you ever been an employee at Longmont United Hospital? ☐ Yes ☐ No					
If yes, when and what department?					
How did you hear about our program?					

Name:					
Name:					
Time Available: Please check the	ne times you are u	sually available f	or a volunteer as	signment. Check	as many as apply.
6:30-9:30 am	8:00 am-12:00 pm	11:00 am-2:00 pm	12:00-4:00 pm	4:00-7:00 pm	Other (please fill in)
Mondays					
Tuesdays					
Wednesdays					
Thursdays					
Fridays					
Saturdays					
Sundays					
Visitor & Information Areas:	cy Department □ Welcome Desk □ Registration De	□ Birthplace □ ICU Waitingesks	g Room □ Sur	gery Waiting R	oom
Helping with extra projects: \lor	Vould you be will	ing to help with	extra projects w	hen needed?	
□ Yes □ No					
Cross Training: Would you be needed and being a substitute		ain in another vo	olunteer service	line to help wit	h coverage wher
□ Yes □ No If yes, please	indicate which se	ervice area(s)			
Fundraiser: All monies raised t Please check if you are interes					
The organization is not obligat Opportunities for volunteers ar or sexual identification.					
certify that the information co Any misrepresentation of facts				te to the best o	f my knowledge
	Signature				Date



Volunteer Application

We very much appreciate you choosing to be a part of our volunteer team at CommonSpirit Longmont United Hospital. We will make every effort to see that your experience here will be rewarding. To ensure that you realize the commitment involved, we request that you read the following statements and sign below.

I understand that:

- Acceptance as a volunteer at Longmont United Hospital is contingent upon satisfactory completion of all
 pre-placement procedures which include, but are not limited to, an interview, criminal background check, TB
 test results, Influenza (flu) vaccination, orientation and training.
- Volunteer Services within Longmont United Hospital is a support system for patients, visitors, associates, physicians and fellow volunteers.
- The Volunteer Services department is not obligated to utilize my services as a volunteer nor am I obligated to accept the assignment.
- My services are donated to the hospital without contemplation of compensation or future employment and given with humanitarian and charitable reasons.
- Volunteer opportunities are not clinical internships or rotations.

Confidentiality:

I will hold as *absolutely confidential* all information that I may obtain directly or indirectly concerning patients, staff or personnel, and not seek to obtain confidential information that does not pertain to my volunteer position.

Commitment:

- I will uphold the mission and vision of CommonSpirit Health® and Longmont United Hospital at all times.
- I will be professional, punctual and conscientious, conduct myself with dignity, courtesy, respect and consideration of others.
- I will make my best effort to fulfill my commitment to Longmont United Hospital by completing all assignments that I accept. I understand that Volunteer shifts, based on my availability, will be scheduled through the Volunteer Office. I will make every effort to try and find a substitute when unavailable for my volunteer shift and I will contact the Volunteer Office in advance to notify them of any substitutions or absences.
- I will wear the required uniform and my badge while volunteering. I understand that while I am in uniform, I represent Longmont United Hospital.
- I have the right to request a new volunteer assignment if my current assignment is not acceptable to me.
- I have the right to request more training if I do not feel comfortable in my role.
- When I need to relinquish my volunteer assignment, I will give as much notice as possible (prefer at least a two-week notice) and return my volunteer badge to the Volunteer Office.
- The Volunteer Services department reserves the right to terminate my volunteer status as a result of:
 - Failure to comply with hospital policies, rules and regulations.
 - Several absences without prior notification.
 - Unsatisfactory attitude, work or appearance which interferes with our mission.

Health and Immunization:

- As a Volunteer for Longmont United Hospital I understand I am not entitled to health benefits or other benefits that are extended to employees.
- I understand that if I am injured during the time I am serving as a volunteer that I am not covered under Workers' Compensation, and my personal insurance will be billed.
- I understand that I must not lift patients or heavy equipment.
- If I am feeling ill, I will not come to volunteer and I will contact the Volunteer Office to inform them of my absence until I am better.
- I have been advised that there is an inherent risk of contracting a contagious illness when working in a health care facility. Examples may include, but are not limited to: Influenza, COVID-19, TB or others. To my knowledge, I am free of any contagious disease.
- I certify that I am responsible for discussing my volunteer service at the hospital and all recommended vaccinations with my personal physician/health care provider. Any vaccinations other than those required by the hospital are my responsibility to obtain at my personal cost.

Drug-Free Workplace:

In keeping with our mission and core values, CommonSpirit Health® is dedicated to activities and services promoting health and wellness. Therefore, all volunteers must abide by applicable drug-related laws and must perform their responsibilities unencumbered by the improper possession, distribution, or use of drugs, narcotics, controlled substance or alcohol. The objective is to provide a safe, hazard free environment where patient care can take place under optimum conditions without exposing patients, associates, and others to unnecessary risk or harm.

Tobacco Free Workplace:

Individuals applying for a volunteer position at Longmont United Hospital (LUH) need to be aware that LUH is a tobacco-free facility. As such, associates, volunteers, business associates, patients, visitors, and physician staff are prohibited from smoking or using tobacco products in the facility or anywhere on the campus, including parking lots, cars, surrounding sidewalks, and any building owned by CommonSpirit. For the safety and consideration of our patients, volunteers are expected to report to work free from the smell of smoke and remain smoke-free during their times of service.

Tobacco or Tobacco Products: Includes, but is not limited to, the use of pipes, cigars, chewing tobacco, snuff, cigarettes, marijuana, "vaping" with e-cigarettes (both tobacco and marijuana), and personal vaporizer (PV).

By my signature below, I am indicating that I have read, understand, and agree to adhere to the expectations and guidelines set for in this document.

Print Volunteer Name	Volunteer Signature
	 Date