



Volunteer Handbook

University of Maryland Baltimore Washington Medical Center
VOLUNTEER SERVICES OFFICE
301 Hospital Drive
Glen Burnie, MD

Dear New Volunteer,

Welcome, and thank you for your interest in Volunteering at University of Maryland Baltimore Washington Medical Center (UM BWMC). We are so excited to have you as a part of our team!

As a Volunteer at UM BWMC, you will contribute to the quality of care that we provide to all of our patients. The time that you are giving to our organization is valued by the patients, family members, and the staff.

Please take the time to read all of the material that is included in this handbook. If you have any questions, please feel free to contact me. I look forward to working with you!

Warm Regards,

Laura Kuhl

Manager, Volunteer Services and Patient Family Advisory Council

301 Hospital Drive

Glen Burnie, MD

410-553-8047

Laura.Kuhl@umm.edu

Mission

The mission of the University of Maryland Baltimore Washington Medical Center is to provide the highest quality health care services to the communities we serve.

Vision

University of Maryland Baltimore Washington Medical Center provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides medical leadership to the world.

Commitment to Our Community

Recognizing that the role of a hospital isn't simply to treat illness, University of Maryland Baltimore Washington Medical Center also strengthens the communities we serve through outreach programs. By promoting healthier families and creating opportunities for people to improve their lives today, UM BWMC aims to impact the health of the community for many generations to come.

By combining education, screenings and support groups, UM BWMC provides programs for every member of the family. Stork's Nest, Heartbeat for Health and blood pressure screenings are just a few of UM BWMC's ongoing programs that promote wellness and meet the needs of those we serve.

Volunteer Responsibilities/Requirements

Minimum Age: 16 (with parental consent).

Requirement of Hours: We request that you volunteer 4 hours a week with a minimum of 50 hours over the course of the volunteering.

Volunteering for School Requirements: If the volunteer is completing hours for a college or learning institution, and needs a mentor, the individual must find a mentor before completing a volunteer services application.

- If there is a clinical agreement/contract, the student must go through clinical education and the school must be approved in the University of Maryland System in order for the individual to begin.

Application/On-boarding Process: Once the Volunteer application has been received, an interview will be scheduled with the interested party. Upon an interview with the manager of volunteer services, the volunteer must provide the list of documents below. Please come with these documents completed. These documents are included at the end of this document. The volunteer must provide two references (non-family members), and participate in a background check through a third party vendor, HireRight. The volunteer also must be cleared through employee health. It is the volunteer's responsibility to schedule and attend the appointment. Employee Health can be reached at 410-787-4288.

List of Documents:

1. Dress Code Policy
2. Background Verification
3. Volunteer Expectations
4. Confidentiality Form
5. Vaccination Information
6. Photo Release Form

Volunteer Orientation: The volunteer must complete orientation upon completing the onboarding process. The orientation is offered two times a month and is instructed by the manager of Volunteer Services.

Please expect for the onboarding process to take approximately 3 weeks.

Attendance: The volunteer is expected to report to their shift on time and to notify their immediate supervisor if they are not available to make the shift. After 3 consecutive unexcused absences without notification, the supervisor and/or the Department of Volunteer Services has the right to terminate the volunteer.

The volunteer must sign in and out of the hospital using Volgistics, volunteer software, or the sign in sheets located in the Volunteer Services Office.

Dress Code: The volunteers are expected to follow the UM BWMC dress code and dress professionally when appearing for their scheduled shift.

Smoking, drugs, or use of alcohol is not permitted on hospital grounds. Failure to comply will result in immediate termination.

Identification Badge: Always wear your ID badge and volunteer tag visibly attached to your clothing so that others can identify you as a volunteer.

Disciplinary Action: If, at any time, a volunteer's performance or conduct needs improvement it may become necessary for him/her to have a discussion with an immediate supervisor. The hospital reserves the right to terminate your service as a volunteer if the action is in the best interest of both parties. Infraction of the hospital policies cannot be allowed and a warning to this effect will be issued as necessary. Any breach of patient confidentiality, harassment, theft and any other standing hospital policy will be grounds for immediate and permanent dismissal from the program.

Leave of Absence: If there is a time in which a volunteer must be gone for a period of time but does not wish to be removed from the volunteer roll, he/she must request a leave of absence (LOA). The LOA is available for up to six (6) months.

If a volunteer does not notify us and is not active in the volunteer program for a period of three (2) months, we will assume service has ended and the ID badge will be deactivated. For security reasons, we do ask that the ID badge is returned to the Volunteer Office as soon as possible.

This includes those who are going back to school, got a job, etc.

Inclement Weather: Volunteers are encouraged to discuss with their supervisors if they should report to service in the event of inclement weather. A good point to remember: If the schools are closed in Anne Arundel County, volunteers are also encouraged to stay home.

Enclosed you will find all forms that need to be reviewed prior to attending your interview. Any further questions can be relayed to the Manager of Volunteer Services at the time of your interview.

Thank you again for giving back to our hospital and we look forward to having you!

Please sign below to acknowledge that you have read and agreed to the information above.

Name (Printed) _____

Signature _____

Date _____

Dress Code and Professional Appearance Policy:

Purpose:

The purpose of this policy is to provide minimum, enforceable standards and expectations of dress and appearance.

Scope:

This policy applies to all UM Baltimore Washington Medical Center (UM BWMC) team members and all other individuals working on the UM BWMC campus, including but not limited to contract staff and employees of the University of Maryland Medical System.

Definitions:

1. UM BWMC Team Members – employees including executives, Medical Staff members, volunteers, interns, and auxiliary members of UM Baltimore Washington Medical Center.
2. Corrective action process – a structured process intended to serve as a guide for dealing with the improvement of performance or disciplinary concerns. See Personnel Policy, 6/6, Corrective Action for complete guidelines.

Policy:

1. UM BWMC Team Members must provide patient care in a safe and respectful manner. Personal neatness and professional attire reflects the medical center's image in the community, and is vital in promoting trust, comfort and confidence while providing care and services in a safe environment to our patients.
2. General dress for all employees, volunteers, and interns must be appropriate to their duties and the position they occupy. Employees, volunteers, and interns should dress and groom themselves in a professional manner that provides patients and other customers with confidence in their ability to deliver services. UM BWMC does not permit any attire, footwear or jewelry that could interfere with the delivery of safe, quality care or other job functions and responsibilities. Certain departments may be required to wear uniforms. Such requirements are directed in the department specific dress code guidelines.
3. Departments may establish more specific guidelines based on the business function and safety requirements of the department. Specific departmental guidelines must be in writing, and cannot conflict with this policy. Departmental guidelines must be approved by the Chief Operating Officer and Sr. Vice President or his/her designee.
4. Identification Badges and Pins:
 1. All employees, volunteers, and interns must wear medical center approved identification badge while on duty. Badges must be visible and worn above the waist.

VOLUNTEER SERVICES

BACKGROUND VERIFICATION FORM



The University of Maryland Baltimore Washington Medical Center has partnered with HireRight to manage your background verification. You will receive an email from HireRight requesting additional information, including authorization to conduct a verification of your background.

Please complete the information requested in the email you receive as soon as possible to avoid processing delays (the link will **expire** after some time!). If you fail to receive the HireRight email within a few days, be sure to check your SPAM/JUNK folder as it may be delivered there.

If you do not receive the email, please contact Human Resources at 410-787-4945.

Make sure you write your information on this form legibly so we can read it correctly.

Last Name: _____ First Name: _____

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___

Current City: _____

Current County: _____

Email Address: _____

Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___

Signature: _____ Date: _____

Volunteer Expectations & Commitment Agreement

Applicant's Name _____

Volunteers can expect a commitment from the hospital staff to provide the following:

- Explain all policies and procedures that affect the volunteer.
- Receive a written position description.
- Receive a copy of the volunteer and supervisor discussion sheet, which designates a supervisor and their contact information.
- Demonstrate and explain the use of equipment necessary for performing volunteer assignment.
- Position training as required.
- On-going accessibility for questions and guidance.
- Periodic evaluations and feedback.
- On-going recognition (formal and informal).
- Receive volunteer verification letter once the volunteer returns badge, smock, and parking permit to volunteer manager.
- An environment in which the volunteer is treated as a valued asset and receives the same respect as paid staff.
(Volunteers will supplement paid staff, not replace them.)

As a volunteer for the hospital, I will commit to do the following:

- Fulfill mutually agreed upon time commitment.
- Notify immediate supervisor and volunteer manager when late or unable to report for volunteer assignment.
- Record my name, volunteer times, and total hours on daily sign-in sheet.
- Follow department and hospital policies and procedures.
- Fulfill duties as outlined in my position description.
- Maintain the confidentiality of all protected health information learned as a result of volunteering.
- Maintain patient privacy.
- Demonstrate competencies for all tasks necessary of my volunteer assignment.
- Only do activities and duties allowed by volunteers.
- Not engage in bickering, backbiting, or blaming.
- Not complain about another volunteer or employee, and instead will talk to that person.

(Applicant's Signature)

Date: _____

(Manager of Volunteer Services Signature)

Date: _____



CONFIDENTIALITY STATEMENT

At the University of Maryland Baltimore Washington Medical Center (UMBWMC), confidentiality of patient, hospital and health system records is a primary concern. UMBWMC and its related entities **require** that you maintain confidentiality of patient medical records, patient and health system financial data, and any patient, associate, physician, hospital or health system information obtained through your volunteer duties at UMBWMC and its related entities.

Violation of confidentiality will result in corrective action up to and including **immediate termination**.

Any information I learn about patients, no matter how I learn it, must be kept confidential (including the fact that they are in the hospital).

Discussion of my volunteer experience with family, friends, or others must be done without mention of patients' names or other identifying information.

I understand that under Maryland law, the unauthorized disclosure of patient medical information is unlawful and could subject myself to civil and criminal penalties.

I have read and will comply with this "Confidentiality Statement" and pledge that I will not reveal any patient's medical information or employee's information that I become aware of.

Volunteer Signature: _____

Date: _____

VOLUNTEER AGREEMENT

I, _____ (print name),
agree to perform under the following rules while at UMBWMC. I
understand that failure to obey the following rules will lead to dismissal
from the volunteer program.

1. I will report to my volunteer shift on time.
2. I will sign in at the designated place when I arrive, and sign out
when I leave.
3. I will dress professionally and wear the shirt and ID badge issued
to me.
4. I will **not** smoke on hospital grounds.
5. I will be punctual, courteous, and neat.
6. I will notify my supervisor and the volunteer manager if I will be
late or absent.
7. I will maintain patient confidentiality and privacy at all times.
8. I will follow all hospital regulations and policies that apply to
volunteers.
9. I will behave in a professional manner at all times.
10. I will attend mandatory volunteer meetings or make
arrangements with the volunteer manager when unable to
attend.

Volunteer Signature:

Date: _____

DRESS CODE POLICY

I acknowledge that I have received a copy of the Dress Code Policy
for Volunteers.

Volunteer Signature:

Date: _____



Authorization for Publicity Release Form

The University of Maryland Baltimore Washington Medical Center (UN BWMC) strives to provide the highest quality health care services to the communities we serve. Our vision is to be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people. We recognize that volunteers, interns, and students help us, and we are excited to share with the public just how outstanding our volunteers, interns, and students are to our hospital's success.

We respect the privacy and confidentiality of our volunteers, interns, and students. We would like your authorization to use photos, videos, audio, electronic files, interviews, or other types of media productions that capture your name, voice, and/or image for internal and external publicity and promotion. This includes publications, communications, publicity releases, educational projects, and promotional releases, on items as website (e.g. Facebook, e.g. Twitter), newsletters, flyers, television ads, radio, online videos, brochures, etc. This also includes sharing your information with members of the news media.

I may withdraw my permission by contacting the below address at any time:

UM Baltimore Washington Medical Center
Attn: Marketing & Communications
301 Hospital Drive
Glen Burnie, MD 21061

I hereby grant permission for UM BWMC, as well as the University of Maryland Medical System (UMMS), to use my information in connection with publicity or promotion of UM BWMC, related entities, organizations, foundations or service areas. I understand that I will not be compensated for this or any use of my name, voice, and/or image, and that signing this form is voluntary. There is not expiration date on this release, but I may contact UM BWMC in writing at any time to withdraw my authorization and to discontinue use of the information/images. UMMS cannot rescind prior disclosure it has already made, and I understand UMMS has no control over the public's usage of information once it is released. Therefore, I understand that UMMS is not responsible for third party use of information/images as a result of prior disclosures.

Printed Name: _____

Signature: _____

Today's Date: _____

If person under 18 of age

Guardian's Signature: _____

Guardian's Printed Name: _____



Vaccination Information for Volunteers

The University of Maryland Baltimore Washington Medical Center (UMBWMC) follows the Centers for Disease Control's Healthcare Personnel Vaccination Recommendations and Tuberculosis Screening Recommendations. These guidelines are followed for all personnel who work or volunteer within the hospital.

UMBWMC views the vaccination of its healthcare workers and volunteers as an important component of its overall patient, volunteer, and employee safety program. All testing and vaccinations must be complete, or a declination form provided and witnessed by Employee Occupational Health Services (EOHS) must be signed, before any person can be cleared to volunteer inside the hospital. If signing a declination, additional documentation and/or paperwork are required.

The guidelines for volunteers are as follows:

MMR (Measles-Mumps-Rubella): Those without proof of prior vaccination will have a blood sample taken (i.e. titer) to determine immunity. If no immunity, volunteer will receive 2 doses of the MMR vaccine given 4 weeks apart.

Varicella: Those without proof of prior vaccination will have a blood sample taken (i.e. titer) to determine immunity. If no immunity, volunteer will receive 2 doses of the varicella vaccine given 4 weeks apart.

TB (PPD) testing: Two skin tests for tuberculosis are required. For those without a history of a positive skin test, a tuberculin skin test will be placed and read 48-72 hours later. If that test is negative, another test will be placed at least 7 days after the first test and also read 48-72 hours later. For those with a history of a positive tuberculin skin test, contact EOHS to find out next steps.

Annual Seasonal Influenza Vaccine: UMBWMC's policy is to provide an annual seasonal influenza vaccine to all volunteers. Volunteers failing to comply with the policy by the due date will not be eligible to continue in a volunteer capacity until such time they have reconciled their status. All volunteers must show documentation to the **Volunteer Services office** that they have received the annual

seasonal influenza vaccine, including if the influenza vaccine was given by EOHS. EOHS must keep the documentation record on file regardless of where the volunteer receives the vaccination.

Tdap: Although UMBWMC policy does not REQUIRE that volunteers receive the Tdap, we ***highly encourage*** volunteers to get this from EOHS. Some areas of the hospital are more susceptible, but we encourage ALL volunteers to receive this regardless of your area. **Please ask EOHS to give you the Tdap while at your appointment.**

What's my first step? Volunteers need to set-up an appointment with Employee Occupational Health Services (EOHS). During the first appointment, the volunteer will fill out health paperwork, start any required vaccinations, provide vaccination documentation if available, and/or file a declination form with the required paperwork/documentation.

EOHS's office is located on the lower level of the hospital, and the office hours are Monday-Friday from 7am-4pm (8am-3:30pm appointments). EOHS is closed on weekends and holidays, and will not place PPD skin tests on Thursdays (*see "TB (PPD) testing"*). Volunteers should make an appointment with EOHS by calling 410-787-4288. EOHS Fax Number: 410-787-4870. **IF YOU ARE UNABLE TO MAKE YOUR APPOINTMENT, call EOHS at 410-787-4288** and let them know.

Minors will need their legal guardian's permission, and **the legal guardian must be present** during any vaccination process.

The information gathered on the volunteer candidate will be kept in a confidential medical record in EOHS. The volunteer (and their legal guardian *if the volunteer is a minor*), can get copies of any testing or vaccine given.