



Dear Potential Concord Hospital Volunteer,

Thank you for your interest in Concord Hospital's Volunteer Services Program. As a hospital volunteer, you have an exciting opportunity to join with other community members who add an important dimension to the care we give our patients and families at Concord Hospital. You will be rewarded by the satisfaction of helping others, forming friendships, developing new interests and skills, and exploring career goals.

Opportunities exist for volunteering in patient and non-patient areas. A listing of volunteer opportunities is enclosed, along with a program application, immunization form, and release form for the required background check. I have also included a summary of the volunteer placement process so that you will be fully informed about the steps we are required to follow to place you appropriately and safely in the hospital.

After completing the application packet please email to jbailey@crhc.org. Once we receive your application we will contact you to set-up an interview. The interview is your opportunity to talk about your interests and goals, any limitations you may have, and family or professional obligations that may affect the extent of your volunteer involvement. This information is helpful in placing you in a service that will benefit both you and the hospital.

Thank you again for your interest in Concord Hospital. I look forward to meeting you and discussing your potential volunteer service with you. Please contact me with any questions at (603) 227-7000 Ext. 3630.

Sincerely,

Jessica M. Bailey
Program Manager
Volunteer Services



VOLUNTEER SERVICES DEPARTMENT Becoming a Volunteer at Concord Hospital

Students and adults who wish to provide volunteer services to patients and staff of Concord Hospital or who wish to explore a healthcare career are required to submit an application to the Hospital's Volunteer Services Department.

All applicants are interviewed to determine interests, goals, availability, and service assignment.

All volunteers are required to attend a hospital volunteer orientation. The orientation schedule is provided to applicants at the interview and volunteers are requested to call Volunteer Services and schedule themselves into an orientation. Orientation includes mandated education such as confidentiality, infection control policies, emergency responses, and the role of volunteers.

After the orientation is completed, the placement is finalized with the department or program where the volunteer will be placed. Sometimes the volunteer is asked to interview with the department where he/she will be placed. A background check is performed on adult volunteers (18-years-old or older).

The volunteer is assigned, start date is determined, and training schedule is determined. On the start date, the volunteer is issued a photo identification badge and uniform by the Volunteer Services Department. The volunteer is taken to his/her assigned department and introduced to the assigned supervisor.

On-the-job training is offered to volunteers by the assigned department. Volunteer Services is notified when the training is completed.

Assignment is evaluated verbally by both the volunteer and assigned department, usually after 3 months. Volunteers serving in patient direct services are evaluated by their assigned departments annually. Volunteers can request a re-assignment at any time or request more training. Volunteers may also be offered more training by the Volunteer Service Department.

Revised 10/05, 11/14, 01/18, 5/18



CONCORD HOSPITAL

250 Pleasant Street
Concord, NH 03301
www.concordhospital.org
(603) 225-2711



VOLUNTEER SERVICES DEPARTMENT Volunteer Application

NAME _____
Last First Middle

NICKNAME _____

ADDRESS _____
Street City Zip Code

Home Phone # _____ Emergency Contact:
Cell Phone # _____ Name _____
Date of Birth _____ Phone # _____
E-mail _____ Relationship to you _____

Are you enrolled in school? If yes, where? _____
Current grade level: _____

Are you retired? If yes, what kind of work did you do? _____

How did you hear about our volunteer program? _____

Please name three references that are not related to you:

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____

Please identify your preferred day(s) of the week to volunteer: _____

Check the time(s) of day available: Morning _____ Afternoon _____ Evening _____

Are you volunteering to fulfill a community service requirement? _____

If yes, how many hours of service are required? _____

Do you have prior experience working or volunteering in a hospital? _____

If yes, what hospital? _____

Do you have any concerns working around patients? Yes _____ No _____

What volunteer services interest you? _____

Are you available year round? Yes _____ No _____

If no, when are you not available? Months in winter _____ Months in summer _____

What specific qualifications, certifications, credentials, and academic degrees do you have?

What other community services or organizations do you volunteer for? _____

If you are enrolled in school, in what school activities do you participate? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?

_____ No _____ Yes

To the best of my knowledge, my answers are correct and complete and may be used to whatever extent necessary in connection with my application for volunteering at Concord Hospital. I understand that falsification of this information is grounds for dismissal as a volunteer.

Date _____ Signature _____



CONCORD HOSPITAL

Annual Disclosure Statement

Every Concord Hospital volunteer must complete this form before beginning their volunteer service. If this is your first such statement, answer questions for any time in your past. If you have previously completed a statement for Concord Hospital, answer questions only for the time period since your last statement.

I, _____ (name) hereby attest that I:

(check appropriate box for each question)

- 1. Have or have not had a felony conviction.**
- 2. Have or have not been convicted of a sexual assault, fraud, abuse, neglect or exploitation, or pose a threat to the safety or well-being of a patient.**
- 3. Have or have not had a finding by the Department of Health and Human Services or any other administration agency in this or any other state for assault, fraud, abuse, neglect or exploitation of any person.**

The Director of Hospitality & Volunteer Services will contact you to discuss any convictions or findings of assault, fraud, abuse, neglect or exploitation.

Volunteer's Name (print)

Date

Volunteer's Signature

Volunteer Office Signature

Signed document must be completed and returned to Volunteer Services. Failure to do so may prevent you from volunteering at Concord Hospital. Thank you.



Concord Hospital Volunteers *Improving the Patient Experience*

You are invited to join with other caring community members who volunteer their time and talents to the healing environment that is Concord Hospital.

If you are interested in working with and caring for patients –

- Emergency Department
- Elder Care Services
- Spiritual Care
- Urgent Care Center
- Patient Visitor
- VA Patient Visitor
- Art Cart
- Music
- HeartGifts Boutique
- Joan K. Farrel Cancer Resource Library
- Book Cart – Free Books and Magazines for Patients
- Pathfinder – Escorting and Directing Patients and Visitors
- Pulmonary Rehab
- Radiation Oncology
- Chemotherapy
- Pet Therapy
- Reiki
- Reach Out and Read
- Family Surgical Waiting Area

If you are interested in working in a non-patient area –

- Gift Shop
- Workroom Projects
- Public Affairs – Clipping Service
- Hospital Archives
- The Learning Center
- General Stores Deliveries
- Craft Committee
 - Newborn hats, booties, sweaters and blankets
 - Patient tray favors
 - Therapeutic pillows
 - Walker bags
 - Cards for patients and holiday decorations
 - Lap blankets
 - Stuffed animals
 - Bed jackets
 - Cast socks
- Clerical Support Volunteer
- Copy Center/Mail Room
- Cafeteria
- Patient Bingo
- Pre Surgical Testing
- Special Projects

To learn more about these volunteer opportunities and others contact Volunteer Services at 227-7000, ext. 3630, or email jbailey@crhc.org.

VOLUNTEER SERVICES DEPARTMENT
Skills Questionnaire

Dear Volunteer,

Please complete this questionnaire so that we have a record of your skills, experiences and interests. This information will assist us in matching you to a satisfying Hospital Volunteer Service.

Thank you.

Clerical/Office

Specific Skill/Experience/Interest

- Computer
- Copier
- Filing
- Mailings
- Reception
- Other:

Communication

Specific Skill/Experience/Interest

- Foreign Language
- Graphics
- Photography
- Public Speaking
- Training
- Writing
- Other:

Healthcare

Specific Skill/Experience/Interest

- LPN
- Medical Assistant
- Nurse Aide
- Physician
- Paramedic
- RN
- Reiki
- Other:

Hobbies

Specific Skill/Experience/Interest

- Sewing
- Knitting
- Crocheting
- Weaving
- Quilting
- Drawing
- Painting
- Other:
