Dear Prospective Volunteer,

Thank you for your interest in Swedish Medical Center’s Adult and Junior Volunteer Programs. Our dedicated volunteers are valued members of our Swedish Healthcare team and an integral part of providing exemplary care to our patients and visitors and enhancing our patients experience.

The Mission of Swedish Medical Center is to provide compassionate, high-quality patient care that meets the caring and cost effective expectations of our patients, physicians, employees and volunteers, and to preserve and strengthen the Swedish tradition of community service.

Offering Memorable Care is inherent to our culture. Our goal is to create a culture of excellence in which we aspire to be the best at delivering clinical care and exceptional service while fostering an environment that satisfies and even exceeds the expectations of our patients, employees and physicians. By doing so, we believe we will create a “positive, memorable experience” for all those who come into contact with Swedish—most importantly, for our patients who entrust us with their care.

At Swedish, our patients come first! Swedish Medical Center’s Volunteer Service department affords unique volunteer opportunities within our facility consisting of, but not limited to: Front Information Desk Patient Ambassador and Escorts / Level 1 Trauma Emergency Room & Southwest ER-Patient Visitation & Patient Portal / Women’s Services / Meal Pals / American Cancer Society Cancer Resource Center / No One Dies Alone Patient Vigil Program / Auxiliary Retail Opportunities / Animal Assisted Therapy with Denver Pet Partners. [All volunteer positions are non clinical and placement is contingent on the applicant interests and needs of Swedish Medical Center.]

If you would like to join our volunteer team, please complete and return the enclosed application and background check (complete online) to the Volunteer Service Office for processing.

Please note:

- All volunteers are required to make a minimum six month commitment (or 100 hours) for 4hrs per week. Only 3 non-scheduled absences are permissible during the initial six month period. Any volunteer who does not complete the minimum program requirements and/or is dismissed due to disciplinary or attendance issues will not receive verification of the hours served. We strongly encourage you to assess your schedule and availability to determine if you are able to fulfill this requirement prior to applying.

- If you are under the age of 18 years, please include a copy of your social security card for verification with your completed background check forms.

If your background check is approved by our Human Resource department, we will then be happy to extend an invitation to you to attend a New Volunteer Orientation. The orientation consists of an introduction to Swedish Medical Center, the Volunteer Services Program, as well as, information pertaining to understanding, embracing and adhering to Swedish Medical Center’s Culture of Excellence in providing exemplary service and delivering memorable care to our patients and their families. Should you have any additional questions, please contact us at 303-788-6560 Monday through Friday 8am to 4pm.

Applications may be emailed to Stacey Boyd, Director of Volunteer Services at stacey.boyd@healthonecares.com or Tishah Best-Fish, Volunteer Coordinator tishah.best-fish@healthonecares.com or mailed to: Volunteer Services, Swedish Medical Center, 501 E. Hampden Ave, Englewood, Colorado 80113

Thank you again for choosing Swedish for your volunteer experience!
Volunteer Services at Swedish Medical Center-Junior Application

Thank you for your interest in Swedish Medical Center’s volunteer program. Our dedicated volunteers are valued members of our Swedish health care team and are an integral part of providing exemplary care to our patients and visitors.

All Junior Volunteers (age 14-18yrs of age) are required initially to complete 6 months, 4 hours per week volunteer commitment at our front information desk. If the student exemplifies our standards and values of service excellence, demonstrating professionalism, team work and respect, personal accountability and constant courtesy, after 6 months, the student may transition to other volunteer opportunities.

Thank you for choosing Swedish!

Applicant’s Name: ________________________________________

Complete Address: ________________________________________

Phone: _______________ Birth date: ___________ Email: ____________________________

Emergency Contact Name: ___________________________ Relationship: _________ Phone: _________________________

Who referred you to Swedish Medical Center and why do you want to affiliate with our volunteer program?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Education Completed/Attending:

Name of High School Attended: ___________________________ Graduated ____________________________

Current Employment:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Previous Volunteer Experience:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Current Obligations and Interests:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Volunteer Preferences:

Type of Volunteer Position/s: ____________________________________________

Day(s) available to volunteer: M___ T___ W___ T___ F___ Sat___ Sun ___

Time(s) available to volunteer: Mornings _______________ Afternoons _______________ Evenings _______________

Applicant’s Signature: ________________________ Date: ________________________
Swedish Medical Center

The Mission of Swedish Medical Center is to provide compassionate, high-quality patient care that meets the caring and cost effective expectations of our patients, physicians, employees and volunteers, and to preserve and strengthen the Swedish tradition of community service.

Values and Standards: A Culture of ALWAYS

I am an advocate. I am an educator. I am an innovator. I am a team member. I am a community partner. I am a person of integrity. I AM Swedish Medical Center. As an ambassador of Swedish Medical Center I ALWAYS personify:

- Constant Courtesy
- Patient & Family Centered Care
- Teamwork & Respect
- Professionalism & Personal Responsibility

CONSTANT COURTESY

I am ALWAYS friendly and welcoming to patients, visitors, volunteers, physicians, students and co-workers, treating them as I want to be treated.

- I follow the 10/5 standard: When someone is 10 feet away I make eye contact and within 5 feet I verbally acknowledge them.
- I use AIDET: Acknowledge Introduce, Duration, Explanation, Thank you.
- I am an active listener. I sit, give my undivided attention and demonstrate understanding by summarizing key takeaways at the end of the conversation.
- I thank people for their contributions in a meaningful, sincere way.

PATIENT & FAMILY CENTERED CARE

I ALWAYS provide excellent service by being responsive, respectful, compassionate and safety conscious.

- I prioritize my work based on patient safety and my customer’s needs.
- I am empathetic by being aware of and sensitive to the feelings, thoughts and experiences of those around me.
- I anticipate the needs of my customers and remain engaged until a resolution is achieved.
- I provide evidence based care.

TEAMWORK & RESPECT

I ALWAYS recognize that I am linked to others by a common purpose – we serve our customers and community by respecting each other and working as a team.

- I commend in public and coach in private.
- I share my teammate’s strengths with my peers, customers and their families every day.
- I am respectful and considerate, recognizing that every team member makes a valuable contribution.
- I demonstrate that my work contributes to the mission and vision of Swedish Medical Center.

PROFESSIONALISM & PERSONAL RESPONSIBILITY

I am Swedish. I ALWAYS represent the reputation of Swedish and take pride in my behavior and my appearance by being easily identifiable to our customers and maintaining a safe and clean facility.

- I arrive on time with a professional appearance that is specific to my role.
- I hold myself and others accountable to contributing to a positive environment.
- I am courteous and constructive in all my communications; verbal, nonverbal, written and electronic.
- I act with integrity by always doing the right thing, even when no one is watching.

I have read, understand, and agree to uphold the Values and Standards of Swedish Medical Center.

Signature __________________________    Printed Name ____________________________      Date ____________
## Volunteer Services Health Screen Form

**Name:** __________________________________________

**Birth date:** __________________

**Telephone:** __________________

**Allergies (please list):** _______________________________________________________________________

**Current prescription medications (please list):** _______________________________________________________

### PAST MEDICAL HISTORY

Have you had Surgery or hospitalization within the last year?  Y  N

<table>
<thead>
<tr>
<th>Have you Ever?</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
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<tbody>
<tr>
<td>Been seriously injured</td>
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<tr>
<td>Been treated for Tuberculosis</td>
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<tr>
<td>Been treated for Psychiatric Illness</td>
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<tr>
<td>Frequent Headaches</td>
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<tr>
<td>Dizzy spells/ Fainting</td>
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<tr>
<td>Chest Pain</td>
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<tr>
<td>Shortness of Breath</td>
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<tr>
<td>Chronic cough</td>
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<tr>
<td>Arthritis</td>
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<tr>
<td>Hernia or Rupture</td>
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<tr>
<td>Skin Rashes/ Dermatitis</td>
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<tr>
<td>Back /Muscle skeletal Injury</td>
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<tr>
<td>Elevated Blood Pressure</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Heart Trouble</td>
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<td></td>
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<tr>
<td>Diseases/Immunizations:</td>
<td></td>
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<tr>
<td>Had Chicken Pox</td>
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<tr>
<td>Measles/Mumps/Rubella</td>
<td></td>
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<tr>
<td>Tetanus</td>
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<td></td>
<td></td>
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<tr>
<td>Hepatitis B Series</td>
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</tr>
</tbody>
</table>

Do you have any problems:

- Bending
- Stretching
- Lifting
Sitting for extended periods

Any changes in your health in the last year? __________________________________________

Vision:  good  glasses  contacts  Reading only  Date of last Eye exam: _____________

I certify that I have reviewed the above information and that to the best of my knowledge, it is true and complete. I understand than any falsification of facts is grounds for immediate termination.

Signature: ___________________________  Date: ___________________________
Junior Volunteer Letter of Recommendation for Swedish Medical Center

Swedish Medical Center is known for our expertise and as a leader in Colorado healthcare.

Patients who seek the best medical care come to Swedish. Our goal is to create and reinforce a culture of excellence in which we aspire to be the best at delivering clinical excellence and exceptional service while fostering an environment that satisfies and even exceeds the expectations of our patients, employees and physicians. By doing so we believe we will create a “positive memorable experience” for all those who come in contact with Swedish – most importantly, for our patients who entrust us with their care.

The Mission of Swedish Medical Center is to provide compassionate, high quality patient care that meets the caring and cost effective expectations of our patients, physicians, employees and volunteers, and to preserve and strengthen the Swedish tradition of community service.

The Vision of Swedish is to be the provider of choice, a premier facility— at Swedish, our patients come first – always! Every patient, every time!

Our Junior Volunteers are an integral part of our Swedish team and have an impetus on our patient’s experience. Subsequently, we value volunteers who are dedicated, reliable and committed to demonstrating memorable care and making a difference in the lives of our patients, their families and visitors.

Please outline below why you believe this student/junior volunteer applicant would be an asset to our dynamic program and to Swedish Medical Center.

Student’s Name: ____________________________________________________________

Your Name: _____________________________________________________________

Relationship to Student: ___________________ Phone Number: ____________

I would recommend _______________________________ for the Junior Volunteer Program at Swedish because:

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

____________________
Signature: ________________________________ Date: ___________________________
Volunteer Services at Swedish Medical Center - Junior Volunteer Contract

At Swedish, our patients come first! While volunteering at Swedish Medical Center, I will:

- Commit to a minimum of 6 months service (4 hours per week = 100 hours of service). Only 3 absences are permitted during the initial 6 month period. Volunteering is a firm commitment. Please assess your academic/personal schedule and extracurricular activities before you apply.

- Adhere to and emulate SMC's Values and Standards of Constant Courtesy, Patient Satisfaction, Teamwork and Respect, Personal Accountability and Professionalism at all times to our patients, their families, visitors and staff.

- Be prompt and on time for my assigned volunteer shift – it is an expectation that you will report to your shift prepared and properly attired. It is discourteous for your colleagues in the preceding shift and for department staff to wait for you. On Time means arriving 10-15 minutes prior to the start of your shift. Frequent tardiness will not be tolerated and appropriate disciplinary action and/or dismissal may ensue if deemed necessary. Understand that failure to comply with our hospital dress code will result in being sent home. Please DO NOT report for your assigned shift if you are ill or unable to fulfill your assignment.

If unforeseen circumstances arise that inhibit you from arriving on time (i.e. unexpected illness, traffic delays, inclement weather, and family emergency), please contact the Volunteer Service Office at 303-788-650 and/or email the Volunteer Service Director at stacey.boyd@healthonecares.com.

- Submit planned vacation and/or time off requests to the Volunteer Service Director in a timely manner (preferable 2 week notice). Please confer with your colleagues to schedule absences and assess schedules appropriately. For the front information desk, no more than 1 person may be absence at the same time (day/shift).

- Maintain Patient Confidentiality and adhere to HIPAA guidelines at all times. Adhere to our Confidentiality and Security Agreements and refrain from disclosing and posting any Swedish and patient information using Social Media (Facebook, Twitter, My Space).

- Refrain from cell phone use and texting and eating in public and patient care areas.

- Acknowledge that any inappropriate misconduct and/or patient/employee grievance may result in dismissal from the program. Return hospital ID badge upon resignation and/or completion of Volunteer Service as the ID badge is the property of Swedish Medical Center. All volunteer uniforms must also be returned to the Volunteer Services at the end of service. Any uniforms not returned will be charge $25. By signing the below, I will abide by Swedish’s regulations:

Student Signature: ___________________________ Date: ___________________

Parent Signature: _____________________________________________________
APPLICATION'S FULL NAME ____________________________
Any Other Names Used ____________________________
Social Security No. _______ / _____ / ______ Date of Birth
Email address: ____________________________ (Provide if you prefer to receive information via email)
Current Address ____________________________
City __________________ State __________ Zip ____________
Driver's License State ________ D.L. Number __________
Address on D.L.: ____________________________

Name of High School, College, University or Institution of Professional Training where you completed the highest level
( □ □ GED – provide state)
Campus Name ______________________ Campus City __________ Campus State ______
Name on GED or under which you graduated __________________________
Year(s) Attended ______________________ Year Graduated/GED Completed ______________________
Please provide any current professional licenses, certifications, or registries you may hold:
Name as it appears on license/Certification/Registry __________________________
Type __________ State/Region or Issuing Organization __________ Country ________ Number __________
Type __________ State/Region or Issuing Organization __________ Country ________ Number __________
"Have you ever been convicted of a crime? Yes □ No □" (Please attach a separate sheet of paper to provide additional entries)
Offense __________________________ County __________ State ______ When ______
Offense __________________________ County __________ State ______ When ______

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.
(Please attach a separate sheet of paper to provide additional entries)
1. City: __________________ State: _______ Date From: _______ Date To: __________
2. City: __________________ State: _______ Date From: _______ Date To: __________
3. City: __________________ State: _______ Date From: _______ Date To: __________
4. City: __________________ State: _______ Date From: _______ Date To: __________

STATE LAW NOTICES
Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form.
California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above.
California applicants or employees only: By marking an X in the designated field, you will receive and acknowledge receipt of the NOTICES REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.
New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 25-A of New York Correction Law.
Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.
Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.
Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: ____________________________ Date ____________

1 The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.
Nevada Private Investigator License # 1618
Swedish Medical Center # 1421
VOLUNTEER DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____________________________
Any Other Names Used ______________________________
Social Security No. ________ / ______ / ________ Date of Birth 1 __________ __________
Current Address _________________________________________________________________________
City __________________ State _______ Zip __________________________
Driver's License State _______ D.L. Number ______________
Address on D.L.: _______________________________________________________________________

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck (1-888-773-2432) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes ☐ No ☐

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____________________________ Date ______________

www.PreCheck.com info@precheck.com
ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

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