



Dear Prospective New Volunteer,

Thank you for your interest in Swedish Medical Center's Adult Volunteer Program. Our dedicated volunteers are valued members of our Swedish health care team and an integral part of providing exemplary service to our patients and their families.

Our HCA Company mission statement is first and foremost; Above all else, we are committed to the care and improvement of human life. HCA President Milton Johnson, "It's all about relationships" and connecting to people. It is a privilege to care for patients in their most vulnerable state, during difficult times in their lives. Our Health ONE vision is to provide exceptional health to every human being and our shared values is I.C.A.R.E – Integrity, Compassion, Accountability, Respect and Excellence.

It is our goal at Swedish Medical Center to provide clinical excellence and exceptional service to our patients, physicians and employees. 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.

At Swedish, our patients come first! Our Volunteer Service department proudly affords unique volunteer opportunities with our facility consisting of, but not limited to: Patient Ambassadors, 9 Multi-Trauma Meal Pals, Front Information Desk, Pathology Lab, Level 1 Trauma Emergency Room, American Cancer Society Cancer Resource Center and Oncology Infusion, Radiology MRI, Critical Care and Gynecological Surgery Waiting Rooms, Gift Gallery, Pre-Admit Clinic and Ambulatory Care Clinic, No One Dies Alone Patient Vigil program, Denver Pet Partners Animal Assisted Therapy, Pastoral Care Chaplains, Second Chance Shoppe, Perinatal Resource Center and Women's Services, Patient Visitation and Nursing floor assistance, Colorado Stroke Coalition P.O.S.S.E group. All volunteer positions are non-clinical and placement is contingent on the applicants' interests and the needs of Swedish Medical Center.

If you would like to join our wonderful volunteer team, please complete the enclosed application and required background check forms for processing and verification. Please note all new volunteers are required to commit to a minimum 6 months, 4 hours per week service. It is strongly advocated that you assess your schedule and availability to determine if you are able to fulfill this requirement prior to applying. If your background check is approved by our Human Resource department, we will then be happy to extend an invitation for you to attend a New Volunteer Orientation and discuss individual placement opportunities. Should you have any additional questions, please contact our Volunteer Service office Monday through Friday 8am-4pm by calling 303-788-6560.

Applications may be emailed to Stacey Boyd, Director of Volunteer Services, at stacey.boyd@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 – Adult 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 an integral part of providing exemplary service to our patients and their families.

Applicant's Name: _____

Complete Address: _____

Cell Phone: _____ Birthdate: _____ Email address: _____

Emergency Contact Name: _____ Relationship: _____ Cell Phone: _____

Who referred you to Swedish Medical Center and why do you want to affiliate with our Volunteer Program?

Education and Special Training/Skills:

Work Experience:

Previous Volunteer Experience:

Hobbies/Special Skills/Interests: _____

Volunteer Preferences: _____

Availability: Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I Agree

I certify that the above information is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to serve in patient areas. I understand that I may be requested to complete a health screening including a drug screen prior to beginning to volunteer at Swedish Medical Center. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signature: _____ Date: _____

Swedish Med Volunteers # 2080

VOLUNTEER INFORMATION

APPLICANT'S FULL NAME _____
 Any Other Names Used _____
 Social Security No. _____ / _____ / _____ Date of Birth¹ _____
 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 are acknowledging receipt of the NOTICE 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 23-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 _____

Parent/Guardian Signature: _____ Date _____

¹ The Age Discrimination in Employment Act of 1987 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.

Swedish Med Volunteers # 2080
VOLUNTEER DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. _____ / _____ / _____ Date of Birth¹ _____
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.

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

Signature: _____ Date _____

Parent/Guardian 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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Our Mission:

Above all else, we are committed to the care and improvement of human life.

Our Vision:

To bring exceptional health to every human being.

Our Values:

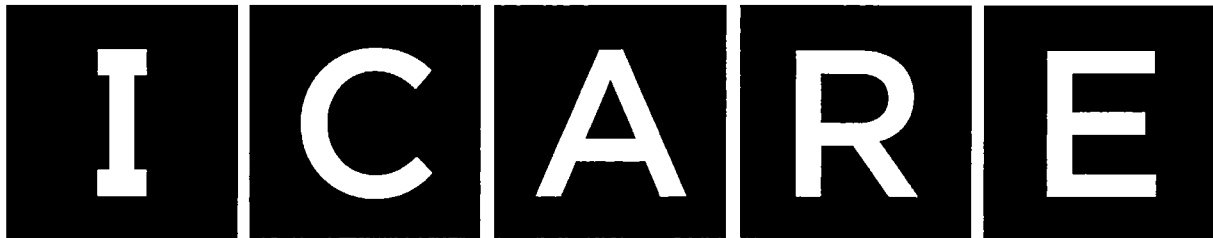
Integrity: Doing the right thing, even when no one is watching.

Compassion: Be empathetic to the needs of others and sympathize with their situation.

Accountability: Take ownership for how actions impact outcomes.

Respect: Value others and embrace diversity.

Excellence: Take personal pride in exceeding expectations.



Integrity • Compassion • Accountability • Respect • Excellence

Standards of Behavior (aligned by value).

Integrity – Doing the right thing, even when no one is watching.

I will always:

- Prioritize the safety of our patients, guests, colleagues, and staff above everything else.
- Advocate for patients and others regardless of my role.
- Be honest, genuine and consistent with my words and actions and keep my promises.
- Act and treat others as if I am being observed by patients, guests and colleagues at all times.
- Refrain from using electronic devices for personal use in the presence of patients and guests.
- Treat company resources as if they were my own.

Compassion – Be empathetic to the needs of others and sympathize with their situation.

I will always:

- Care for our patients and treat others as if they are our family, actively listen to their needs, and ensure that they know they are highly valued and appreciated.
- Create an environment that inspires trust, safeguards dignity, and promotes healing.
- Be nonjudgmental in my interactions with others.
- Use a positive tone, sit down when appropriate, use appropriate touch, and respond in a timely manner to patient and family needs.
- Ensure that patients and families feel they are included in decision-making and informed about their care.
- Participate in hourly rounding, bedside shift report and completion of patient care boards.

Accountability - Take ownership for how actions impact outcomes.

I will always:

- Stay informed about organization, facility, and department initiatives.
- Present a clean and professional image.
- Keep my workplace clean and safe; Pick up trash, report safety hazards, and seek repair of broken items.
- Take the time and accept the responsibility to help. If I cannot personally assist, I will find someone who can.
- Arrive on time and be ready to focus on assigned duties.
- Take ownership of issues and maintain a high standard for my individual performance.
- Use open communication and AIDET- P (Acknowledge, Introduce, Duration, Explain, Thank You + Promise) in all interactions.
- Use key words at key times to ensure customer satisfaction.

Respect – I will value others and embrace diversity.

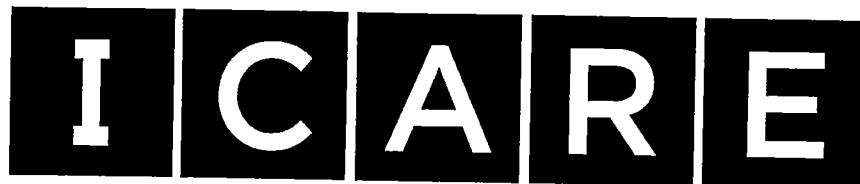
I will always:

- Honor individual differences, cultural beliefs and embrace the communities we serve.
- Speak respectfully of others, acknowledging the vital role each of us plays in providing care to our patients, and promote a climate of trust.
- Give honest, timely, constructive feedback and graciously accept feedback as an opportunity to improve.
- Honor commitments and meet deadlines.

Excellence – Take personal pride in exceeding expectations.

I will always:

- Ensure excellent patient care is provided at all times.
- Value and use teamwork to provide excellent customer service.
- Seek opportunities for professional development to stay current in my field of expertise.
- Engage patients and guests in such a way that they have positive stories to share about their experience.
- Follow the 10-5 rule. I make eye contact and smile as I approach someone within 10 feet of me. I greet people when they are 5 feet from me, and I will guide others to their destination if needed.
- Take personal responsibility for the success, image, quality and reputation of the company.



Integrity • Compassion • Accountability • Respect • Excellence