



**GRAND BAHAMA HEALTH SERVICES
STUDENT VOLUNTEER PROGRAMME**

Student Volunteers



Buzzer Bees

APPLICATION FORM

NAME _____ DATE OF BIRTH _____ AGE _____
(Month) (Day) Year

ADDRESS _____
(House/Apt. No.) (Street)

(Settlement) (City) (Island)

(P.O. Box) (Telephone, home) (Cell phone) (Telephone, work)

CONTACT IN CASE OF EMERGENCY _____
(Name) (Relationship) (Telephone)

SCHOOL _____
(Name of School) (Grade level)

REASON FOR VOLUNTEERING _____

WARD/DEPARTMENT _____

TIME AVAILABLE _____ HOURS PER DAY, FROM _____ TO _____

DAYS AVAILABLE _____

DATE TO COMMENCE VOLUNTEER SERVICE _____

PERIOD OF TIME TO VOLUNTEER SERVICE _____ TO _____
(Date) (Date)

(Please read and initial in agreement)

I understand that the service provided by me to the Grand Bahama Health Services is free and will not guarantee me employment or financial remuneration.

(Initials)

APPLICANT'S SIGNATURE _____ DATE OF APPLICATION _____

APPROVED BY _____ DATE APPROVED _____
(Volunteer Services Coordinator/Administrative Officer)

(FOR OFFICIAL USE ONLY)

SUPERVISOR'S COMMENTS _____

(Date) (Signature)

VOLUNTEER SERVICES DEPARTMENT COMMENTS _____

(Date) (Signature)



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CONFIDENTIALITY AGREEMENT

Confidential information is sensitive or secret information to which access may be gained solely by virtue of the Volunteer's relationship with the hospital. This information may be received from outside sources with which the hospital does business (e.g. Consultants, Vendors, outside reports or studies) or from within the hospital. Examples include but are not limited to the following: patient lists, patient records, physician rosters, physician files, fee schedules, medical data, planning and budgeting information including any copies, fax, or emails, etc.

You will have access to information regarding patients' condition. **UNDER NO CIRCUMSTANCE** is this information to be discussed with anyone including another Volunteer or Employee! The "internal problems" you may encounter as you try to help the customers/clients/patients are not discussed in their presence. After the customer/client/patient has been helped and you are sure that no other customers/clients/patients are within hearing range, contact the Head of the Department or the Volunteer Services Department.

Since confidentiality is crucial to the operation of the hospital, and since the hospital in some instances has a legal obligation to protect such information it is expected that the Volunteers with access to this information will preserve its restricted nature. Further, this type of information must not be removed from the hospital or divulged to external sources. In the event that you have any questions as to whether a particular matter is confidential, please contact the Volunteer Services Department, Manager of Human Resources & Training or the Administrator's Office.

AGREEMENT

As a Volunteer at the Grand Bahama Health Services, I understand that all patient-related information is **CONFIDENTIAL**. I agree to respect and protect the patient's right to privacy. Aside from discussion with hospital staff in the course of performing my Volunteer job, I will not disclose, either inside or outside the hospital, any patient's name or identifying information. I understand that to violate a patient's right to confidentiality is a **breach** of the Grand Bahama Health Services standards and health law and that such violation would result in dismissal from my Volunteer position. Further, I may be prohibited from holding any position, either Volunteer or paid Employee, within Grand Bahama Health Services or other institutions governed by the Public Hospitals Authority in the future, and I could be sued for breach of confidentiality by the patient.

Volunteer _____
(Print Name) (Signature) (Date)

Coordinator _____

Administrative Officer _____



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SURVIVAL CHECKLIST

The Volunteer Services Department is dedicated to the success of each Volunteer. To assist you in achieving success as a Volunteer, here is a list of tools that you should have with you while performing your duties as a Volunteer.

ITEM

CHECK

Name Tag (to be worn on pinafore or uniform shirt at all times)

Pen & Notepad (at all times. Do not rely on your memory)

Comfortable low heeled shoes

A smile at the appropriate time

I have all of the above mentioned items at my disposal.

(Print Name)

(Signature)

Date _____

(Volunteer Services Coordinator)

(Administrative Officer)



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ORIENTATION CHECKLIST

The Volunteer Services Department is dedicated to providing a high calibre orientation and training plan. The programme, "Buzzer Bees" Student Volunteers will provide you with the training necessary to perform your duties safely, efficiently, and with the positive image that exemplifies the Grand Bahama Health Services commitment to our customers/clients/patients through service excellence.

<u>ORIENTATION</u>	<u>Reviewed</u>	<u>Date</u>
PHA/GBHS/Volunteer Services Mission/Vision	_____	_____
Policies & Procedures Pamphlet	_____	_____
Service Guidelines/Policies & Procedures Acknowledgement	_____	_____
Application Form	_____	_____
Confidentiality Agreement	_____	_____
Survival Checklist	_____	_____
Tour of Facilities	_____	_____
Orientation Checklist	_____	_____

All of the items on this checklist have been explained to me and I understand them completely.

(Print Name)

(Signature)

Date _____

The above Volunteer has reviewed items on this checklist prior to assuming his/her duties.

(Volunteer Services Coordinator)

(Administrative Officer)



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"BUZZER BEES" VOLUNTEERS**

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**SERVICE GUIDELINES/POLICIES & PROCEDURES
ACKNOWLEDGEMENT**

I have reviewed the *Service Guidelines* and the *Student Volunteer Programme Policies and Procedures* and have been given an opportunity to ask questions that I may have concerning performance responsibilities contained therein.

I understand that the *Service Guidelines* detail job duties, qualifications, and that the *Student Volunteers* brochure details expected Volunteer's conduct based on the *Grand Bahama Health Services* commitment to customer/client/patient service excellence. I believe that I can perform the necessary activities within the parameters of the *Service Guidelines* and to uphold the *Grand Bahama Health Services'* standards.

It is further understood that my volunteer relationship is for a defined period and may be terminated at any time, for any reason, by either myself or the hospital. I will keep the *Student Volunteer Programme Policies and Procedures* for future reference and observe the rules outlined therein unless I am notified by the *Volunteer Services Department* of a change in policies and procedures.

(Print Name)

(Signature)

(Date)

(Witness)

(Date)