



# Volunteer Services

## **BERTRAND CHAFFEE HOSPITAL AND JENNIE B. RICHMOND NURSING HOME**

Volunteers at Bertrand Chaffee Hospital and Jennie B. Richmond Nursing Home are an important part of our family, and are valuable assets to every community. Volunteers are the men and women who give of themselves- which is often the most precious gift our patients, physicians and staff receive.

As we move forward to build an expanded continuum of care in our community, the assistance of our volunteers helps us to hold down escalating healthcare costs while continuing to offer the highest quality of services to our patients and the community.

Bertrand Chaffee Hospital and Jennie B. Richmond Nursing Home have many volunteers throughout the facility that assist in various departments, such as physical therapy, activities department, and those that serve on our Executive Board as well. Not all volunteers are retirees. Some volunteers work full-time with busy schedules and find time to do good deeds for the Hospital and Home.

We are very fortunate to have such dedicated volunteers ready to lend a hand with compassion, commitment and care and we sincerely appreciate all of their contributions to the Hospital, Nursing Home, and to the community.

Sincerely,  
Nils Gunnerson  
CEO



**BERTRAND CHAFFEE HOSPITAL  
JENNIE B. RICHMOND NURSING HOME**  
224 East Main Street  
Springville, NY 14141  
716.592.2871

**VOLUNTEER SERVICES APPLICATION**

I would like to apply for a Volunteer position in:

- Bertrand Chaffee Hospital
- Jennie B. Richmond Nursing Home

Volunteer Position(s) of Interest In Order of Preference: \_\_\_\_\_

**Availability:**

Days & Times Available:

- Sun: \_\_\_\_\_
- Mon: \_\_\_\_\_
- Tues: \_\_\_\_\_
- Wed: \_\_\_\_\_
- Thurs: \_\_\_\_\_
- Fri: \_\_\_\_\_
- Sat: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you 18 years of age or older:  Yes  No  
If no, please enter age: \_\_\_\_\_

**CERTIFICATIONS, LICENSES, REGISTRATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Cert#: \_\_\_\_\_  
Lic#: \_\_\_\_\_  
Reg#: \_\_\_\_\_

Please note any relevant experience such as volunteer service, membership associations, etc:

\_\_\_\_\_

Have you ever been in the employ of:

No

Bertrand Chaffee Hospital

Jennie B. Richmond Nursing Home

If YES: Date of Employment: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Position: \_\_\_\_\_

Are you related to anyone who is currently employed by:

No

Bertrand Chaffee Hospital

Jennie B. Richmond Nursing Home

If YES: Name of Employee: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

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Have you been convicted of a crime in the last (7) years?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense related to healthcare or have been sanctioned or otherwise deemed ineligible to participate in Medicare, Medicaid or any other Federally funded program?  Yes  No

If yes, please explain: \_\_\_\_\_

**Volunteer Acknowledgement and Understanding:**

I hereby represent that each answer to a question herein and all other information furnished is true and accurate. I further represent that such answers and information constitutes a complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any false statements, incomplete or inaccurate information furnished by me will subject me to discharge at any time. I authorize you to contact my Employment/Volunteer References and investigate any and all information given and release you and my References from any and all liability and responsibility resulting from such investigation.

I understand that my application does not guarantee a volunteer placement. If selected for Volunteer Services, I do consent to any and all medical examinations required by the organization. Volunteer Services are dependent upon successful completion of a pre-volunteer physical examination.

Volunteers may have access to a variety of confidential information regarding a patient, resident, the Hospital, Nursing Home, its Medical Staff and employees. Under no condition can this information be disclosed. All patient care information is to be regarded as confidential. Access to medical records is limited to our medical staff and any other person the patient may allow. Information obtained by any volunteer in the course of his/her service is strictly confidential, and the volunteer shall not divulge such information to any person. Failure to comply on confidentiality may be grounds for dismissal.

I understand that as a Volunteer I may not accept payment for my services and that I will incur the cost of uniform and transportation. I also understand that this is a non-smoking organization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Accepted as a BCH/JBR Volunteer, I agree that:**

1. *I shall at all times uphold the mission, vision and values of the Hospital/Nursing Home.*
2. *I shall make my best effort to fulfill my commitment to the Hospital/Nursing Home by completing all assignments that I accept.*
3. *I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.*
4. *I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, physicians or staff, and not seek to obtain confidential information from a patient/resident/ employee.*
5. *I shall attempt to resolve any problems related to my volunteer activities with any type of supervisor.*
6. *I shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on Hospital/Nursing Home premises, unless I receive the express authorization of Senior Management to engage in these activities.*
7. *I understand that BCH/JBR reserves the right to terminate my volunteer status as a result of:*
  - (a) Failure to comply with BCH/JBR policies, rules and regulations;*
  - (b) Absences without notification;*
  - (c) Unsatisfactory attitude, work or appearance; or*
  - (d) Any other circumstances which, in the judgment of the Department Head, would make my continued service as a volunteer contrary to the best interests of the Hospital/Nursing Home.*

*I have read each of the above conditions and I agree to be bound by them if chosen for Volunteer Services.*

**Date:**

**Print Volunteer Name:**

**Volunteer Signature:**