

## **Bozeman Health Volunteer Information and Application**

If you're looking to give back to the communities we live in and serve through volunteering in a professional health care setting, then you've come to the right place. With over a dozen different volunteer opportunities throughout Bozeman Health, there's something for everyone. Please review the various types of volunteer roles and the application, and contact volunteer services with any questions at [volunteer@bozemanhealth.org](mailto:volunteer@bozemanhealth.org). We look forward to hearing from you as you consider volunteering at Bozeman Health.

### **Volunteer Expectations at Bozeman Health**

#### **What we expect from you:**

- Enjoy your volunteer experience! Volunteers assist Bozeman Health with achieving its mission of improving community health and quality of life.
- Comply with the policies and procedures of Bozeman Health and the volunteer services department.
- Commit to volunteering a minimum of 64 hours. Usually this consists of at least one, four hour shift per week for four months.
- Undergo a criminal background check, ongoing screening, and a TB test at no charge.
- If you cannot make a scheduled shift, notify volunteer services and the department in which you volunteer.
- Sign in and out on the volunteer touch screen during each shift, in order to record the number of hours served.
- Attend volunteer meetings and trainings as requested, including completing the new volunteer orientation exam within your first month of volunteering.
- Dress professionally (business casual), wear appropriate shoes, and wear your ID badge and PPEs at all times.
- Volunteers do not perform any clinical tasks or services.

#### **What you can expect from us:**

- Enjoy making connections, learning new skills, and helping others within a professional healthcare environment.
- \$7 meal allowance for every shift.
- Discounts in the cafeteria, coffee shop, gift shop and pharmacy.
- Free flu shots during flu season and possibly other vaccine opportunities.
- Access to special Bozeman Health events and services.
- Make lifelong friends who make the world a better place through volunteering in healthcare.

**Thank you for your interest in volunteering at Bozeman Health!**

Please email your completed application to: [volunteer@bozemanhealth.org](mailto:volunteer@bozemanhealth.org).  
Or mail to: Bozeman Health Volunteer Services, 915 Highland Blvd., Bozeman, MT 59715

## Volunteer Opportunities

### **Volunteer Opportunities at Bozeman Health Deaconess Hospital**

**Information Desk:** Volunteers make a lasting impression for those who enter Bozeman Health Deaconess Hospital by greeting guests, giving directions and answering visitor questions.

**Wayfinding:** Volunteers are stationed at Bozeman Health Deaconess Hospital entrances and assist with providing directions, walking patients to their appointments, and/or transporting patients in wheelchairs. They also deliver flowers, meals, mail, and other items throughout the hospital.

**Cancer Center:** Volunteers make a difference by providing comfort to cancer patients undergoing treatments and to family members and guests while they wait. Drivers are needed to give patients rides to and from treatment/visits.

**Emergency Department:** Volunteers provide comfort and non-medical services for patients and their visitors in the emergency department. Volunteers also assist with room turnover and restocking supplies.

**Perioperative Services:** Volunteers give support to families and friends waiting for patients in surgery and serve as a liaison between families, surgical staff, and physicians.

**Cuddler in Neonatal Intensive Care Unit and Family Birth Center:** Volunteers cuddle babies in both the neonatal intensive care unit (NICU) and Family Birth Center. When there are no babies to cuddle, volunteers assist with phone calls, stuffing packets, and other clerical tasks.

**Family Birth Center Guest Relations:** Volunteers greet and verify patient and visitor information. They will also answer phones and any patient and/or visitor questions.

**Gift Shop:** Volunteers assist customers as they shop for gifts, flowers, candy, and other merchandise.

### **Volunteer Opportunities at Bozeman Health Big Sky Medical Center**

**Big Sky Medical Center:** Volunteers assist in the Emergency Department or main registration desk. The staff is willing to work with your schedule and goals in order to have a meaningful volunteer experience.

### **Volunteer Opportunities at Bozeman Health Hillcrest Senior Living**

**Meals Host:** Volunteers check residents in and serve as meal hosts during lunch and dinner. They assist with drinks and other tasks as needed. This is a great opportunity to gain experience in an assisted living setting while helping others and making life long connections.

## **Bozeman Health (system-wide opportunities)**

Animal-Assisted Therapy: Volunteer teams of person and animal provide emotional support to patients, visitors, and staff at Bozeman Health care sites.

Spiritual Health: Volunteers assist our Spiritual Health team with patient centered initiatives and/or perform specific tasks based on religious affiliation.

Special Projects: Volunteers help with various activities and events as needed. Health system departments may ask for assistance with particular projects, educational materials, fundraising events, filing, database organization, etc.

Junior Volunteers: 16 and 17 year-olds who would like to volunteer in a professional healthcare setting work one-on-one with an adult mentor. They perform nonmedical tasks within the department they choose to volunteer in. Junior volunteers are held to the same standards as adult volunteers and expected to be professional in all aspects of their role.

**Volunteer Services Application**

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

<u>Previous Volunteer Experience</u>	<u>Year</u>	<u>Title or Duties</u>
1) _____	_____	_____
2) _____	_____	_____

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about volunteering at Bozeman Health? \_\_\_\_\_

Have you ever been convicted of any criminal offense? NO                      YES

\*If yes, please explain (note: a criminal conviction does not necessarily exclude you from volunteering)

Why do you want to volunteer at Bozeman Health? \_\_\_\_\_

What volunteer positions/departments are you interested in? \_\_\_\_\_

Have you volunteered in a health care setting before? \_\_\_\_\_

What are your special skills, talents, and/or hobbies? \_\_\_\_\_

Can you meet the 64 hour volunteer commitment? NO                      YES

Are you 18 years or older? NO                      YES

Are you a Bozeman Health employee? NO                      YES

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### **Volunteer Responsibilities**

As a volunteer, I have a responsibility to complete and adhere to the expectations of Bozeman Health and the volunteer services department. Therefore, I:

- Agree to fulfill the 64 hour volunteer commitment at Bozeman Health. (Animal therapy, special project volunteers, and junior volunteers must volunteer at least once per month.)
- Agree to attend volunteer training until I am competent to perform the required duties and will attend additional training sessions as needed.
- Agree to complete the one-time initial orientation exam within my first month of volunteering.
- Agree to notify volunteer services and the appropriate person within my department when I'm going to be absent.
- Agree to uphold the Mission, Vision, Values and the Code of Conduct of Bozeman Health.
- Agree to comply with all policies and procedures of Bozeman Health and the volunteer services department.
- Understand that I may have to relinquish my volunteer responsibilities at the sole discretion of Bozeman Health.

### **Confidentiality Commitment**

As a Bozeman Health employee, volunteer, committee member, or visitor, I recognize that assuring confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of Bozeman Health have the right to expect that confidential information of all kinds—medical, personnel, business and financial (verbal, written or computerized)—will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed, except in accordance with Bozeman Health policies and agreements.

I recognize that due to the nature of my involvement with Bozeman Health, I agree to be obligated to follow Bozeman Health policies that protect confidentiality. These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, Bozeman Health will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that failure to protect the confidentiality of information may be grounds for civil penalties under the Montana Health Information Act or the Health Insurance Portability and Accountability Act (HIPAA) and violation of Bozeman Health policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about Bozeman Health policies and expectations regarding confidentiality, I will ask my supervisor, department manager, a member of senior leadership, or the Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, department manager, or the Compliance Officer.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Verification Disclosure**

As part of the **volunteer and employment** process, Bozeman Health may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of **employment and volunteering**, a Consumer Report may be obtained which may include information about your character, general reputation, or personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is obtained, will be provided, in the event the report contains information regarding your character, general reputation, or personal characteristics.

**Authorization and Release**

During the **application or volunteering process** and at any time during any subsequent employment or volunteering, I hereby authorize Victig, on behalf of Bozeman Health to procure a Consumer Report that may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
Full Legal Name – Please Print

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number with Area Code

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. Washington, D.C. 20580.

## **A Summary of Your Rights under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if a person has taken adverse action against you because of information in your credit report;

- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or-unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.**

Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

**BUSINESS:**

**T:**

Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center-FORA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “NA.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banksman federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word Office of Thrift Supervision “Federal” or initials “F.S.B.” appear in federal institution’s name)	Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in Institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or tall common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051