



Monterey Park Hospital

AHMC Healthcare

BECOME A MONTEREY PARK HOSPITAL VOLUNTEER!

Dear Volunteer,

We are pleased to have the opportunity to offer you training, challenge and community service involvement in a health care environment. We are happy to have you join us as an active member of our growing health care family.

Due to recent widespread community transmission of COVID-19, it is important to remember all public places pose a potential chance of exposure. To maintain your safety, we ask that you stay masked at all times while in the facility, practice hand washing or hygiene often, and try to keep a 6-foot distance from others. Limited spaces will be available for our volunteer program during summer time.

You will be joining a staff of professionals dedicated to providing high quality health care management to the community they serve. The time you will be spending at the hospital will offer you an opportunity to learn new skills, gain a sense of accomplishment, and derive personal fulfillment and growth while receiving the satisfaction that comes from being needed. Additionally, you will be contributing to the happiness and well-being of our patients and their families. All of this makes you a very important person.

Volunteers serve in more than 15 areas of the hospital, some departments that utilize volunteers include the Emergency Department, Admitting, Information Desk (Main Lobby), Laboratory, Medical Records, Nursing Stations, Business Development, Materials Management, Radiology (Clerical Only), Dietary and more. Most of our assignments for the volunteers are clerical support to help with projects in an office setting, some directly with patients providing water, newspapers or directing patients to assigned departments.

Whether your interest is to give back to your community or to explore health careers as you give back to your community, Monterey Park Hospital has a place for as we strive to support the hospitals' mission, vision and values.

Volunteer's Responsibilities and Requirements

A Monterey Park Hospital Volunteer is an individual who is emotionally stable and physically able to perform work assigned to him/her: a person willing to devote the time and effort necessary to perform service. A volunteer should have the desire to learn and willingness to abide by hospital policies and procedures, rules and regulations.

- We request a minimum commitment of 60 hours of service.
- Volunteers must sign up for two or more days per week with shifts of 2 hours' minimum commitment but allowed a maximum of 8 hours per shift.
- Vacations and other days off are happily accommodated.
- Volunteer services are available Monday thru Friday, from 8:30am - 5:00pm.

Training Orientation

You will be expected to attend a comprehensive orientation and training program to familiarize yourself with the hospital, its rules, regulations, infection control, policies and procedures. The orientation will last approximately Four – Five hours and will be followed by an Orientation Quiz.

Volunteer Screening Process

1. The minimum age to volunteer is 15 years: All Volunteer under the age of 18 must have a consent or **signature of a parent or guardian and provide social security number and Birth Certificate.**

2. Volunteer Application and Background Check Forms: All forms must be completely filled including the Acknowledge of Volunteer Status and Confidentiality Statement forms (Whether you are an Adult or minor you must provide a valid social security number for Background Check.

3. TB Test (Chest X-Ray if Positive): is required, test provided by the hospital at no cost, must submit copy after the background process comes back; test taken outside the hospital must be within the last 4 months.

4. Antigen Test: A Negative COVID-19 test will be required before starting, Hospital will provide a free antigen test for all Volunteer Applicants when excepted to the program. If you're been fully vaccinated for COVID-19, you will be required to show proof.

5. Orientation: Must attend orientation, once Background Check clear and Positions are available you will be schedule to attend a 4 - 5 hours' orientation with the volunteer coordinator.

6. Volunteer Vest and Photo I.D. Badge will be Provided: Once you complete your services you will need to return Vest and I.D. to the Volunteer coordinator on your last day of services. A \$20 deposit will be collected, **refundable to you when the Vest and Photo I.D. Badge are returned.**

Thank you for accepting this challenge. We are delighted to have you serve in our program and know that you will have a most rewarding experience. Please feel free to contact Maria Enriquez if you have any questions.

Thank you,

Maria Enriquez

Volunteer Coordinator

(626) 570-5743

maria.enriquez@ahmchealth.com



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MONTEREY PARK HOSPITAL VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Monterey Park Hospital. Please complete each of the following items and return it to the Volunteer Department in the 880 building suite 306 when completed. You will be notified when a volunteer position becomes available.

Date Application Completed: _____

Date Available: _____

PERSONAL INFORMATION

NAME: _____ DOB: _____ AGE: ____ M ____ F ____

ADDRESS: _____ CITY / STATE / ZIP: _____

PHONE: (____) _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

EDUCATION *(Please check the highest level of schooling completed)*

____ Some or no High School ____ High School Graduate

____ Some College / Professional / Technical School (Major: _____)

____ College / Professional School Graduate (Year: _____)

EMPLOYMENT

Are you currently employed? ____ Yes, Full-Time ____ Yes, Part-Time ____ No

Have you ever been convicted of a felony? ____ Yes ____ No If yes, please give the date, location, and disposition of your case. _____

Please list some of your past employment experience:

EMPLOYER	WHERE	DATE/YEAR

VOLUNTEER ASSIGNMENTS

Please check the work you would enjoy most:

____ Admitting ____ Business Development ____ Cafeteria ____ ER Admitting

____ Lobby Host/Hostess ____ Medical Records ____ Medical Staff ____ Purchasing

____ Nursing Station Other (List) _____

SKILLS

What other language do you speak?

___ English ___ Spanish ___ Chinese ___ Vietnamese other: _____

Please check any business skills you have:

___ Typing ___ Filing ___ PBX Phones ___ 10 Key Other: _____

Please list any Computer Programs you have experience with:

HEALTH

How would you describe your health in the past year?

___ Excellent ___ Good ___ Fair ___ Poor

Have you Been Fully Vaccinated for COVID-19? ___ YES ___ NO, If Yes, please provide proof.

Do you have any physical limitations that might affect your volunteer assignment (Bad back, hearing or vision impaired, etc...)?

If "yes", please explain: _____

Other

Have you had any previous hospital experience? ___ Yes ___ No

If "yes", where: Hospital _____ Year _____

How often would you like to volunteer at Monterey Park Hospital?

___ Once a week ___ Twice a week ___ Several days a week

(Volunteer services available Monday thru Friday from 8:30 am to 5:00 pm)

What days and times would you prefer to be scheduled to volunteer?

Days/Time: Mon _____ Tue _____ Wed _____ Thurs. _____ Fri _____

I, the undersigned, give Monterey Park Hospital permission to perform a PPD (Tuberculosis Skin Test) and a Background Check.

Signature **(Parent / Guardian if under 18 years of age)**

Date



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ACKNOWLEDGEMENT OF VOLUNTEER STATUS

I, _____ hereby acknowledge and understand, that I am a volunteer for Monterey Park Hospital. I understand and agree that as a volunteer I am not an employee of Monterey Park Hospital under federal, state, and local laws, because (1) I am donating my services to Monterey Park Hospital for altruistic reasons; (2) I have no expectation of any compensation, pay, fee or benefits for my services; (3) I am not entitled to any wages or employee benefits to which Monterey Park Hospital employees are entitled; (4) Monterey Park Hospital has not promised me any compensation for service as a volunteer; and (5) Monterey Park Hospital has not promised or suggested that I will receive any employment opportunities, or greater consideration for any future employment opportunity, as a result of my volunteer service.

If at any time I believe that I should be compensated for my services, or that I am acting as an employee rather than a volunteer, I will immediately notify Monterey Park Hospital of this belief in writing.

I further acknowledge that I have not been coerced or forced to sign this agreement and have entered into it voluntarily under my own free will.

Name: _____

Signature: _____

Date: _____



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**AGREEMENT, AUTHORIZATION AND CONSENT FOR RELEASE OF
BACKGROUND INFORMATION FOR MINOR CHILD FOR VOLUNTEER SERVICES**

Date _____

I, the undersigned parent or legal guardian of _____,
do hereby consent, on behalf of myself and said child, to have a background report
prepared by Sterling Info systems, Inc. and delivered to
_____ for use for employment purposes consistent
with the disclosure and authorization provided to said child.

Signature of Legal Parent or Guardian

Print Name