



North Cypress Medical Center

Thank you for your interest in the Volunteer Services Program of North Cypress Medical Center. We are excited that you are willing to dedicate your time to help make our hospital a medical facility to be proud of.

There are **four steps** to become a NCMC volunteer and this usually takes place over a two week period.

- Application
- Initial Interview/Drug Screen/Background Check
- Orientation/Test/TB Injection
- Volunteer Assignment/Jacket/Name Badge

Before you decide that you want to become a volunteer, please be sure that this is a commitment you are willing and able to make. We pledge to make your experience pleasurable, gratifying and worthwhile. You will meet many new friends and experience busy rewarding days. We do ask that you fulfill your commitment to us by giving us a minimum of four hours a week and be able to make a minimum commitment of six months. We understand there will be vacations, situations involving family, friends and illnesses that may prevent you from coming in on your assigned day. All we ask is that you keep us informed by calling the Volunteer Coordinator or your assigned supervisor to apprise them of your situation. In order to become a volunteer, you must submit to a drug screen and background check. After this information has cleared, you will be contacted by email to come in to complete the orientation process. If you do not have email you will receive a call.

Your TB test will be given on the day of your orientation and you will be required to return within 72 hours to have it checked. If you do not return within that time frame, you will have to retake the test. North Cypress has a two step TB test and you will be required to take a second one after the first has been cleared.

Your volunteer uniform consists of a green volunteer jacket, khaki pants and a white shirt. The cost of the uniform jacket is \$20.00 which you may pay with a check or cash at the time you received the jacket.

Your name badge will allow you to receive a free meal in the cafeteria on the day you volunteer. If your shift is from 1-5pm, you may come in early for your cafeteria meal. Cypress Café is not included in the free meal plan.

It is our goal to make volunteer service an enriching experience for you. We want you to take pride in being a

.....NORTH CYPRESS MEDICAL CENTER VOLUNTEER.....

Glenda Salter
Volunteer Coordinator
832-912-3842

“Together we shine”

21214 Northwest Freeway
Cypress, Texas 77429



Volunteer Services
21214 Northwest Freeway
Cypress, Tx 77429
832-912-3842 phone
832-912-3838 fax
Glenda.salter@ncmc-hospital.com

Volunteer Application

NAME

(Last name) (First) (MI) (first name for badge)

Other name (if applicable) _____ D.O.B. _____

ADDRESS _____

CITY _____ ZIP _____ HOME PHONE _____

CELL PHONE _____

SOCIAL SECURITY# _____ E-MAIL _____

EMPLOYMENT INFORMATION

CURRENT EMPLOYER (if applicable) _____

ADDRESS _____

PHONE _____ POSITION _____ HOURS _____

BUSINESS EXPERIENCE?

EDUCATION

High School _____ Dates _____
Name From Until

Trade School _____ Dates _____
Name From Until

College _____ Dates _____
Name From Until

Graduates School _____ Dates _____
Name From Until

Major or Field or Interest? _____

Prior Volunteer Experience

Where did you hear about our program?

PERSONAL DATA

Special skill, talents, hobbies, and interests: _____

Languages: _____

Why do you want to volunteer at North Cypress Hospital?

PLEASE LIST TWO LOCAL PERSONAL REFERENCES (other than family members)

Name _____ Phone _____

Address _____ City _____ ZIP _____

Name _____ Phone _____

Address _____ City _____ ZIP _____

Have you ever been convicted of or been on deferred adjudication for, or are you now either awaiting trial for or on deferred adjudication for, a felony or misdemeanor? Yes No

If yes, describe, including dates and locations: _____

Conviction will not necessarily bar volunteer service.

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide information concerning your character, reputation and personal characteristics, and mode of living. You may obtain a copy of this information upon written request.

I hereby certify that the information I supplied in this application is true, complete and correct to the best of my knowledge and I understand that any information I withheld or falsely provided in connection with the foregoing shall be cause for rejection of this application or termination of volunteer status. I hereby authorize North Cypress Medical Center, without liability, to contact prior employers (present employers if authorized) schools or references I have given and authorize said employers, schools, or references to make full response to any inquiries by North Cypress Medical Center in connection with this application for volunteer service.

I HAVE READ AND UNDERSTAND, AND AGREE TO THE FOREGOING PARAGRAPHS.

Volunteer Signature

IF ACCEPTED AS A NORTH CYPRESS VOLUNTEER, I AGREE THAT:

1. My services are donated to the hospital, and given for humanitarian, religious, or charitable reasons.
2. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off of hospital property, or act as a runner or capper for an attorney in the solicitation business. I shall report all known occurrences of solicitation for attorneys to the Coordinator of Volunteer Services.
3. I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petition on hospital premises, unless I receive the express authorization of the Coordinator of Volunteer Services to engage in these activities.
4. I shall submit to the examinations, which may include chest X-rays, skin test, and appropriate laboratory test, as part of my volunteer services. I also authorize the person(s) making tests or x-rays films to report the results to the hospital.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
6. I shall attempt to resolve any problems related to my volunteer activities with my Unit Supervisor, and, if unsuccessful, attempt to resolve any such problems with the Coordinator of Volunteer Services.
7. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
8. I shall at all times uphold the mission of the hospital.
9. I understand that the volunteer services department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) 3 absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department Coordinator, would make my continued service as a volunteer contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them.

Volunteer Signature: _____ Date _____

INDICATE TIME AVAILABLE TO WORK:

	9-1	1-5	*	*
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY			**	**
SUNDAY			**	**

*Later shifts may be available in ER

**ER only

IN AN EMERGENCY NOTIFY:

NAME _____

RELATIONSHIP _____ PHONE (work) _____ (home) _____

PHYSICIAN'S NAME _____ PHONE _____

MAILING ADDRESS _____

BELOW FOR OFFICE USE ONLY:

SERVICE AREA: _____

	Date	By		Date	By
1. Application received	_____	_____	7. Jacket	_____	_____
2. Scheduled Interview	_____	_____	8. TB Test Cleared	_____	_____
3. Orientation Scheduled	_____	_____	9. Drug Test Cleared	_____	_____
4. TB/Drug Test Scheduled	_____	_____	10. Background Cleared	_____	_____
5. Background sent	_____	_____			
6. Name Badge	_____	_____			

ADDITIONAL COMMENTS:



North Cypress Medical Center
21214 Northwest Freeway
Cypress, Texas 77429
832-912-3500

BEHAVIORAL STANDARDS

The elements of behavioral standards are based on the NORTH CYPRESS MEDICAL CENTER's Core Values. Review performance of the past rating period and give rating based on how the employee gets the work done (i.e., the work style).

COURTESY

- Welcome and/or greet internal and external customers in a warm, personal and professional manner.
- Greet others in hallways, elevators and at workstations with a kind word or smile.
- Make eye contact, introduce yourself and explain purpose, when appropriate.

RESPECT

- Follow HIPAA Guidelines: Respect privacy and dignity; Discuss confidential or sensitive information about customers, employees, or hospital business only with those having a valid need to know and do so privately, never in public places.
- Use a professional and respectful tone of voice.
- Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and their families.

RESPONSIVENESS

- Answers telephone, paging system, patient's call lights, anticipates patient's needs, and makes rounds of assigned patients and responds as appropriate.
- Provide the services or information requested, or finds someone who can.
- Provide a timeframe for providing service and explain any delays.
- Follow through in meeting deadlines.
- Handle emergencies, pressures and stressful situations in a calm and professional manner.

COMMUNICATION

- Offers information on departmental processes and procedures, as appropriate.
- Communicate appropriately, with clarity and professionalism both orally and in writing to management, co-workers and physicians.
- Keep people informed while resolving issues or getting answers to questions.

TEAMWORK

- Take responsibility for improving processes and systems; Look for new and better ways of doing things.
- Participate openly, honestly share opinions, and look for new and better ways of doing things.
- Maintain positive working relationship with patients, visitors, physicians and coworkers.
- Demonstrate willingness to accept assignments in a positive manner.

PROFESSIONALISM

- Present a positive image: Able to adapt to new conditions or procedures quickly and without resistant; Accepts assignments as commensurate with knowledge and experience; Shows a positive attitude toward work scheduled, assignments; Conforms to hospital policy regarding notification of absence or tardiness, use of sick time, vacations, holidays and overtime.
- Wear name badge so that name is clearly visible and worn above the waist at all times while on duty.
- Limit eating, drinking and smoking to designated areas.
- Avoid personal conversation with co-workers when providing patient care.
- Make no inappropriate or negative comments about the patients, co-workers, physicians or any part of NCMC in the presence or within hearing of any patients.
- Demonstrate pride in NCMC by keeping areas clean and safe.
- Demonstrate a professional attitude toward patients, visitors, physicians, and coworkers.
- Demonstrate ongoing responsibility and commitment to the job through attendance and punctuality in relation to stated work hours.
- Follow appropriate telephone guidelines.
- Maintain professional appearance and manner that is appropriate to assignment, as well as following NCMC Appearance Standard Guidelines.
- Complies with all organizational policies regarding ethical business practices.

Employee Signature

Date



NORTH CYPRESS MEDICAL CENTER

DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because North Cypress Medical Center ("Company") may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes.

Consumer Reports or Investigative Consumer Reports will be obtained from HireRight, Inc., ("HireRight") located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 800-400-2761. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by HireRight from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

For California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

You are being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. section 1681(g)(c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights by contacting HireRight.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Applicant Last Name _____ First _____ Middle _____

Social Security # _____ Date of Birth (for ID purposes only) _____

Present Address _____

City/State/Zip _____

Applicant Signature _____

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

NORTH CYPRESS MEDICAL CENTER

Personnel Policy for Pre-Employment Drug Screening

Drug Screening Requirements for Job Applicants. All applicants who are offered positions at North Cypress Medical Center are required, as a condition of the offer, to satisfactorily complete a drug test. The drug test is designed to detect the use of illegal drugs or the improper use of legal drugs. All tests are conducted by physicians, medical or specially trained personnel, or testing laboratories selected by North Cypress Medical Center, and are subject to careful testing procedures with mandatory confirmation of any preliminary positive results. The results are reported to North Cypress Medical Center, designated medical representative or Human Resources representative.

For applicants, a positive result on a drug test normally results in revocation of the existing conditional job offer and elimination of the individual from further consideration of employment.

Consent and Release Forms. All Applicants who are required to undergo a drug test are also required to sign a form consenting to the tests and to the release of the tests results to North Cypress Medical Center.

Confidentiality of Medical Information and Test Results. North Cypress Medical Center takes all necessary steps to safeguard the confidentiality of all medical information and test results relating to any applicant or employee required to submit to an employment-related drug test. Any and all records containing medical information about an applicant are maintained separate and apart from the hospital's general personnel or Human Resource files. Access to medical information in these separate files is granted only to individuals with a valid and documented need to know. In such cases, access will be granted to only as much information as is needed to satisfy the individual's specific need for information from the medical information file.

Consent and Release Form for Drug Test

I, _____, hereby give my consent and express my willingness to undergo a drug test as requested by North Cypress Medical Center, I also consent to the release of the results of the test to my employer. I am also consenting to the collection of a urine sample from me by my employer's physician or testing representative, which is sent to a laboratory selected by my employer. I understand that this laboratory conducts screening tests on this urine sample to detect the presence of illegal narcotics, including marijuana and other drugs, as well as signs of abuse of legal drugs. I understand that all samples are subject to careful testing procedures with mandatory confirmation of any preliminary positive results.

I understand that a positive result on a drug test can result in revocation of my employment with North Cypress Medical Center. I agree to release and discharge North Cypress Medical Center and any of its designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability arising out of or related to any physical or medical examination or the results of such examinations or tests that I have been asked to undergo by North Cypress Medical Center.

I also hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against North Cypress Medical Center, any of its affiliates, employees, representative, or agents arising out of their activities or actions performed in connection with these examinations.

(Signed) _____

Date _____

NORTH CYPRESS MEDICAL CENTER CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (hereinafter the "Agreement") is entered into by and between NORTH CYPRESS MEDICAL CENTER (hereinafter "the Company") and myself (hereinafter, collectively, "the parties"). In serving as an employee, temporary worker, or contract hire of the Company, I understand that I will be exposed to information about the Company and its employees, patients, customers, and business relations that the Company considers to be of a confidential and/or proprietary nature, and I understand that the Company wishes to protect this information. As a condition of my employment by the Company, I agree to the following:

I agree and acknowledge that for the purposes of this Agreement, the following definitions apply: (A) "Confidential information" means data and information, in whatever form (including but not limited to oral, written, printed, recorded, transcribed, taped, filmed or graphic materials, however produced or reproduced, electronic, magnetic, or mechanical recordings of any kind, tapes, cassettes, disks, compact discs, diskettes, chips, cartridges, hard drives, and records, source code and object code, other than Trade Secrets, that is valuable to the Company or any person or entity represented by or affiliated with the Company and is considered by the Company to be secret, confidential, proprietary, and that is not generally known to the public or competing businesses; (B) "Nondisclosure Period" means the period beginning on the date last written below and continuing indefinitely after the termination of my employment with the Company for any reason; and (C) "Trade Secret" means any technical or non-technical data, formula, pattern, compilation, program, device, method, technique, drawing, process, financial data, financial plan, product plan, list of actual or potential customers or suppliers, or other information similar to any of the foregoing, which derives economic value, actual or potential, from not being known to, and not being readily ascertainable through proper means by other persons who can derive economic value from its disclosure or use, and is the subject of efforts that are reasonable under the circumstances to main its secrecy. (D) Protected Health Information (PHI) is that personally identifiable to an individual patient, as defined is 45 CFR §164.501.

Confidentiality. I agree to hold in confidence all Trade Secrets of the Company and not to disclose, publish, or make use of such Trade Secrets without the prior written consent of the Company for as long as the information remains a Trade Secret under this Agreement and/or applicable law. I further agree to hold in confidence and not to disclose or allow through a lack of reasonable care to be divulged to anyone, from my own use or benefit or for the use or benefit of others or for any reason, any Confidential Information of the Company or of any person or entity represented by or affiliated with the Company during the Nondisclosure Period without the prior written consent of the Company. Further, I will make no use of such Confidential Information except as expressly authorized by the Company in writing. This restriction shall not apply to disclosures that are required by law.

Protected Health Information (PHI). I agree that I will act as a reasonable custodian of any PHI that I will gain access to in the normal course of my duties and/or interaction with clients or patients. This includes but is not limited to, taking necessary steps to prevent the exposure of such information to anyone outside the staff who generated the information or other employees of the Company; adherence to all HIPAA regulations as they exist at the time this agreement becomes effective and as they change from time to time; and adherence to all the Company's policies and procedures pertaining to the access to and destruction of PH

Intellectual Property Ownership. All work performed by me is "work for hire" as an employee at will, and I will assign to the Company all rights in all designs, creations, and improvements, original works or ownership, formulas, processes, know-how techniques, inventions and all other information or items created by me during the term of my employment. The rights assigned include title and interest in all patent, copyright, trade secret, trademark and other proprietary rights.

Return of Property. I agree to return all property of the Company immediately upon termination of my employment with the Company for any reason, including, but not limited to, all data, documentation, software and information, in whatever form, inventory, printed materials, customer lists, price lists, reports, handbooks, training materials, research, marketing materials, sales information, or any other documents obtained by me as a result of my employment with the Company, and all copies thereof.

I understand and agree that if I breach this Agreement, I will be responsible for paying all attorneys' fees and other legal costs incurred by the Company in enforcing this Agreement.

It is understood and intended by the parties hereto that if any portion of this Agreement is held to be unreasonable, unenforceable, arbitrary, or against public policy, then such portion of such covenant shall be considered divisible as to time and prohibited activities, and the remaining provisions shall remain in effect. No amendment, modification, or discharge of this Agreement shall be valid or binding unless set forth in writing and duly executed by each of the parties hereto. The Company shall be entitled to injunctive relief to prevent and put an end to any violations of this Agreement. This Agreement contains all of the covenants and agreements between the parties with respect to the subject matter of this Agreement, and the parties agree that no representations or agreements, oral or otherwise, relating to the subject matter of this Agreement that are not contained in this Agreement shall be valid or binding. The Company may assign this Agreement to any successor of the Company, in which case it will be binding upon and inure to the benefit of the assignee.

Duties. I understand that my computer sign-on is my own individual, personal code for gaining access into North Cypress Medical Center Computer Systems and I agree that **I will not share my login ID and/or password with anyone.** My computer sign-on allows me to access only such information which I have been authorized to use to perform my job responsibilities and I agree that I will only use my computer access as appropriate in order to carry out my assigned duties. I understand that my computer sign-on and my electronic signature or initials, if applicable, act as my personal signature, as if I had signed a paper document, when performing all computer activities and is legally binding as my authorized personal signature. I understand that the information I access through hospital systems is privileged, and/or confidential, and is to be used only in the performance of job-related or patient-related activities. I agree that I will not divulge confidential information unless requested to do so by my supervisor or other authorized personnel in the performance of my job duties or as required by law.

By signing below, I acknowledge that I have read and I understand this Agreement and all of its provisions and that I have been given an adequate opportunity by the Company for explanation and discussion of this Agreement. I sign this Agreement voluntarily of my own free will, and I am not suffering from any disability or condition that would render me unable to enter into this Agreement. I further agree to abide by all current regulations, Federal, and State, including HIPAA, and all hospital confidentiality and computer usage policies, currently found on the Hospital Intranet under Policies.

Violation of this Agreement will result in disciplinary actions up to and including immediate termination of your relationship with North Cypress Medical Center. In addition, **violation of this Agreement** may result in possible legal action, or fines against you and the organization you represent, for non-employees.

NORTH CYPRESS MEDICAL CENTER

Employee/Temporary Worker/Contract Hire

By: _____

Signature

Title: _____

Printed Name

Date: _____

Date: _____