



APPLICATION INSTRUCTIONS – Spring 2019

Thank you for your interest in our Emergency Department (ED) or Inpatient Department (IP) Volunteer Program. If, after reading *Information for UC Merced Students* (p. 2-3 of this packet), you meet all the qualifications and wish to apply, please read and complete the following documents. Your application should include only the items ***in bold***.

1. ***Application Form*** (p.4-6)
 - You can only apply for one program (ED or IP)
2. ***Personal Statement*** per the guidelines on p. 5
3. ***Background Check Forms*** (p.7-9)
 - IMPORTANT: Be sure sign all required spaces on this document and you must provide your entire Social Security number.
4. ***Authorization of Grade Disclosure*** (p.10)
5. Review the *Volunteer Health Requirements Checklist* (p.11). Note: Do not submit any of these documents. Only accepted ED or IP Volunteers will need to meet these requirements.

In previous years, there has always been many more applicants than Volunteer positions. The quality of your personal statement and your flexibility and willingness to work during our available scheduled shift times are carefully considered during the selection process

Submission and Deadline: Hard copy applications should be dropped off or mailed to: Center for Career & Professional Advancement, University of California, Merced, 5200 North Lake Road, Student Services Building, SSB230, Merced, CA 95343 – ATTN: Roberto Lopez. Applications must be in the office by **Wednesday, December 12th, 2018**. Late or incomplete applications will not be considered.

There is a mandatory Orientation session on Sunday, January 20th from 9:30 AM – 6:00 PM for accepted Volunteers. If you are unable to attend this session, do not apply (no exceptions).

You will be notified no later than Friday, December 21st, 2018 whether or not you have been accepted. Notification will be via e-mail from the Center for Career & Professional Advancement. We look forward to working with as many of you as possible in our Volunteer Programs!

Sincerely,

Namkha Nguyen
ED Volunteer Coordinator

Elyssa Simpson
IP Volunteer Coordinator

Janice Wilkerson
Director of Volunteer Services



Information for UC Merced Students
Emergency Department (ED) and Inpatient (IP) Volunteer Programs
Spring, 2019

Overview

Shadowing of physicians and/or staff is not part of these, or any other, volunteer programs at Mercy Medical Center. While there may be occasional opportunities to assist staff with the provision of some clinical/medical care, ***the focus is meeting the needs of patients and families for comfort and information.*** The Volunteer programs are designed to ensure an excellent patient experience.

ED and IP Volunteers are trained in healthcare service excellence strategies, ED and hospital operations/key policies, HIPAA and infection control practices. Volunteers interact with patients and family members of a variety of ethnicities, socio-economic status, and medical conditions/needs.

Emergency Department (ED) Volunteers provide support and care for patients and families during what can be a stressful ED stay. ED Volunteers work in collaboration with the ED staff by making patient rounds to identify and meet non-clinical need(s) and/or, when identified, inform staff to ensure that patient clinical needs are met.

Inpatient (IP) Volunteers work with patients admitted to adult medical/surgical units. Volunteers orient newly admitted patients and their families to the hospital environment and practices to decrease anxiety and provide needed information. In addition, they round on patients to identify and meet non-clinical need(s) and/or, collaborate with the nursing staff to ensure that clinical needs are met.

There are many more applicants than Volunteer positions available. We are sorry that not every applicant can be offered a Volunteer position.

Qualifications

- Must be 18 years or older
- Sophomore or Junior (year not class standing)
- Personal qualities – positive, service-oriented, caring, professional and self-directed.
- Minimum ***cumulative*** GPA of 3.0 at entry to the program and maintained each semester
- Able to communicate clearly in English; bilingual skills are helpful
- Able to work in a fast paced, constantly changing environment in a calm manner
- Provide own transportation to and from Mercy Medical Center
- Prior healthcare experience is not required

Volunteer Shift Commitment

Emergency Department - Must commit to volunteering one 3.5-hour shift per week for two academic semesters (Spring'19 and Fall'19) except for UCM holidays and vacations. Shifts are available 7 days a week at the following times: 12:30 – 4:00 PM, 4:00 – 7:30 PM and 7:30 – 11:00 PM. Applicants unable to work in these timeframes should not apply.

Inpatient - Must commit to volunteering one 3-hour shift per week for two academic semesters (Spring'19 and Fall'19) except for UCM holidays and vacations. Shifts are available 7 days a week Monday through Friday from 2:00 PM – 5:00 PM. Applicants unable to work in this timeframe should not apply.

- There is no guarantee that the shift you want will be available; the more availability you have for different shifts, the more likely that you will be able to volunteer in this program.
- Frequent changing/canceling of shifts is not allowed. Volunteers will be dismissed if attendance requirements are not met.

Requirements

- Submission of a completed application packet prior to the deadline of Wednesday, December 12th, 2018
- Negative background check (done through Mercy Human Resources Department)
- Meet all health requirements prior to Orientation (information provided after acceptance)
- Attendance at the mandatory Orientation session
- Timely completion of all requirements (forms, training sessions, health screenings, etc.)
- Attendance at 1-2 mandatory meetings each semester
- Adhere to the Mercy Volunteer dress code. Attire is a polo shirt (provided), nice pants/skirt (no denim/jeans), hosiery/socks, closed toe shoes.

Training

- Orientation for will be held on Sunday, January 20th from 9:30 AM – 6:00 PM at Mercy Medical Center. Attendance at the entire session is **required** (no exceptions). There is no make-up session.
- Detailed information about the Orientation session will be provided after acceptance.

Questions about the Volunteer Programs?

Contact:
Namkha Nguyen
ED Volunteer Program Coordinator
nknguyen96@gmail.com



UC Merced ED/IP VOLUNTEER PROGRAM APPLICATION
Spring 2019

Applicants must be 18 years of age or older – print clearly

Volunteer Program (**choose one**): Emergency Department _____ Inpatient _____

Name: _____ Birthday: _____

Local Address in Spring '19:

City

State

Zip

Cell Phone: _____ Other Phone: _____

UC Merced E-mail: _____

Year (not class standing) in Spring 2019 (circle): Sophomore (2nd year) Junior (3rd year)

Cumulative GPA **through Summer '18**: _____ Major: _____

Polo Shirt Size (circle):
Women's XS S M L XL
Men's S M L XL

How did you hear about the ED/IP Volunteer Program?

Do you have any physical limitation(s) which would require a specific volunteer assignment?

Yes ___ No ___ If yes, please explain limitation: _____

Personal Statement

Attach a separate sheet of paper with a statement that contains: 1) why you want to be an ED/IP Volunteer; 2) personal qualities that describe you; 3) your current career goal (if you have decided on one) and, 4) if applicable, prior related experience. 500 words maximum.

IMPORTANT: You do not have to be going into a healthcare field or have previous healthcare volunteer or work experience to be an outstanding candidate for this program. Remember to only write about one program (ED/IP).

Emergency Contact

Name: _____ Relationship: _____

Telephone # (home) _____ (Work/cell) _____

Scheduling

Please indicate your availability and preference for a shift by placing #1 for your first choice, #2 for your second choice, and #3 for your third choice. It is up to you if you want to list more than 3 choices. If you do, you must be willing to work any choice that you list. Every attempt will be made to give you one of your top 3 choices. **No adjustments/variations to the times or days listed below will be considered.**

ED Only	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:30 – 4:00 PM							
4:00 – 7:30 PM							
7:30 – 11:00PM							

IP Only	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
2:00 – 5:00 PM							

Mercy Medical Center is an equal opportunity employer, accepting personnel regardless of race, nationality, religion or sex. Volunteers with a disability may be limited in their assignments.

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- 1) Volunteer Program Application
- 2) Personal Statement
- 3) Background Screening Authorization and Release
- 4) UC Merced Authorization of Grade Disclosure form

I HAVE REVIEWED THE ED/IP VOLUNTEER HEALTH SCREENING REQUIREMENTS and understand that I will be expected to submit proof of compliance if accepted as an ED/IP Volunteer.

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I REALIZE THIS INFORMATION IS CONFIDENTIAL AND WILL BE USED TO DETERMINE MY ELIGIBILITY TO WORK IN PATIENT CARE AREAS.

Print Name

Signature

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Dignity Health Mercy Medical Center may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839, www.preemploy.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____

Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839, www.preemploy.com, and/or Employer itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Electronic Signature Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____

Notice Regarding Credit Checks Per California Law:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;

- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; or
- The Company will not obtain a consumer credit report on you.

NOTICE REGARDING CREDIT CHECKS PER VERMONT LAW

Pursuant to Vermont Act No. 154 (S. 95), the Company informs you that it may obtain a credit report about you, for the following reason(s):

- The information is required by state or federal law or regulation;
- You seek to be/are employed in a position that involves access to “confidential financial information” (defined as “sensitive financial information of commercial value that a customer or client of the employer gives explicit authorization for the employer to obtain, process, and store and that the employer entrusts only to managers or employees as a necessary function of their job duties”);
- The Company is a financial institution as defined in 8 V.S.A. §11101(32) or a credit union as defined in 8 V.S.A. §30101(5);
- You seek to be/are employed in a position as a law enforcement officer, emergency medical personnel or firefighter as these terms are respectively defines in 20 V.S.A. §2358, 24 V.S.A. §2651(6) and 20 V.S.A. §3151(3)
- You seek to be/are employed in a position that requires a financial fiduciary responsibility to the Company or a Company’s clients, including the authority to issue payments, collect debts, transfer money or enter into contracts;
- You seek to be/are employed in a position that involves access to the Company’s payroll information;
- The Company can demonstrate that credit information is a valid and reliable predictor of employee performance in your specific position of employment;
- The Company will not obtain a consumer credit report on you.

BACKGROUND INFORMATION – please fill out completely

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver’s License # _____ State of Driver’s License** _____

Present Address _____ Phone Number _____

City/State/Zip _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.



Office of the Registrar

Authorization of Grade Disclosure

I hereby authorize the University of California, Merced to release my grade reports and/or cumulative GPA to the named individuals or entities listed below.

Janice Wilkerson, Director Volunteer Services
Mercy Medical Center
333 Mercy Avenue
Merced, CA 95340

The released reports will be used to determine G.P.A. eligibility (minimum of 3.0 cumulative) for the Mercy Medical Center Volunteer Programs.

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. The release does not permit the disclosure of these records to any persons or entities without my written consent or as permitted by law.

Date

Student Name

Student ID#

Student Signature



ED/IP Volunteer Health Requirements Checklist

NO ACTION REQUIRED AT THIS TIME – Only applicants who are accepted into the Volunteer Programs will be required to meet submit proof of compliance. Accepted applicants will be given additional information after notification of acceptance.

1. Documentation of Mumps vaccination or laboratory confirmation of immunity (titer)
2. Documentation of Rubella (German Measles) vaccination or laboratory confirmation of immunity (titer)
3. Documentation of Rubeola (Measles) vaccination or laboratory confirmation of immunity (titer)
4. Documentation of two (2) Varicella (Chicken Pox) vaccine, laboratory confirmation of immunity or documentation of disease by a physician
5. Tetanus, diphtheria, pertussis (Tdap) vaccine within past ten (10) years regardless of age
6. Hepatitis B vaccine series, laboratory confirmation of immunity (titer)
7. Meningococcal vaccine
8. Two negative Tuberculosis (TB) tests ("PPD"). One of the TB tests will be administered at Orientation and must be read by Merced Medical Center staff (instructions and information will be provided). For applicants with a history of a positive TB test, a negative chest X-ray must be submitted.