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# Perry Memorial Hospital

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*Caring People... Caring for People*

## **Perry Memorial Hospital Auxiliary Application**

I hereby make application for membership in the Perry Memorial Auxiliary.

I agree to uphold the purpose and policies of the auxiliary and the institution that is services.

I understand that my membership is renewed upon is enclosed.

Payment of \$5.00 for the current year is enclosed.

**NAME (print)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## Volunteer “Do’s and Don’ts

1. DO NOT give out information regarding patients, patient’s family or any of the Hospital Personnel.
2. DO NOT make recommendations or suggestions regarding a patient’s illness either to a patient or to patient’s family, especially medical advice. We are not Doctors or Nurses on Staff.
3. DO NOT make uncomplimentary remarks about the personal lives of any other volunteer, patient, patient’s family, Hospital Staff, Doctors or Nurses. You probably don’t know the true facts.
4. DO NOT repeat gossip.
5. DO NOT give out any information concerning the Hospital to the press. Give it to the HR Director, who will clear it through the proper channels if it is to be published.
6. DO NOT give personal opinions or preferences about Doctors or Nurses. Anyone wanting a Doctor or Nurses can see a list from which they can choose.
7. DO NOT talk to a patient about his condition. Never talk to a patient about the condition of another patient. Information heard in the hospital is confidential. None of this information should be repeated outside the hospital.
8. Never do anything in the hospital that you don’t know how to do. You are a volunteer and are not required to do nursing duties.
9. DO be courteous and helpful at all times and answer questions to the best of your ability without giving out confidential facts.
10. DO be tactful at all times when speaking. The time for tact begins before you talk --- not after.
11. DO pay careful attention to your personal hygiene and personal appearance. See that your uniform is fresh; your shoes clean.
12. Aside from vacations with your family, a school activity, or illness, you should come to work at your scheduled time. If you are unable to come in, be sure to notify the calling committee chairman.

## Volunteer Pledge

Believing that the hospital has a real need of my services as volunteer worker:

I will conduct myself with dignity, courtesy and with consideration.

I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of the personnel, and will not seek information in regard to a patient.

I will take any problem, criticism or suggestions to the Director of Human Resources.

I will endeavor to make my work of the highest quality.

I will hold the tradition and standards of this hospital and will interpret them to the community at large.

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SIGNATURE OF VOLUNTEER

## Waiver for Injuries or Damages Resulting from Volunteer Services

The undersigned \_\_\_\_\_

In consideration of being permitted to work as a Volunteer in the Perry Memorial Hospital, does hereby release and forever discharge the Perry Memorial Hospital and any and all employees from all liability which I, or my executors, administrators or assigns may or can have by reason of my contracting any communicable disease as a result of such volunteer activities and / or personal injuries or property loss during such activities.

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

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_

