

# Information For Job Shadow



**Gritman Medical Center  
Volunteer Services**  
700 South Main Street  
Moscow, ID 83843  
(208) 883-6231  
volunteer@gritman.org

- 15 hours or less of volunteer observation.
- Usually through the High Schools or Colleges.
- Special job shadow's upon request and staff availability.

Return Application to Volunteer Services, with the following:

- A copy of your **DRIVERS LICENSE + ONE OTHER FORM OF ID.**
- A **RESUME** including education and work experience.

<p>We appreciate your interest in becoming a volunteer at Gritman Medical Center. The information submitted on this application is confidential and will be used only for placement purposes.</p>		
Job Shadow Department Preferred:		
Total Number of Hours Needed (not to exceed 15):		
Type of Volunteer Position(s) Applying for (please check): <input type="checkbox"/> Auxiliary <input type="checkbox"/> Intern <input type="checkbox"/> Student Volunteer <input type="checkbox"/> FSP Mentor <input type="checkbox"/> Junior Volunteer <input type="checkbox"/> Volunteer		Date of Application:
How did you learn of Gritman's Volunteer Program? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Other: _____ <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Walk In		
Last Name:	First Name:	Middle Initial:
Address: <i>Number</i> <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
E-Mail Address:	Home Phone:	Social Security Number:
	Work Phone:	Date of Birth:
Emergency Contact:	Home Phone:	School Attended:
	Work Phone:	
Have you ever filed an application with Gritman Medical Center before?	Circle one:    YES            NO	
Have you ever been employed by Gritman Medical Center?	Circle one:    YES            NO	
Are proof of Rubella and TB attached, (or on file and where:                      )	Circle one:    YES            NO	
Have you ever been through a Gritman Medical Center orientation?	Circle one:    YES            NO	
If so, when and in which department(s)? Date:	Dept:	
When would you like to begin an assignment for Gritman Medical Center?	Date:	
Are you available for summer placement?	Circle one:    YES            NO	
Have you been convicted of a felony in the past 7 years?	Circle one:    YES            NO	
If yes, please explain: ( <i>Conviction will not necessarily disqualify you from volunteering</i> )		
<p>We consider applications for all volunteer positions without regard to race, color, religion, creed gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected adults.</p>		

## School or Program Information (if receiving credit for volunteer time)

School Affiliate:

School Phone:

School/Hospital Supervisor:

### Placement Preferences & Skill Levels

Please indicate your interest level using a scale of 1 (one) -10 (ten), with 1 (one) for most interested. Indicate Skill Level for those areas in which you have expressed an interest: **0** (no experience, would like to learn); **B** (beginner); **M** (moderate ability); **A** (advanced) You need only to mark those areas that are of interest to you.

Interest  
Level

Skill  
Level

ADMINISTRATION - Assist with clerical duties.

ADULT DAY HEALTH - Assist staff with participants and or support activities.

CARDIAC REHABILITATION - Assist staff in Pulmonary Conditioning and exercise testing.

CLINICAL NUTRITION/DIABETES - Students who need hours for educational purposes.

EDUCATION - Assist with community educational programs.

EMERGENCY DEPARTMENT - Assisting staff with medical & non-medical duties.

ENGINEERING - Assist in plant services area.

ENVIRONMENTAL SERVICES/DIETARY - Assist in Environmental Services or Dietary.

FAMILY BIRTH CENTER - Assist staff in maternity ward.

FIRST STEPS PROGRAM - Assist staff in providing community support.

FISCAL SERVICES - Students interested in gaining accounting experience.

FOUNDATION MARKETING & PUBLIC RELATIONS- Assist department staff with projects.

FUND RAISERS - When needed.

GIFT SHOP - Work shifts in Bertie's Gift Shoppe.

HOME HEALTH & HOSPICE - Assist staff with patients and or support activities.

ADMITTING INFORMATION DESK - Assist staff and patients at front desk.

INFORMATION SERVICES - Assist with information technology projects.

LABORATORY - Medical Students who need hours for educational purposes.

MEDICAL RECORDS - Students who need hours for educational purposes.

MEDICAL SURGICAL UNIT - Medical Students who need hours for educational purposes.

OCCUPATIONAL HEALTH - Assist staff in tracking employee and volunteer records.

PET THERAPY - Volunteer and pet partnership program to visit patients.

PHARMACY - Pharmacy Students who need hours for educational purposes.

PHYSICAL THERAPY - Medical students who need hours for educational purposes.

RADIOLOGY - Medical Students who need hours for educational purposes.

STRATEGIC QUALITY MANAGEMENT - Assist staff with quality related projects.

VOLUNTEER SERVICES - Assist staff with volunteer services management.

OTHER, please specify:

# Applicant's Agreement, Statement & Authorization(s)

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As a Volunteer, you are considered a member of our Gritman Medical Center family, and as such you have certain responsibilities to the Medical Center and its patients; to observe the same code of ethics as those on the professional staff, to adhere to the Medical Center's policies and procedures, and to uphold patient confidentiality.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with Gritman Medical Center is of an "at will" nature, which means that the Volunteer may resign at any time and Gritman Medical Center may discharge the Volunteer at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

By my signature below, I further understand that:

- ✓ I certify all statements made on this application to be true, correct, and complete to the best of my knowledge and made in good faith.
- ✓ I authorize a Reference & Criminal Background Check, as well as investigation of any and all statements contained in this application, for the purpose of determining volunteer decisions.
- ✓ In the event of acceptance to this Volunteer Program, I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge.
- ✓ I understand that I am required to abide by all rules and regulations of Gritman Medical Center.
- ✓ I will meet the minimum hours requirement for the Volunteer Team(s) to which I may be assigned.
- ✓ Before beginning an Active Volunteer Assignment, I will be required to:
  - Attend an orientation,
  - Take an annual tuberculosis test (at no cost to the Volunteer), AND
  - Provide proof of immunization for rubella or give a blood sample to determine immunity.

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Applicant's Signature

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Date

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Parent or Guardian's Signature  
(If under 18 years of age)

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Date

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

**This application shall be considered active for ninety (90) days.**

**Applicants wishing to be considered for volunteering beyond the 90 day period should inquire as to whether applications are being accepted at that time.**

**Incomplete applications will not be accepted.**

**Volunteers accepted for placement, will be located in areas which will be of interest and value to them.**

**Acceptance of completed applications does not constitute acceptance into the Volunteer Program.**