

## **Adult Volunteer Program**

Volunteers are an essential part of our hospital community, bringing compassion, energy, and support to patients, visitors, and staff. At MedStar St. Mary's, our volunteers help us uphold our SPIRIT values and enrich the patient experience across many departments. Through meaningful interactions and a spirit of service, volunteers play a vital role in shaping how patients and families feel about their care—often becoming a bright spot in a patient's day.

### Who Can Volunteer?

The program is open to anyone:

- 18 years of age or older
- Able to commit to at least 4 hours per week for a minimum of six months

Volunteers are placed based on their availability, interests, and the current needs of the hospital. Not every department listed in the application will have an opening right away, but we'll do our best to match you with a good fit when positions become available. Some volunteer roles provide direct interaction with patients and families, while others serve behind the scenes—each one contributing to the overall patient experience.

## What to Expect:

If you are selected for a volunteer position, you'll be asked to complete:

- Health Requirements:
  - o TB test results from within the last 90 days (Quantiferon or T-Spot)
  - o Proof of immunizations (MMR, Varicella, Hepatitis B)
  - o Annual flu vaccine documentation
  - o COVID-19 vaccination documentation (if available not required)
- Background Check: All volunteers must complete and pass a background check prior to starting.
- Orientation & Training: Complete onboarding, including MedStar's required annual education and safety training. We'll also introduce you to our culture of patient-centered care and how volunteers help shape exceptional experiences for all who enter our hospital.
- Appearance: A professional appearance is expected at all times. Volunteers help reflect the caring, respectful environment we strive to create for every patient and visitor.
- Sign In & Out: Volunteers must track their hours during each shift.
- Confidentiality: Volunteers sign a confidentiality agreement (HIPAA). Breach of confidentiality may result in dismissal.

It's how we treat people.

#### Volunteer Perks

- One free cafeteria meal (up to \$7.50) on days you volunteer for four hours or more
- 20% discount on other cafeteria purchases
- Access to classes related to your volunteer role
- Invitations to volunteer and associate events
- Free flu shot and free parking
- The reward of knowing your time and presence directly enhances the patient experience

## What Volunteers May Not Do

To ensure safety and maintain professional boundaries, volunteers do not perform any clinical or hands-on care. The following activities are not permitted:

- Give medications or medical advice
- Assist doctors or nurses with procedures
- Read or write in patient charts
- Move or ambulate patients
- Enter isolation rooms or restricted clinical areas
- Feed patients without nursing approval
- Use or clean medical equipment or sharps
- Monitor critically ill patients
- Participate in "Code" situations
- Transport patients on stretchers unassisted
- Accept tips or gifts from patients or visitors

While volunteers do not provide medical care, your respectful presence, friendly conversation, and willingness to help create a comforting environment that can make a lasting impact on someone's experience.

#### When your application is ready, return it to:

Nina Reed,

Patient Experience and Volunteer Specialist

**P:** 443-725-8837

**E:** nina.reed@medstar.net





# **Shadowing & Volunteer Application**

Please check one: ☐ Shadow	ring / Observation	☐ Adult Volunteer	☐ Chaplain Voluntee
Full Name:			
Preferred Name (if different): _			
Date of Birth (MM/DD):	□lam 16+	□ I am 18+	
Mailing Address:			
City:	State:	ZII	D. 
Phone:	Email: _		
Emergency Contact Name:		Relationship:	
Emergency Contact Phone:			
Have you volunteered or work	ed at MedStar Healt	h before? □Yes □	No
If yes, when?	Under what name?		
Facility:			
Do you have a relative current	ly employed at MedS	Star Health? □ Yes	□No
If yes, Name & Relationship:			
Why are you interested in this	experience?		
Relevant skills, training, or exp	perience:		

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Are you open to helping with special events and health fairs, etc.? ☐ Yes ☐ No				
(This question applies only to adult and chaplain volunteer applicants.)				
Availability (days/times):				
Printed Name:				
Signature: Date:				
Chaplain applicants only:				
Faith Affiliation:				
Faith Leader Name & Contact Info:				
When your application is ready, return it to:				
Nina Reed,				
Patient Experience and Volunteer Specialist  D: 443-725-8837				
When your application is ready, return it to: Nina Reed,				

E: nina.reed@medstar.net