

## **VOLUNTEER SERVICES JOB DESCRIPTION**

- Organization:** Metroplex Health System
- Contact Information:** Nance Travis, Coordinator of Volunteer Services  
(254) 519-8147
- Position Title:** Metroplex Health System Volunteer,  
Metroplex Hospital or Rollins Brook Community Hospital
- Major Responsibilities:** Serve as a hospital volunteer within an assigned unit or department, to include but not be limited to the following:

Couplet Care (Mother and New Born)  
Information Desk  
Registration  
Same-Day Surgery  
Nutrition Services  
Emergency Room  
Nursing Stations on each floor

Gift Shop  
Patient Education  
Imaging (X-Ray)  
Transport Shuttle  
Mail Services  
Wellness Services

Each volunteer will be trained by the unit or department s/he is assigned prior to beginning work.

### **Administrative Support:**

- Volunteers will complete an application packet and attend a 4.5 hour Volunteer Orientation and Training Program.
- Volunteers over the age of 55 are eligible for no-cost supplemental insurance by enrolling in RSVP, which is a part of the Volunteer Application packet.
- Volunteers receive uniforms free of charge. The uniforms must be returned upon termination of participation in the volunteer program.
- Volunteers receive discounts at the Gift Shop.
- Volunteers receive free meals in the hospital cafeteria during their duty hours.
- Volunteers may receive additional benefits such as a fall retreat and a spring outing.

### **Time Commitment:**

A weekly minimum of four (4) hours of service is required by each volunteer. An eight-hour commitment is preferred. Volunteers may select from the following the shift which best fits their schedules:  
0800-1200    1230-1630    1630-2030

**Extended Hours:** Includes the 16:30-20:30 shift and weekend duty

**Preferred Education, Experience and Skill Requirements:**

Metroplex seeks volunteers who are

- Caring
- Eager to serve
- Respectful of others
- Responsible
- Demonstrate a positive attitude
- Display responsible communications and interaction with others and
- Have skills needed in the units in which they serve

**Work Locations:** Metroplex Adventist Hospital, Killeen  
Rollins Brook Community Hospital, Lampasas

**Training/Other:** Initial Training and Orientation (4.5 hours)

**Evaluation/Feedback:** Volunteer Recognition  
Annual Evaluation  
Work Experience Description and Reference Letter

**VOLUNTEER APPLICATION**  
**METROPLEX HOSPITAL SYSTEM**

I hereby make application to be a volunteer at  
\_\_\_\_\_Metroplex Adventist Hospital \_\_\_\_\_Rollins Brook Community Hospital

NAME (last, first):

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL State & Number: \_\_\_\_\_

Emergency Contact (name; relationship; work, home and cell numbers):

\_\_\_\_\_

Family Physician (name and office number):

\_\_\_\_\_

Educational Background (diploma, degree, year awarded):

\_\_\_\_\_

\_\_\_\_\_

Work Experience (List positions, employers and dates):

\_\_\_\_\_

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Volunteer Experience (List positions, employers, and dates):

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Have you ever been convicted of, or are you currently serving probation for, any crime, excluding minor traffic offenses?  Yes  No

*Note: Conviction of a crime is not an automatic ban to consideration of volunteer applications. Background checks will be required prior to your volunteer service.*

Check all of the following in which you are proficient.

Copy Machine     Typing     Calculator     Cash Register  
 Computer     MS Word     MS Excel     MS PowerPoint

Any areas of proficiency or special skills not listed above:

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List any languages, other than English, in which you are proficient.

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Special Interest, Skills and Talents: In which of the following areas do you think you could be of assistance? Mark all that apply.

Bulletin Boards     Print Media (newsletter, brochures, etc.)  
 Photography     Videography     Writing  
 Interior Design     Floral Arrangement     Cooking  
 Planning/Organizing     Interpersonal Relationships  
 Public Speaking     Physical Activity  
 Computer Programs (Specify)

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Other (Specify)

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Why do you want to volunteer with Metroplex Health System?

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Did someone ask you to volunteer? \_\_\_\_\_ If so, who? \_\_\_\_\_

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Are you currently seeking employment? \_\_\_\_\_Yes            \_\_\_\_\_No  
If yes, where?

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Are you volunteering to fulfill a requirement? \_\_\_\_\_Yes            \_\_\_\_\_No  
If yes, please explain the requirement?

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List any additional information in which you think might be helpful in determining your assignment/placement.

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I agree to give regular and dependable service to the hospital and to uphold the mission and policies of the Metroplex Health System Volunteer Services.

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Signature

Date

## VOLUNTEER INFORMATION

Name as you would like it to appear on your name tag:

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### Contact Information:

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Office: \_\_\_\_\_ Other: \_\_\_\_\_

### Uniform:

\_\_\_\_\_ Vest or \_\_\_\_\_ Smock

Size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL

### Availability:

How many hours each week would you like to work? \_\_\_\_\_

When are you available?

\_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Both \_\_\_\_\_ Weekends/EH

Which days do you prefer to work?

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List in order the areas you would prefer to work.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY**

I understand that as a volunteer at a Metroplex Health System facility, I may have access to patients' confidential information, to include medical records and reports. Additionally, I may have access to other confidential information regarding the hospital and its doctors and staff. This accessing should only be done to the extent that performance of my duties requires and I will not read, discuss or release any information without proper authorization.

In the event that I should breach any confidentiality, I understand that I will be subject to immediate dismissal as a volunteer. I also understand that I may be liable for damages and/or penalties which may result from such a breach of confidentiality. This statement will be filed with the Coordinator of Volunteer Services.

Name: (please print)

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Signature:

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Date: \_\_\_\_\_