

Volunteer at Northern Montana Hospital

Northern Montana Hospital is actively looking for men and women of all ages to join our Volunteer Services team. The **Volunteer's Mission** is to assist the professional staff, residents, and families to lead healthier and happier lives, while providing a meaningful and rewarding experience for the Volunteer. They are truly a vital part of our healthcare team.

Volunteer opportunities are available for:

Adults – The core of our team

Teenagers – Student volunteers

Northern Montana Hospital is committed to the health and well being of our entire community. Volunteers provide a very valuable service to our organization, assisting us in providing services that in many cases would not be available without their help. And volunteering provides each individual an opportunity to feel vital and contribute to his or her community in a meaningful way.

NMH is a place where medical miracles happen almost daily. We are a place where knowledgeable, caring professionals use their skills to provide excellent care at the patient's bedside, in the "homes" of the residents who live at our Care Center, and to outpatients being cared for by their families. It's a place where healing can come, not only by medical and surgical intervention, but also by the touch of a hand, a shared smile or a knowing wink. Truly a place where volunteers can make a difference in the lives of the clients we serve on a daily basis- because volunteers supply that special human connection. It's that connection that can transform a foreboding maze of hallways and treatment rooms into a cozy corner of the world.

How do I become a Volunteer?

If you are interested in volunteering, please complete the [application form](#), and have someone who is familiar with you and your work ethics complete the [reference form](#). When you have completed these, either call us or stop by the Volunteer office and we'll set up an interview time to discuss your interests, talents and scheduling needs.

What is the required commitment?

As a volunteer, you have the ability to be flexible in your commitments. You may sign up for as many hours as you feel you have to give each month. That may be 2 hours every week in a set work area, or helping out with one special function for the month. There are as many areas of volunteer service at NMH as there are individual interests. Northern Montana Hospital values the dedication and many hours of service its volunteers give us each year. **Benefits of volunteering include free yearly flu vaccinations, advance notice of all Senior Connection Bus Tours, yearly Appreciation Luncheons given in their honor, and complimentary lunches in the hospital cafeteria when working extended shifts.**

We thank you for your interest in being part of our healthcare team. Your gift of volunteering is a wonderful way to strengthen our organization, and our entire community!

Sincerely,

Claire Wendland RN, BSN
Director of Volunteer & Senior Services
406-262-1327
wendclal@nmhcare.org

Mim Tchida
Supervisor of Volunteers
406-262-1330
tchimim@nmhcare.org



Volunteer Application

Personal

Circle one:

Title: Miss Mrs. Mr. Ms.

Name _____ Today's date _____

Address _____ Telephone _____

City _____ ST _____ Cell phone _____

Zip _____ Date of birth _____

E-Mail _____ Are you a year round resident? _____

If no, please list the months of the year you are gone _____

Tell us about yourself & background _____

How did you learn about Volunteering at Northern Montana Hospital? _____

What experiences do you hope to gain from volunteering? _____

What previous Volunteer work have you done in the community? _____

Please list any special skills that you would like us to be aware of (i.e. – computer knowledge, musical instruments, etc.) _____

Special needs or limitations _____

Personal Physician _____

In Emergency Notify

Name _____ Relationship _____

Telephone: Home () _____ Work () _____

Employer Name _____ City/ST/Zip _____

Current Employment Information

Company _____ Telephone () _____

Address _____ City _____ ST _____

Position _____

Hours _____

May we contact you there if necessary? _____

Have you been convicted of ANY criminal offense within the last 10 years (including Juvenile convictions)? _____ No _____ Yes If yes, please explain on the back of this form. **PLEASE NOTE: A criminal conviction does not necessarily bar you from service at Northern Montana Hospital.**

Assignment preferences

Days available (please circle) M TU W TH F SA SU
Time Preference (please circle) Mornings Afternoons Evenings
Activity level _____Sitting _____Standing _____Walking _____No Preference
Please print your name how you would like it to appear on your name badge (first and last name):

Please check any of the areas listed below that you would be interested in assisting with:

_____ **Northern Stop N Shop and Cottonwood Gift Shops** Sales associate volunteers help staff our well stocked gift shops, helping people select a perfect gift that is certain to please and bring a smile to someone's face! Our Volunteers wait on customers, cashier, stock and help display merchandise while providing great customer service and a unique shopping experience.

_____ **Patient Hostess** allows the volunteer to provide comfort and therapeutic distraction for family, visitors and patients while receiving in-hospital care. Assisting with way-finding, communication and collaboration with hospital staff members makes this volunteer opportunity ideal for the person who desires direct patient interaction and impact on the patient and family.

_____ **Information Desk** volunteers act as a hospitality host for visitors and business contacts as they enter our organization. They provide directions to various departments, assist visitors in locating patients, sort and mark mail for patients and residents within our facilities and announce the arrival of business contacts to the various departments. Their friendly warm smile and helpful attitude often helps patients and visitors relax in what can be a stressful situation.

_____ **Coffee Cart** - Each afternoon a beverage cart filled with a variety of fresh juice, coffee and tea travels the hallways of the patient care and resident wings, offering refreshments to patients, residents and their visitors.

_____ **Mail Delivery** - Each weekday morning, a volunteer delivers the mail that arrives for our patients and residents. Sometimes the volunteer will assist Care Center residents in opening their letters and greeting cards and read them to them if necessary. A cheery greeting or short visit can make a big difference in the day of the people we care for.

_____ **Resource Room** – Here's the ideal place for those clerical types who like to keep things organized. Volunteers help in different areas of the facility with filing, alphabetizing, collating, making files, bulk mailing, collecting confidential refuse and shredding it for disposal.

_____ **Flower Cart** - Volunteers with a "green thumb" and a love of flowers find satisfaction in watering the plants and freshening the bouquets that have been delivered to the patients and residents within our facilities.

_____ **Special Activities** – Volunteers assist the activities department at the Care Center with activities to provide a quality life for the special people who make their home with us. Assistance with Bingo, current events, walking club, fishing trips, attendance at the county fair, church services and monthly birthday parties are just some of the opportunities available.

_____ **Foot Clinics** – Several times a month outreach foot clinics are held in Havre and the surrounding communities to promote a higher quality of health care to our senior population. Volunteers assist the professional staff in pulling client files, insuring that all documents needed to record care given are available; scheduling future appointments; collecting payment for services and filling client basins with warm antibacterial soap and water.

Acceptance of Terms

As a Volunteer for Northern Montana Hospital, I accept the following terms for the completion of my application:

1. I understand that a background check will be conducted prior to acceptance into the Volunteer Program.
2. I will attend Orientation, complete initial 2-step TB testing and attend yearly Safety Education sessions as required.
3. I agree to represent Northern Montana Hospital in a professional manner and adhere to all hospital policies, including the Confidentiality Policy and the Code of Professional Conduct Policy at all times.
4. I will take any concerns, problems or suggestions to the Director of Volunteer Services or his/her Assistant.

I certify the information I have provided is true and complete to the best of my knowledge. I realize this information is confidential and will be used only to determine my eligibility to work in patient areas.

Signed: _____ Date



Personal Reference Form

(To be completed by co-workers, supervisors, business associates, personal acquaintances)

The mission and vision of Northern Montana Hospital is to deliver high quality, comprehensive health care services and, be the provider and employer of choice to the Hi-Line Communities. Our volunteers play an integral role in delivering quality services by generously providing many extra services that supplement the essential functions of our professional staff. Our volunteers must possess self-motivation and maturity. We appreciate your completing this form so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program.

Volunteer Services
P.O. Box 1231 , Havre, MT 59501 – 262-1327

Name of applicant: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please fill out the following with this rating score criteria:

- 1 = Outstanding
- 2 = Very Good
- 3 = Fair
- 4 = Needs Improvement

Displays courtesy, tact and patience	1	2	3	4
Works well with a diverse population	1	2	3	4
Exhibits interest and enthusiasm	1	2	3	4
Accepts supervision in a positive way	1	2	3	4
Seeks opportunity to improve and advance	1	2	3	4
Is dependable and punctual	1	2	3	4

Other comments: _____

Date: _____

Printed Name _____

Signature _____

Address _____ Phone _____