



BE A VOLUNTEER!!!

Join the

Guam Memorial Hospital Volunteers Association



The Guam Memorial Hospital Volunteers Association is a non-profit group whose mission is to assist GMH and its patients by providing a variety of services, comfort, and financial support for equipment. The Association was formed in 1965 and has successfully raised millions of dollars to procure patient care equipment, furnishings, and services.

A Few Great Reasons to Join:

Volunteering has a meaningful, positive effect on your community and on other's wellbeing. What better way is there to connect with your community and give a little back? As a volunteer you return to society some of the benefits that society gives to you. Volunteering is about giving your time, energy, and skills freely. Volunteers predominantly express a sense of achievement and motivation. It is a brilliant way to get new life experiences. Both the recipients of your volunteer efforts and your co-volunteers can be a rich source of inspiration. Volunteering can have a tremendous positive impact on your life and those you serve.

What are some of GMHVA's activities throughout the year?

- *Management and operation of the Gift Shop at Guam Memorial Hospital*
- *Gift Cart services in the Nursing units*
- *Providing assistance to various hospital wards to help staff, patients and their families*
- *Reading and nurturing services in Pediatrics ward*
- *Hair grooming services for Skilled Nursing Unit patients*
- *Three Kings Luncheon (Jan.6) and gift distribution for patients at the Skilled Nursing Unit facility*
- *Charity Ball Fundraiser in April*
- *National Volunteers Week activities in April*
- *Membership Drive Tea in October*
- *White Elephant Sale in October*
- *Thanksgiving Raffle Fundraiser in November*
- *Caroling and presentation of gifts to hospital patients in December*
- *Publication of a quarterly Newsletter for members*
- *Healing Tree Solicitations*
- *Quarterly no-host Birthday Luncheons for members*

HOW DO I JOIN?

- ✓ **Complete the GMHVA Volunteer Application Form and the Confidentiality Statement Form**
- ✓ **Complete the Volunteer Assignment Form**
- ✓ **Submit a copy of your driver's license or other official identification**
- ✓ **Submit a TB skin test clearance**
- ✓ **Submit a Police Clearance (GMHVA will assist in coordinating the clearance with the Police Dept.)**
- ✓ **Pay the \$20.00 annual membership dues to the GMH Volunteers Association**
- ✓ **Submit a medical exam clearance (may be submitted within 6 months of your start date)**
- ✓ **Your application will be reviewed and upon acceptance of your application by the Association, you will be contacted on when you are to report for Orientation prior to the start of your volunteer duties.**
- ✓ **Once accepted, purchase the Volunteer Pink Vest**
- ✓ **For any questions, contact the Membership Committee at 646-5562 or gmhva@yahoo.com**

Volunteer Assignment Form

As a volunteer, you are asked to contribute a minimum of 52 hours per year. Of course you are encouraged to volunteer for as many hours beyond the 52 hours as you are able to.

GMHVA members are involved in many different volunteer roles and have the opportunity to assist in the various programs or projects managed by the association and the hospital. Please indicate below which area(s) you are committing to volunteer for and the number of hours per week you will contribute: (check one or more)

Check Here	Volunteer Assignment Description	Number of Hours I Will Volunteer Per Week	Day of the Week that I will Volunteer (circle the day)
	Gift Shop - Shop is open 7 days a week and volunteers are needed for the morning (9a.m.-1p.m.) and the afternoon (1p.m.-5p.m.) shifts each day. Duties: operate the cash register, price items, stock the display shelves, help organize the stock room, take inventory, or other related duties		M T W Th F S Su
	Gift Cart – Gift shop on wheels taken directly to patients' rooms for convenient shopping		M T W Th F S Su
	Pediatric Ward –Provide comfort to sick children by reading books, singing songs, playing games, etc.		M T W Th F S Su
	Emergency Rm. – Assist staff/families/patients with forms; provide information and comfort		M T W Th F S Su
	Operating Rm – Assist patients/families/staff in doing errands;provide information, comfort		M T W Th F S Su
	Labor & Delivery – Assist patients, run errands, help with babies; escort mothers upon discharge		M T W Th F S Su
	Other Wards – Med Surg, Surgical, etc. – Assist patients/families/staff; run errands, etc.		M T W Th F S Su
	Security/Information Booth - At the Information Booth located at the entrance to the hospital, volunteers greet visitors and assist them with information and directions as needed		M T W Th F S Su
	Patient Visits - Visit patients at both the hospital and at the Skilled Nursing Unit to bring them well wishes and comforting words. During visits volunteers may distribute used magazines, books, prayer cards, etc. to help make their stay more comfortable		M T W Th F S Su
	Skilled Nursing Unit (Barrigada) – Assist staff and patients with a variety of duties		M T W Th F S Su
	Fundraising Projects – Assist in the many GMHVA fundraising projects such as the Charity Ball, Thanksgiving Raffle, Macy's Shop for a Cause, Healing Tree, etc.		M T W Th F S Su

(print name)

(signature)

(date)



GUAM MEMORIAL HOSPITAL VOLUNTEERS ASSOCIATION

MEMBERSHIP APPLICATION FORM

Last Name	First Name	MI	Date of Birth	
Home Address	City	Zip Code	Home Phone	Cell Phone
Mailing Address	City	Zip Code	Driver's License No. & State	
Email Address		Name of Spouse		

Have you ever been convicted of a crime (other than a minor traffic violation)? If yes, please explain.

/ / No / / Yes

Please tell us about yourself. Work experience, education, community involvement, family, etc.

I can speak and/or read the following language(s): (For Interpreting Services)

Chamorro
 Chinese
 Chuukese
 Japanese
 Korean
 Spanish
 Tagalog
 Other _____

Local Emergency Contact Person	Relationship	Home Phone Number	Cell Phone Number
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Commitment Statement

I certify that all the information provided by me in connection with my application is true and complete and that any misstatement or falsification may be grounds for refusal or dismissal from the GMH Volunteers Association.

I understand and agree that in the performance of my duties as a volunteer at the Guam Memorial Hospital, I must abide by all policies and procedures of the Hospital and the Guam Memorial Hospital Volunteers Association.

I am volunteering my services to the Guam Memorial Hospital Volunteers Association and agree to serve as a volunteer without compensation.

Volunteer Signature

Date

Membership Committee Checklist

/___/ Application Signed
 /___/ Confidentiality Form Signed
 /___/ Volunteer Assignment Form Completed
 /___/ Dues Paid
 /___/ TB Clearance
 /___/ Police Clearance
 /___/ Medical Eval
 /___/ Accepted by Ex. Board
 /___/ Copy of Driver's License/ ID

Reviewed by: _____ Date: _____

Membership Committee

Reviewed / Approved by: _____ Date: _____

President, GMHVA

CONFIDENTIALITY STATEMENT

This statement is to include but not limited to employees, volunteers, students, physicians, and third parties.

It is the policy of Guam Memorial Hospital Authority to respect and protect the privacy rights of patients, their families, staff and third parties. ALL information contained in medical records, staff files, computer banks/systems and hospital records of any kind is strictly confidential. In addition, any information about the Hospital's business, patients, families, staff or third parties (and/or agents of) which is disclosed or becomes known in the course of one's job must be kept confidential.

IT IS THE EXPECTATION OF THE HOSPITAL FOR ALL INDIVIDUALS TO THOROUGHLY UNDERSTAND THAT VIOLATION OF ANY ASPECT OF THIS POLICY WILL RESULT IN CORRECTIVE ACTION.

The use of automated systems with the hospital has added another dimension in the safeguarding of confidential material. Anyone who is authorized to access the electronic patient and/or employee records will be issued a confidential password. The use or disclosure of another individual's password or unauthorized accessing of past or present patient or employee information are grounds for immediate corrective action.

The electronic information systems will list and record inquiries and transactions involving system access. This record includes: application/module, user, date/time/duration of inquiry, patient name and terminal location. Any knowledge of a breach of this policy is to be reported to your immediate supervisor who will be responsible for advising the Director of the department involved. This information will then be presented to the Director of Human Resources or review.

Breach of this policy by individuals of the hospital regarding information about past or present patients or employees will be cause for corrective action, which may include termination.

I have read and understand the above statements.

Print Name

GMHVA Volunteer
Position

Signature

Date