



Putnam County Hospital

Students and Volunteers

Putnam County Hospital loves Students and Volunteers. These opportunities are in the form of a job shadowing experience and are typically done for class credit; they are not paid positions. When filling out the application, please be sure to indicate your department(s) of interest, how many hours per week you need, and the dates you'll be volunteering. All Students must be cleared through Employee Health before they begin, the most efficient way to navigate the process is to submit all the required records along with the application.

Fill out this [form](#) to get started and be redirected to our full application

After filling out the Student/Volunteer application, please send it along with all of the following records to studentapplicant@pchosp.org

Additional Student Requirements:

- Proof of Hepatitis B series, or positive titer
- Proof of MMR series, or positive titer
- Proof of Varicella series, OR positive titer, OR Physicians written proof of Immunity
- Proof of Tdap within the past 10 years
- Proof of annual Flu vaccine (only required Oct 1st – April 1st)
- Copy of Covid-19 vaccine (if Student/Volunteer has had)
- Two TB skin tests, OR one Quantiferon Gold, OR one Chest x-ray within past 12 months
- A state criminal history/background check within the past 12 months

****It is the student's responsibility to obtain these records****

**** Application must be submitted and approved by Employee Health before the Student arrives for their first day****



Putnam County Hospital

Student and Volunteer Application Form

Instructions:

- This completed and signed form, including any additional documentation must be completed and submitted **at least four (4) weeks prior to starting any volunteer or internship opportunities** at the hospital or satellite clinics.
- Required documentation includes immunity status, tuberculosis screening, and a state criminal history/background check.
- **It is the student's responsibility to ensure that the form is complete and signed in all required areas along with all required documents prior to submission.**
- Students may not start their volunteering or internship until they are cleared through Putnam County Hospital's Employee Health department.
- Volunteering and internships are **subject to availability in the preferred department area** and are up to the manager's discretion.
- Completed applications must be submitted to studentapplicant@pchosp.org in order to be considered.

Student Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current School: _____

Degree Program: _____

What are you hoping to gain from this volunteering experience?

Is this for school credit/requirement? (Yes/No): _____

If yes, how many hours are needed? _____

What dates are you available for shadowing/volunteering? _____ to _____

What days are you available? (Check one):

_____ Weekdays (M-F) _____ Weekends (Sat – Sun) _____ Either/Both

Times you are available: _____

Preferred department: _____

Second department preference: _____

Third department preference: _____

- By signing this agreement, I affirm that all information listed above is accurate and true.
- I understand that unless I have provided specific dates for course credit above, my volunteer opportunity is valid for ninety (90) days from my first day on-site but can be extended with approval from the department manager.

Student Name (Printed): _____

Student Signature: _____

Date: _____

PUTNAM COUNTY HOSPITAL
CONFIDENTIALITY STATEMENT

As a Team Member at Putnam County Hospital I see and hear confidential information about out patients while doing my project. I understand that there are serious consequences for breaching confidentiality and that it is my responsibility to:

1. Respect the patient's right to privacy;
2. Refrain from idle conversation about the patient, the condition or personal affairs of the patient with co-workers, other patients, visitors, students, or anyone else;
3. Dispose of confidential paperwork in appropriate containers so that it may properly disposed of by shredding;
4. Access written and computerized information on a "need to know" basis as it directly relates to completion of my responsibilities as a student;
5. Enter the basement archival storage area and access only those stored records that relate to my job requirements.

Signature

Date

Printed Name

Date

Putnam County Hospital
Code of Conduct and Commitment to Co-Workers

For the best outcome for our department and organization, it is important that we grow and develop not only individually but also as a team. The following attributes outline the commitment I wish to see for all team members. You may wish to develop your own additional personal code of ethics related to your workplace behaviors and incorporate them as both personal and professional goals.

- I will honestly and truthfully represent my patients, their families and the organization.
- I will do nothing less than the best of my ability with each task assigned.
- I will perform and complete all duties in a professional and timely manner.
- I will remain focused and organized in all professional matters.
- I will maintain professionalism when working with my patients, their families and co-workers.
- I will not misuse company time.
- I will not hurt others as a means of professional advancement.
- I will work diligently to be properly prepared for my position's responsibilities through training and independent development.
- I will discuss concerns regarding my professional development with my department coordinator.

As a team member of Putnam County Hospital, I share the goal of providing excellence in care to the individuals, families and community members we serve. I commit the following regarding my co-workers.

- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every member of this staff. I will talk with you promptly if I am having a problem with you. The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with you.
- I will establish and maintain a relationship of functional trust with you and every member of this team. My relationship with you will be equally respectful, regardless of job titles or levels of educational preparation.
- I will not engage in bickering, back-biting or complaining and will ask you not to as well.
- I will not complain about another team member, and ask you not to as well. If I hear you doing so I will ask you to talk with that person.
- I will accept you as you are today, forgiving past problems and ask you to do the same with me.
- I will be committed to finding solutions to problems, rather than complaining about them or blaming someone for them, and ask you to do the same.
- I will affirm your contribution to patient care.
- I will remember that none of us are perfect, and that human errors are opportunities, not for shame or guilt but for forgiveness and growth.

Signature: _____ Date: _____