



PATIENT AMBASSADOR PROGRAM CHECKLIST

Applications Due: Friday, September 14th

Application

All prospective patient ambassadors must submit an application. The application must include a checklist completed by the school counselor. Students must have a **3.0 GPA or higher** to be considered for this program.

Orientation

Orientation will be held on Tuesday, September 25th from 4:30 pm-8:00 pm. If accepted into the program, students must participate in Orientation. **Dress is Business Casual.*

Training

When training is completed, the patient ambassador is assigned to a shift. Conflicts with the training schedule must be worked out with the instructor. Religious, family and school activities will be accommodated as best as possible.

Service Requirements

Patient ambassadors are required to serve at least two hours per week during the school year and/or summer months until their commitment of at least 50 total hours has been met.

Uniforms

Red polo, black or khaki pants, closed toe shoes and a volunteer badge. Polo will be provided.

You can drop off or mail your application to:

Tiffany Horton
Employee Engagement Manager
St. Bernards Employment Center
410 East Jackson Avenue
Jonesboro, AR 72401



The Heart of Great Medicine

Patient Ambassador Application Information READ CAREFULLY BEFORE COMPLETING APPLICATION

A Commitment

Volunteering is a commitment to your community and to yourself. It is not to be taken lightly. It is **your** responsibility, not that of your parents. You must be willing to serve where you are needed and take what hours you are given.

Appearance

Your uniform with your volunteer emblem and your patient ambassador badge are your symbols of service and should be worn with professional pride. Volunteers observe the same hospital regulations as everyone else. The uniform does not entitle you to special privileges. Because you represent St. Bernards Medical Center to the community, the following rules apply to your uniform:

- Polo shirt and pants should be kept clean and pressed.
- Shoes should be comfortable and quiet, worn with nylons or socks.
- Hair must be neatly groomed.
- No heavy make-up, perfume, or nail polish.
- No jewelry, except a watch.
- No smoking, eating, or gum chewing while on duty.

Your uniform is a red polo, black or khaki pants, closed toe shoes, and your badge. When you leave the program, please return your polo and name badge.

Attitude

A Patient Ambassador:

- * . . . is an informed volunteer, reliable, on time and remains on duty until his/her assignment is completed.
- * . . . calls a replacement if he/she is unable to work the assigned shift. You will be given a list of patient ambassador numbers. It is your responsibility to find a replacement. Never let a shift go unfilled. Realize that you are counted upon and needed.
- * . . . signs in and out, indicating where he/she is working.
- * . . . reports immediately to the Emergency Department for any injury or accident occurring while on duty.
- * . . . brings an open-minded attitude, interest and attention to his/her work.
- * . . . is cheerful
- * . . . maintains a good sense of humor.
- * . . . accepts graciously supervision or guidance. Reports immediately to his/her assigned duties.

TB Skin Test & Flu Shot

Each patient ambassador must receive a TB skin test for tuberculosis performed by the Employee Health Nurse at St. Bernards Medical Center. The will be conducted at no cost during Orientation. Proof of a 2018 Flu Shot is also required in the program and will be due by November 31st. You can get flu shots (when made

available for 2018) from your physician or businesses such as Walgreens, Wal-Mart, etc.

Ethics

As a patient ambassador, you are subject to the same code of ethics as the professional staff. It is therefore necessary that you:

- . . . do not discuss the patient's illness, his/her family, or his/her problems outside the hospital.
- . . . be understanding and kind without being curious.
- . . . refrain from giving advice.
- . . . bring questions, problems, comments or suggestions to your volunteer coordinator or the supervisor you are reporting to.
- . . . do not give answers when in doubt. Check with the Customer Service Manager on matters involving volunteer policy.
- . . . are loyal to the patients and staff of St. Bernards Medical Center.
- . . . remember: ***What you see here, What you hear here, What you say here, When you're in here, Must remain here, When you leave here!***

Application Information

If after reading this and being a Patient Ambassador is something you really want to do, fill out the application and bring it in to the St. Bernards Employment Center located on 410 E. Jackson St. It is important to have all the papers filled out by the appropriate personnel. In addition to having your school counselor or advisor sign the attached checklist, it is important to include two personal references. References may be teachers, clergy, or other adults who know you well. Personal references from friends or relatives will not be accepted.

Duties of a Patient Ambassador

Below are a variety of duties that you may be asked to do as a patient ambassador.

- + Pass out fresh ice water.
- + Escort patients and families to their destination.
- + Greet and welcome guests entering St. Bernards Medical Center.
- + Arrange Shuttle Services for guests leaving the premises.
- + Feed patients.
- + Make beds.
- + Help dismiss ambulatory patients in wheelchairs.
- + Run errands as asked.
- + Deliver flowers.
- + Entertain children – read books, etc.
- + Help whenever needed with non-medical duties.
- + Answer patients' lights – report to nurse if medical attention is needed.
- + Clean or straighten kitchen or utility areas.
- + Take care of patients' flowers – water them, etc.
- + Empty patients' over-bed tray table trash.

Below are duties patient ambassadors are **NOT ALLOWED** to do:

- Help patients on or off bedpans.
- Feed tube or syringe patients.
- Enter isolation rooms.
- Remain in patient's room when a nurse or doctor is attending a patient.
- Give patients medication.

Keep first three pages of information and return the rest, (application, parental approval, personal references, and counselor check list) to Tiffany Horton at the St. Bernards Employment Center on 410 E. Jackson St.



The Heart of Great Medicine

PATIENT AMBASSADOR APPLICATION

Due Date: SEPTEMBER 14TH, 2018

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address: _____

Birth date _____ Age _____

Legal Guardian's Name _____ Polo Size: _____

Comes in Womens or Mens Fit

School _____ Current Grade: _____

Legal Guardian's Occupation Work Phone Number _____

Person to be contacted in case of illness or injury on duty: _____

Name _____

Relationship Phone Number _____

Why are you interested in doing volunteer work: _____

List other volunteer and/or professional experience _____

Hobbies, skills, special interests _____

List extracurricular school, clubs & community activities involved in _____

Do you have transportation? YES NO Do you plan to work elsewhere part time? _____

Days & Hours Available? _____

Are you willing to consider a volunteer assignment as a job and fill it regularly, except during illness, even though you may have to give up vacation or other activities? Yes No

State briefly what makes you the best candidate for this program? _____

Choice of life work _____

Areas of Services

Number the areas you are most interested in order of preference from **1 (greatest interest) to 5 (least interest)**.

- Patient Care Floors –round on patients for miscellaneous needs such as ice, snacks, blankets; answer phone & call lights; wheel discharged patients to main entrance; etc.
 - Patient Floors Available: Oncology, Pediatrics, Birthcare Center, Cardiac, Medical/Surgical, Orthopedics, Step Down Unit from ICU, One Day Surgery & Cath Lab
- Emergency Services – help to comfort patients and their family members in Emergency Room, provide ice/blankets, run errands, etc.
- Lab – file paper work, answer phones, run errands, pick up specimens around the Medical Center, making lab supply kits, etc.
- Clerical Setting – file paperwork, making copies, answer phones, etc.

Keep in mind that if accepted into the program, you may be asked to serve in an area that is not your first choice, although we will try to place you in your first choice if possible.

Patient Ambassador Pledge:

Desiring to be of service to people as a Patient Ambassador:

- I WILL** be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I WILL** conduct myself with dignity, courtesy and consideration.
- I WILL** consider all information which I may hear directly or indirectly concerning a patient, doctor or any member of the personnel confidential, and will not seek information in regard to a patient.
- I WILL** take any problems, criticisms or suggestions to the Volunteer Coordinator.
- I WILL** uphold the policies and standards of this hospital and properly interpret them to the community.

Signature: _____

Date _____

**MAIL APPLICATION TO: TIFFANY HORTON
ST. BERNARDS EMPLOYMENT CENTER
410 E. JACKSON ST.
JONESBORO AR, 72401**



PERSONAL REFERENCE FORMS

Reference #1:

I recommend for _____ to become a Patient
Ambassador at St. Bernard's Medical Center.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective patient ambassador is _____

Signature _____

[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]

Reference #2

I recommend for _____ to become a patient
ambassador at St. Bernard's Medical Center.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective patient ambassador is _____

Signature _____

[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]



High School Counselor Checklist

Patient Ambassador Applicant's Name _____

1. Grade Point Average _____
2. Attendance Record Poor Satisfactory Outstanding
3. Work Habits Poor Satisfactory Outstanding
4. Cooperation Poor Satisfactory Outstanding
5. Will this applicant serve as a valuable asset to our program? Yes No

Please explain _____

Counselor's Signature _____ Date _____

Counselor's Name [please print] _____ Phone _____

Current Grade: _____

School Seal Here: