



The Heart of Great Medicine

## **PATIENT AMBASSADOR PROGRAM CHECKLIST**

### **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**

If accepted into the program, students are required to participate in Orientation on the evening of Tuesday, September 24. This is the only orientation date available as there are no make-up dates.

*\*Dress is Business Casual.*

### **Training**

When Orientation 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. You are also required to receive a Flu Shot and turn in your proof by **November 31<sup>st</sup>**. You can get a Flu Shot from your physician or from retail

pharmacies such as Walgreens or Wal-Mart. Also, ASU and local schools provide certain days in the fall that provide free flu shots.

### **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 two pages of information and return the rest, (application, parental approval, personal references, and counselor check list) to Tiffany Horton at the St. Bernards Talent Acquisition Center on 410 E. Jackson St.**



The Heart of Great Medicine

## PATIENT AMBASSADOR APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Current Grade: \_\_\_\_\_

Polo Size: \_\_\_\_\_ in  Mens  Womens

Days and Hours Available? \_\_\_\_\_

Do you plan to work elsewhere part time  Yes  No

Legal Guardian's Name \_\_\_\_\_

Legal Guardian's Phone Number \_\_\_\_\_

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

Relationship \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

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

Are you willing to accept an assignment where you are most needed?  Yes  No

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 your reasons for wanting to volunteer at St. Bernards. \_\_\_\_\_

---

---

---

Choice of life work \_\_\_\_\_

**Areas of Services**

Number the areas you are most interested in order of preference from **1 (greatest interest) to 4 (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.
  - **Circle Areas to Choose from:** Oncology, Cardiac, Pediatrics, Medical/Surgical, Orthopedics, Step Down Unit from ICU, Birthcare and One Day Surgery
- Emergency Services (Only 18 & Older) – help to comfort patients and their family members in Emergency Room, provide ice/blankets, run errands, etc.
- Total Life Healthcare - (Open only 8 am-4 pm) Assist with activities (Wii, Arts & Crafts, etc) with participants in the program. Assist with restorative therapy where you will help with walking or exercises with participants.
- Clerical Setting – file paperwork, making copies, running errands, 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 junior volunteer:

**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 Junior 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. Bernards 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. Bernards 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.]**



The Heart of Great Medicine

## 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: