Volunteer work at a hospital offers you the chance to learn new things and broaden your horizons. At a hospital, you work with people who have different backgrounds and levels of knowledge than you. Volunteer work can lead to lifelong friendships with people you may not meet elsewhere.

A hospital volunteer must be willing to help patients, their families and staff members. Hospital volunteers should be approachable and well-mannered, with a pleasant disposition, in order to facilitate good care for patients.

Hospital volunteers wear many hats. They help entertain sick children, visit with and talk to the elderly, greet visitors, run the gift shop and delivery within the hospital such as get well cards, flowers, and newspapers to patient rooms. Depending on our hospital's particular needs, they can help in most areas.

Prior to volunteering, below are questions you should ask yourself

1. How well do you deal with different personalities?
2. Do you consider yourself a people person?
3. Do you enjoy helping others, especially those who may need extra help because of illness?

Are you willing to meet the mandatory requirements to become a volunteer?

1. Must undergo an interview before application is processed for hire.
2. May have to undergo a background check if prior convictions had occurred
3. Must volunteer at least 48 hours annually
4. Must attend Monthly Auxiliary Meetings to be held the 2nd Tuesday of every month at 10:00 a.m.
5. Pay Annual Membership dues in the amount of $5.00 upon hire.
6. Receive a Flu shot, or provide proof of having received the vaccination.
7. PPD skin test, to be tested for tuberculosis (this test includes a needle stick under the skin)
8. Have a picture taken for a required ID badge to be worn at all times
9. Be fitted for a uniform jacket, and adhere to appearance and dress code standards.
10. Attend an orientation to include training of job duties.
11. Must sign a Confidentiality/Non- Disclosure Agreement
12. Must keep a timesheet of hours worked to turn in at the end of the year.

Still want to volunteer? Please proceed in filling out the attached application and turn in to Nursing Administration. Please contact Trisha Britton at 405-779-2266 for questions.
GRADY MEMORIAL HOSPITAL
AUXILIARY MEMBERSHIP APPLICATION

NAME:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Birthdate</th>
</tr>
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HOME ADDRESS:

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<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>Zip</th>
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PHONE: __ HEALTH STATUS:

Physical Limitations or Disabilities:

______________________

Spouse or person who should be contacted in case of illness while on duty:

Name: __________________ Phone: ______________

PREVIOUS WORK EXPERIENCE:

a. As a volunteer ________________________________

b. Other: _______________________________________

EDUCATION OR SPECIAL TRAINING: ____________________________

SPECIAL SKILLS, INTERESTS: ____________________________

COMMUNITY AFFILIATIONS: ____________________________

Service Preferred:

____ Mail, Flower Delivery
____ Patient Representative
____ Gift Shop

____ Information Desk
____ In-Hospital Errands
____ Other: __

Days Preferred: _

Hours Preferred: __________________ (Morning, Afternoon, Evening)

S M T W TH F S

Signature: __________________ Date: ______________