

Mid-Columbia Medical Center Volunteer Personal Appearance Standards

The personal appearance of the volunteers at MCMC is important and will match the appearance standards for MCMC employees.

Dress Element	Expectations
ID (Name) Badge	<ul style="list-style-type: none"> • Worn at all times while volunteering • Easily readable • Worn above the waist with the picture facing out
Hair	<ul style="list-style-type: none"> • Clean, dry and neat. Well-groomed so that it does not interfere with safe volunteer performance
Jewelry	<ul style="list-style-type: none"> • Professional and kept to a minimum • Must not interfere with work or pose a risk for injury to volunteer or patient • Pierced jewelry limited to the ear
Fingernails	<ul style="list-style-type: none"> • Clean, trimmed to a length that will not interfere with volunteer's service
Fragrance	<ul style="list-style-type: none"> • Volunteers are not to wear fragrances during their shift • Volunteers should be aware of fragrance from hair and other personal products as well
Clothing	<ul style="list-style-type: none"> • Clothing worn must meet dress code (business casual) standards. • Excessively tight, revealing, or baggy clothes, including bare midriffs and cleavage exposure, are not acceptable. • Please do not wear blue jeans, shorts, yoga-style pants. • Large logos or offensive sayings are not acceptable • No hats indoors, please
Shoes	<ul style="list-style-type: none"> • Shoes provide safe, secure footing • Closed-toed shoes are required in all patient care areas and in any other area where hazards may exist.

By signing below, I agree to follow the above dress code and understand that arriving for a volunteer shift wearing clothes that do not meet the dress code may result in my being sent home. If I have any questions or clarifications about the dress code, I will discuss them with the Volunteer Services staff.

Name: _____

Signature: _____ Date: _____

Mid-Columbia Medical Center Volunteer check sheet

This sheet must be completed and submitted as part of your volunteer application. Please initial on each blank line to verify you have read and agree to each item. Your signature is also required.

- ___ I understand that nothing contained in this volunteer application will be deemed to create an employment contract between MCMC and myself for either employment or for the providing of any benefit.
- ___ I have read the documents in this packet and have signed each one.
- ___ I understand that interviewing for a volunteer position does not mean that I am accepted as an MCMC volunteer.
- ___ If I am selected as a volunteer, I understand and agree that I have the right to terminate the volunteer relationship at any time and for any reason and that the MCMC Volunteer Services Department has the same right.
- ___ After receiving a conditional offer to participate in the volunteer program, I will be required to participate in the 2-step TB screening process. I also understand that I must be vaccinated for COVID.
- ___ If 18 or over, my volunteer application is not complete until I have read and signed the Disclosure and Authorization Regarding Procurement of Background Reports. No offer to participate in the MCMC Volunteer Program will be made prior to receiving a completed background check.

I agree to support the following Core Accountabilities, as required of MCMC employees:

- ___ I understand and promote the **Planetree Philosophy** of patient-centered healthcare embraced by MCMC and its Planetree Mission.
- ___ I agree to put patient and their families at the center of all work activities – to be **Customer Focused**.
- ___ I agree to help in **Problem Solving** as appropriate within my scope as an MCMC volunteer.
- ___ I agree to be a **Team Player**, actively engaged in **teamwork**, accepting assignments in a positive manner, and creating positive working relationships.
- ___ I agree to be **Respectful of Others**, using a professional tone of voice and language, I will respect confidentiality regarding customers, employees, hospital business and discuss same with only those individuals having a valid need to know.
- ___ I agree to be **Accountable**, keeping my commitments and taking responsibility for my actions.
- ___ I agree to the best of my ability to be an **Excellent Communicator**.
- ___ I agree to be **Ethical**, meeting a high standard of conduct, honesty, and integrity in all situations.
- ___ I agree to be **Adaptable** in my role as a volunteer.
- ___ I agree to be **Professional**; I will not engage in gossip or talk negatively about employees or hospital issues in my role as a volunteer.
- ___ I agree to strive for **Technical Competence**.

Volunteer Applicant Signature

Date