

Office Use Only	
Application Received _____	PIN # _____
Interview _____	
Orientation _____	[] SCHEDULED
CORI _____	

PERSONAL INFORMATION

First Name _____ Last Name _____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Phone _____ Date of Birth _____

Email address _____

WORK AND VOLUNTEER EXPERIENCE

Please Select:

- Employed Student Retired Eucharistic Minister MassHire Top Notch Scholars

Please list current employer or school _____

Describe current & previous work experience _____

Describe current & previous volunteer experience _____

BACKGROUND

How did you learn about volunteer opportunities here? _____

Have you ever been employed, volunteered or applied previously at Merrimack Health? _____

List any special skills and interests that you have: _____

AVAILABILITY AND INTEREST ___ Patient Care Areas ___ Office Support

View current volunteer openings on our website: www.mhlawrencehospital.org and review our Opportunity Directory – Select your top 3 places to volunteer:

1. _____ 2. _____ 3. _____

Please circle how many times a week you would like to volunteer? 1 day 2 days 3 days

PREFERRED TIMES: Mornings 8 or 9am-1pm Afternoons 1-3pm Evenings 3-7pm
(under 18, you cannot volunteer past 7pm)

PREFERRED DAYS: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Why do you want to volunteer at Merrimack Health? _____

Application For Volunteer

MerrimackHealth

REFERENCES (Please do not include names of relatives)

Name _____ Relationship to you _____
Phone _____ Email _____

Name _____ Relationship to you _____
Phone _____ Email _____

[] **Resumé** – **Students:** It is recommended to include your resume with this application

EMERGENCY CONTACT

Name _____ Relationship to you _____

Phone _____

SIGNATURE

- The information on this application is true to the best of my knowledge. I understand that false statements made as part of this application will be considered cause for dismissal.
- I understand that if I am accepted as a volunteer/intern, I will not be paid for my services.
- I understand that if I am accepted as a volunteer/intern, I will agree to abide by the guidelines of the Volunteer Services Program.
- I grant authorities of this hospital to investigate my references.
- I understand that Criminal Offender Record Information (CORI) checks are required for all applicants. Acceptance to the volunteer/intern program is contingent upon successful clearance of CORI evaluation.

Applicant Signature _____ Date _____

*If you are under 18 years of age, the signature of a parent or guardian is required.

Parent Signature _____ Date _____

Mail, Email or Deliver Completed Application:

Kristin.Gorrie@merrimackhealth.org

Merrimack Health Lawrence Hospital

Volunteer Services

1 General Street

Lawrence, MA 01841

Office: 978-683-4000 x2645

Fax: 978-946-8338

Name: _____ Date of Birth: _____

Directions: Please take this form to your health care provider for completion. The lab tests needed when immunization records are not available may be costly, and you are responsible for payment. Please be diligent in getting your records from your private physician, school record or previous employer.

Option 1: For Health Care Provider Completion: If able to provide valid proof of required immunity (via either valid vaccine records and/or lab results showing immunity) for MMR, Tdap, Hep B and Varicella, along with actual results of TB Testing, then the below does not need to be completed (instead, just provide valid documents).

Option 2: *If for some reason, vaccine records or lab immunity is not available—then a Health Care Provider (MD, NP, PA) can validate listed immunity requirements below but, full signature, printed name of clinician along with credentials and name/location of Office/clinic is required.

***Option 2:** *Signature of Health Care Provider (MD, NP or PA): _____
 Printed name/stamp of Health Care Provider: _____ Date: _____
 Office/Clinic Name, location or Stamp: _____ Telephone: _____

MMR	MMR #1 DATE: _____ or <input type="checkbox"/> Titer, please provide documentation MMR #2 DATE: _____ <input type="checkbox"/> MMR Booster, please provide documentation
TDAP	TDAP Date: _____
VARICELLA	History of two documented vaccines or else provide a positive immune titer Vaccination Dates: #1: _____ #2: _____ or T i t e r , please provide documentation
HEP B	Hepatitis B Vaccine Date # 1: _____ <input type="checkbox"/> Titer, only required for those at risk to exposure to blood/body fluids: please provide documentation Hepatitis B Vaccine Date # 2: _____ Hepatitis B Vaccine Date # 3: _____ <input type="checkbox"/> Or Declination Signed: _____
TB	PPD testing allowed for Volunteers and Students only—must provide actual documentation showing testing/testing result <input type="checkbox"/> TB Assessment Risk Form completed and included with application <input type="checkbox"/> if no PPD—then Q-GOLD or T-Spot TB Blood Test testing documentation required
FLU	<input type="checkbox"/> Flu Vaccine required during Flu Season (Sept-*June): please provide documentation (*end of season evaluated annually)

Health Screening form updated: 9-25-19, 8-4-20, 9-23-20, 10-4-21, 1/31/23, 9/7/23, 11/29/23, 3/27/26

RESOURCES: Retrieve your own vaccine records via Massachusetts Immunization Information System (MIIS)
<https://www.myvaxrecords.mass.gov/pages/Public>

Infection Control Standards for Health Clearance

Tuberculosis Screening and Chest X-Rays. *One of the following is required:*

- A. One (1) PPD Skin test within the *past 12 months and complete a TB Risk Assessment Form.*
- B. For individuals known to be PPD test positive proof of a negative chest x-ray and report of review from pediatrician/PCP are required.
- C. Receive the IGRA blood test such as the QuantiFERON – TB Gold blood test or T-SPOT TB.
- D. Ongoing volunteers will complete a yearly TB Risk Assessment Form.

Measles and Rubella Immunity. The following is required:

- A. Documentation of two MMR vaccines, OR
- B. Proof of immunity to measles, mumps and rubella by titer (blood test done by your private Physician. Please note that you will be responsible for payment for this test.)

Hepatitis B Vaccine. For individuals who may be exposed to blood or body fluids during their experience at Merrimack Health:

- A. Documentation of the Hepatitis B series, OR
- B. Not all volunteers will need to have a Hep B Surface Antibody test done, only **those volunteers who are reasonably anticipated to have exposure to blood or other potentially infectious materials”** per OSHA guidelines.

Chicken Pox/Varicella: The following is required:

- A. Valid documentation of two varicella vaccines OR
- B. Proof of immunity to varicella by titer (blood test done by your private Physician).

Flu Vaccine: 100% compliance during Flu Season, per the CDC/MA DPH.

COVID Vaccine: Please provide proof of any administered COVID vaccines.

Tdap: Proof of Tdap vaccine required

Health & Wellness Measures in the Workplace Policy

Policy # HR-00090, 2025

Purpose or Description

The good health, well-being, and safety of employees, patients, volunteers, contractors, students, and visitors are of utmost priority to Merrimack Health. This policy endorses safe and healthful conditions which reduce illnesses to the lowest possible level and emphasizes compliance with CDC guidelines for maintaining a healthy work environment. This policy applies to employees, volunteers, contractors and students of Merrimack Health and its affiliates. All Merrimack Health employees, volunteers, contractors and students have individual responsibilities to take reasonable care for their own health and safety and for that of others who might be affected by their acts or omissions.

Policy:

The hospital endeavors to provide information, training, and safeguards to help hospital employees take the proper steps to avoid contracting and spreading illnesses and infections in the workplace.

Procedure:

The following is a non-inclusive list of guidelines employees, volunteers, contractors and students are expected to follow in an effort to take every precaution to maintain a healthy environment for all who frequent the hospital and its affiliates.

1. Regularly assess and monitor for symptoms of illness

- a) Prior to coming to the workplace, all employees must check their temperature and symptoms of illness.
- b) If you have any of the following symptoms, including but not limited to those below, consider calling out ill if not well enough to work and contact your PCP. You can also call Occupational Health at 978-683-4000, extension 2121 for guidance. Do not come to work until you are well enough to do so and if out of work three or more days, until you have been cleared by Occupational Health.
 - Temperature > 99.5 (F)
 - Symptoms may include, but are not limited to:
 - cough
 - sore throat
 - shortness of breath
 - body aches
 - runny nose or congestion
 - vomiting
 - loss of taste or smell, etc.
- c) Utilize the Merrimack Health COVID employee resources to include “COVID-19 Testing Process Instructions” and the Exposure Self-Assessment Algorithm” when concerned about symptoms or exposure to COVID-19.

2. Wash hands properly and frequently

- a) Handwash often with soap and water for at least 20 seconds and/or use hand sanitizer that contains at least 60% alcohol. This is especially important after being in public places, or after blowing your nose, coughing, or sneezing.

- b) Avoid touching eyes, nose, and mouth with unwashed hands.

3. Avoid close contact (physical distancing)

- a) Practice social distancing whenever possible.
- b) Replace handshakes with head nods and waves.
- c) Avoid using/sharing coworkers' office space and equipment when possible.

4. Wear a face mask when around others

- a) Face masks that cover your mouth and nose should be worn when you are experiencing upper respiratory symptoms of concern (runny nose, cough, frequent sneezing).
- b) COVID 19: upon return to work after testing positive for COVID 19, mask wearing is required through day 10 post test
- c) During cold/Flu season if you are not vaccinated against the Flu
- d) When requested to do so by a patient or family member.

5. Cover coughs and sneezes

- a) Cover your mouth and nose with a tissue when coughing or sneezing or use the inside of your elbow.
- b) Throw used tissues in the trash.
- c) Immediately wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean hands with a hand sanitizer that contains at least 60% alcohol.

6. Keep work areas clean

- a) Use proper cleaning products and follow cleaning product instructions when cleaning work areas.
- b) Clean and disinfect frequently touched surfaces daily to include tables, doorknobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- c) Clean surfaces that are dirty. Use detergent or soap and water prior to disinfecting with a disinfectant cleaning product.

7. Employees should speak with their manager and/or Occupational Health if they have concerns regarding specific health circumstances.

8. Follow hospital policies concerning health and safety requirements

- a) Ensure you are aware of and understand hospital policies concerning health and safety requirements and recommendations. If you are uncertain about these requirements and/or recommendations, contact your manager.

The following is a non-inclusive list of strategies hospital leaders shall consider when configuring and maintaining work areas, in order to promote health and safety:

1. Configure workspaces appropriately

- a) If able and appropriate, arrange work spaces to allow for 6 feet of physical distancing; consider physical partitions to separate workstations to follow social distancing recommendations.
- b) Minimize the use of confined spaces with others.
- c) Ensure ventilation of enclosed spaces whenever possible.
- d) Post visible signage throughout the unit/office to remind employees of safety and hygiene protocols.

Health & Wellness Measures in the Workplace Policy, *continued*

Policy # HR-00090, 2/21

2. Maintain clean work areas

- a) Provide adequate cleaning products.
- b) Provide adequate soap and water, hand sanitizer where applicable
- c) Provide face coverings and other PPE applicable to the position; provide training and promote proper usage.
- d) Require employees to keep individual office spaces clean as indicated above, at the start and end of every shift.
- e) Ensure regular cleaning of work areas, to include off site locations.

The following is a non-inclusive list of strategies hospital leaders shall consider in order to promote health and safety:

1. Promote ongoing health and well being

- a) Provide regular training and education to staff regarding policies and processes that focus on safety, health and wellness and processes for proper health and safety reporting.
- b) Regularly evaluate work sites to ensure compliance with health and safety guidelines.
- c) Provide information regarding the Employee Assistance Program and/or Chaplain services as needed.
- d) Lawrence General Hospital has an established, wellness committee, which assists employees and their families with improving their health and engaging in preventive measures. Encourage participation in the various wellness initiatives offered by this committee.

Approval

Chief Human Resources Officer
Director, Infection Control

References: www.cdc.gov, www.shrm.org

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HEALTH AND WELLNESS MEASURES IN THE WORKPLACE

I have read and been informed about the content, requirements, and expectations of the Health and Wellness Measures in the Workplace policy for employees, volunteers, students and contractors at Merrimack Health. I have received a copy of the policy and agree to abide by the requirements outlined in the policy.

I understand that if I have questions, at any time, regarding the Health and Wellness Measures in the Workplace policy, I will consult with my immediate supervisor or Human Resources (x2602)

Please read the Wellness Measures in the Workplace policy carefully to ensure that you understand the policy before signing this document.

Signature

(Print your name)

Date

If you are under 18 years of age, the signature of a parent or guardian is required:

Parent / Guardian Signature

(Print your name)

Date

Volunteer Agreement And Parent Agreement if Volunteer is a Minor

Confidentiality and HIPAA (Health Insurance Portability and Accountability Act)

Confidentiality is extremely important in health care. Often people breach confidentiality and do not even realize they have done so. It is very important that we are constantly aware of every individual's right to privacy, and that it is respected. With the HIPAA regulations and The Joint Commission's focus on confidentiality, it is your responsibility to ensure privacy is not breached:

- Do not leave patient information on computer screens and walk away. Always make sure you have removed any identifying patient information.
- Do not discuss patients in any public area, the hallways, elevators, and cafeteria or outside the hospital. You never know who is listening.
- Make sure to keep your voice down when discussing patient sensitive information at the nursing station and/or in the patient's room.
- Keep patient sensitive information turned face down in the work area.
- Computer **passwords** must not be shared.
- **NEVER** dispose of patient information in any trash container or recycling bin.
- Using cell phone cameras to photograph patients or their patient information is **strictly prohibited**, as is posting those pictures on social media sites such as Facebook or Twitter.
- You may see family, relatives, or friends. You may also be asked by someone to find out the status of a patient. However, you must not discuss any patient information outside of the hospital. Violations of confidentiality may result in you losing your volunteer position and may also result in liability to you personally.

*In signing this statement of confidentiality, I agree to support Merrimack Health's strong tradition of protecting the privacy of our patients.

Signature (Print your name) Date

If you are under 18 years of age, the signature of a parent or guardian is required.

Signature (Print your name) Date