

Dear Future Volunteer:

Thank you for your inquiry regarding Volunteer Services at Memorial Hermann Sugar Land Hospital. As you may know, our facility is located at 17500 West Grand Parkway South, (intersection of Hwy. 59 & 99), across from the Greatwood community. Our entire staff is now focusing on our mission to advance healthcare to the residents of Fort Bend County.

In response to your request, enclosed is general information regarding Adult Volunteer opportunities here at Memorial Hermann as well as an application. At your convenience, please return the completed application so we may contact you with regards to scheduling an interview/orientation for you to attend.

Please note Memorial Hermann Health System requires every member of its workforce, including volunteers, to be vaccinated against COVID-19.

Thank you again for your interest in providing volunteer services at Memorial Hermann Sugar Land. Should you have any questions, please contact the Volunteer Services Department at 281-725-5253.

ADULT VOLUNTEER OPPORTUNITIES AT MEMORIAL HERMANN SUGAR LAND HOSPITAL

What services can volunteers provide at Memorial Hermann Sugar Land Hospital (MHSL)?

Volunteers can choose from a variety of settings, including nursing units, information desks, Business Office/Registration, and the Gift Shop, to name a few. They can help at each of our registration/information centers by greeting patients and visitors and escorting them to treatment areas. Volunteers can help our nursing units by assisting the nursing staff with patient requests, answering phones, filling nourishment orders, and stocking each service area. They can also assist in ancillary departments with clerical tasks such as filing, data entry, and copying.

Who can be a MHSL Volunteer?

MHSL offers two volunteer programs. One is for adults (25 years and older) and the other one is for students (16 years and older), for both high school and college students. For information regarding our Volunteer Program, please contact our **Volunteer Services Coordinator, at 281-725-5253**.

How can I become a MHSL Volunteer?

To become a MHSL Volunteer, we ask that you complete the following steps:

- 1) Complete an application which can be obtained by calling the Volunteer Services Department at 281-725-5253 or you may download one on our website at memorialhermann.org.
- 2) Attend a hospital volunteer orientation.
- 3) Successful completion of a flu vaccine and criminal background check. Tests/screenings are provided at no cost to the applicant.
- 4) And finally, receive training for your specific area as well as become familiar with general services and layout of the facility.

Do I have to commit to a regular time to volunteer?

In deciding to become part of our Volunteer Program, we ask that you make a commitment to serve on a specific day of the week and a specific 4 hour shift between the hours of 8 a.m. to 4 p.m., Monday through Friday.

Is a uniform required for a MHSL Volunteer?

All volunteers are to be in uniform at all times while on duty. The uniform consists of a volunteer jacket (provided by MHSL), black slacks and comfortable shoes.

Are there benefits to being a MHSL Volunteer?

Yes! Volunteers receive a complimentary lunch (before or after their four hour shift) but more importantly, YOU will be helping to make a difference when a member of your community is in need. Furthermore, volunteers receive a free annual tuberculosis screening and flu shot along with discounts in the Gift Shop. Volunteering also provides the opportunity for an individual to utilize their talents and skills and acquire new ones. Volunteering is an incredibly rewarding experience!

Who is Memorial Hermann Sugar Land Hospital?

The hospital is a member of the Memorial Hermann Healthcare System, the largest community-based, not-for-profit health care system in Texas. Conveniently located at 17500 Grand Parkway South (at the intersection of Hwy. 59 and 99), the hospital is a 179 bed, full-service, acute care hospital. In addition, the Memorial Hermann System provides area residents with access to highly specialized physicians, services and cutting-edge research of a university-affiliated teaching hospital.

We look forward to you becoming a part of our Volunteer Auxiliary!

Date of Application: _____
Date of Interview: _____
Orientation Date: _____
Starting Date: _____
Assignment: _____

ADULT VOLUNTEER APPLICATION

Name: _____
(First) (MI) (Last)

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Applicants Occupation: _____

Education/Special Training: _____

Do you speak any languages other than English? _____ If yes, list languages: _____

List Hobbies or Special Interests/Skills, etc: _____

Do you belong to any other Volunteer organization? _____ If yes, please list: _____

How did you hear about our Volunteer Program? _____

List Day(s) and Hours you can work regularly each week:

1st Choice: Day of Week: _____ Shift: 8-12pm 12-4pm

2nd Choice: Day of Week: _____ Shift: 8-12pm 12-4pm

Have you done Volunteer service before? ____YES ____NO If yes, briefly describe:

Please indicate the type of service you would most prefer to do in our hospital:
____Patient Care Areas ____Administrative/Clerical

What do you hope to gain from your Volunteer Experience? _____

Would you prefer to move around in your assignment (as an escort) or would you prefer to have a “non-active” or sitting assignment? _____

Are you comfortable working on a computer? Yes_____ No_____ If no, would you be willing to learn to use a computer? Yes_____ No_____

In case of an emergency, whom should we notify?

Name:_____

Relationship:_____ Phone #_____

Alternate Phone #_____

Do you have a relative working at this Memorial Hermann Hospital? _____ YES _____NO

If yes, give Name:_____ Position:_____

I hereby certify that all the information contained on this application is true and complete. I authorize the Memorial Hermann Health System to contact all sources necessary to verify this information and to check references as it may see fit. I understand that any misstatement or omission on this application is cause for loss of volunteer privileges.

In submitting this application for membership in the Volunteer Services of Memorial Hermann, I am aware that serving as a volunteer is a privilege carrying with it high trust and related obligations. I agree to fulfill my service commitment and to conform to all rules and regulations of the Volunteer Service Program.

Signature

Date

Application may be returned via:
MHSLVolunteers@memorialhermann.org

-or-

Mail/Hand Delivered to:
Memorial Hermann Sugar Land Hospital
17500 W. Grand Parkway
Sugar Land, TX 77479
Attn: Volunteer Services Department

Signed Commitment Agreement

If accepted as a Memorial Hermann Hospital Volunteer, I agree that:

1. I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to Memorial Hermann without contemplation of compensation or future employment.
3. I understand that I must adhere to the Memorial Hermann Flu Campaign guidelines while volunteering at any Memorial Hermann facility.
4. I understand that I am to wear an authorized Memorial Hermann volunteer uniform and name badge, closed toe shoes and socks or hose while volunteering. No blue jeans, or denim of any color, or shorts are allowed.
5. I understand that it is a crime to solicit any business for attorneys. I shall not solicit any business for attorneys or insurance companies, either on or off hospital property.
6. I shall report all known occurrences of solicitation for attorneys to the Volunteer Services Management Team.
7. I understand that solicitation for charity, distribution of literature or distribution for sale of any type of goods, raffle tickets or the like, on Memorial Hermann owned or leased property will be prohibited at any time unless it is sponsored by the System.
8. I will not seek from Doctors or Nurses professional advice for myself or my family while on duty. The privilege of being a volunteer does “not” include medical service.
9. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my service professional in quality.
10. Should I have any problems related to my volunteer activities, I will first consult with the Volunteer Services Management Team.
11. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
12. I shall at all times abide by the Philosophy, Mission, and Behavioral Expectations of Memorial Hermann Health System/Sugar Land Hospital.
13. I understand that the Volunteer Services Department reserves the right to dismiss my volunteer status as a result of: (a) failure to comply with hospital policies, rules and regulations; (b) failure to meet attendance commitment; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the hospital.

By my signature, I acknowledge that I have read, understand, and agree to adhere to the statements above.

Applicant Signature

Date