

## **MedStar St. Mary's Hospital Guidelines for Volunteer Chaplains**

MedStar St. Mary's Hospital believes that care involves the social, emotional, spiritual, as well as the physical and chemical restoration of the person. Every person may have a spiritual dimension to his/her life. Because caring for the spiritual needs of patients is an essential part of patient care, the Hospital's Volunteer Chaplain functions as a full member of the healing team.

The Pastoral Care program of MedStar St. Mary's Hospital has been designed to enhance the comfort, care and happiness of the patients, families, visitors and the community and provide many extra services that supplement the functions of the professional staff.

The Volunteer Chaplain may provide an extension of the patient's own religious background to those of the same faith who do not currently attend a specific church. A variety of religious backgrounds enhance the program and services offered to patients. The Volunteer Chaplain seeks to be open and understanding of all, appreciating the variety of religious backgrounds represented among the patients, family, friends, volunteers, and staff.

Duties for the Volunteer Chaplain may include, but are not limited to:

- Conduct initial patient visits with patients requesting Pastoral Services.
- Document patient visits and note congregational affiliation or relevant referrals for chaplain follow-up in the clergy logs found on each nursing unit.
- Facilitate the ministries of community clergy upon patient request.
- Contact patient's congregation to alert members of their parishioners' presence in the hospital upon patient request.
- Assists families of patients at times of death and in crisis situations (e.g. critical patients; code blue activities).
- Minister to staff, giving them the opportunity to share feelings about patient outcomes, and offering encouragement.
- As requested, educate staff about religious and ethnic customs that may affect a patient's behavior.
- Participate in staff debriefings as needed.
- Participate in disaster protocols as defined in MedStar St. Mary's Hospital's Emergency Plans.
- Provide opportunities for patient and/or staff worship and prayer services, as well as for sacramental ministry.
- Place name on the "on call" calendar for available dates.
- Provide substitute coverage as needed.

Requirements: **(include these with your application )**

- Resume / CV
- Provide written proof of church affiliation, including a letter from the senior clergy governing body.
- Ordination as clergy or designation as lay minister from a recognized religious denomination and a letter stating candidate is in good standing with that group.
- Copy of ordination papers.
- Note/letter from church or supervisory person/board that clergy is permitted to spend time required at MedStar St. Mary's Hospital. Retired clergy and clergy not presently serving a congregation are exempt from this requirement.
- Complete Background check – form attached – return with your application.
- All new volunteers are required to complete drug screening criteria and to have tuberculosis testing. The Occupational Health Department gives these tests at no cost to volunteers. All volunteers are required to have a flu vaccine annually. MedStar St. Mary's Hospital provides this vaccine free to all staff.
- You are asked to submit copies of medical records, which evidence immunity, or to take a titer test for MMR, Varicella and Hepatitis B. These are done through our Occupational Health office and are provided at no cost to the volunteer candidate.
- Volunteer Chaplains are required to provide documentation of being fully vaccinated against COVID-19. The definition of fully vaccinated, is both doses of a two-dose COVID-19 vaccine (Pfizer or Moderna) or the single-dose COVID-19 vaccine (Johnson & Johnson). These definitions may change based upon MedStar policy.  
**You will be notified when to contact Occupational Health for all tests.**

After Acceptance:

- Successful completion of required orientation and annual updates.
- Read/sign/attest to HIPAA Confidentiality and Code of Conduct statements.
- Successful completion of department specific initial and on-going training as provided by MedStar St. Mary's Hospital.
- Knowledge of the principles of age specific growth and development and the ability to respond to age specific issues.
- Knowledge and skills necessary to provide ministerial care for the following age groups: Infant, Child, Adolescent, Adult, and Older Adult.
- Medical health review with Occupational Health and verification of MMR, Varicella, and Hepatitis B immunity. Vaccination for COVID -19 and flu.
- Drug screening.
- Successful completion of training and initial orientation to the Pastoral Care Program.
- Service requires walking, standing, and sitting.

A hospital identification badge, issued by MedStar St. Mary's Hospital, will be provided before reporting for work. The hospital identification badge must be worn while volunteering at the Hospital. If lost, notify the Volunteer Coordinator immediately, a replacement badge can be obtained and will cost \$10. Return the badge to the Volunteer Coordinator, when volunteer service is discontinued with the hospital.

Volunteer Chaplains are responsible for keeping accurate records of volunteer hours and patient visits. A sign-in sheet will be placed at an appropriate location for this purpose.

Confidentiality and privacy of patients, staff, and public are extremely important at MedStar St. Mary's Hospital (also known as "HIPAA"). A Statement of Confidentiality will be signed at the time of acceptance as a volunteer. Breach of patient confidentiality is grounds for immediate release from the volunteer program.

Each volunteer will be responsible for abiding by the hospital's policy and procedures and all information, policies and procedures contained in the MedStar St. Mary's Hospital Volunteer Handbook, and the Volunteer Chaplains' Handbook which you will receive prior to beginning volunteer service.

Benefits provided:

- Free meal on the day of volunteering while wearing uniform and badge if you are working for 4 or more hours (costing \$7.50 or less).
- Free parking.
- Flu vaccines are offered annually to all active volunteers free of charge. (Flu vaccines are required for all associates, volunteers, students.)
- Discounts in the Hospital Gift Shop. (*details in the handbook*)
- Attend advertised classes that can help in the volunteer position.
- Attend associate social functions.

Volunteers **will not**:

- Give medications of any kind under any circumstances.
- Sit (monitor) with unconscious or critically ill patients.
- Manipulate bottle or bag when patient is receiving intravenous therapy.
- Assist doctors.
- Lift patients.
- Give patients' food or drink without prior training and competency testing and permission of nursing staff.
- Give medical advice to patients.
- Move patients who are in traction (not even to make the bed).
- Read patients' charts.
- Write notations on any part of the medical record.
- Enter the Delivery Room, Operating Room, Obstetrics, or Emergency Department unless that is the area in which you volunteer.
- Enter any isolation rooms.
- Collect or handle specimens.
- Take blood pressures, vital signs or weights.
- Handle urinals, bedpans, and/or drainage containers.
- Wash urinals, bedpans, or any used equipment.
- Handle sharps (needles, etc.).
- Perform dressing changes or do treatments.
- Adjust bed positions.
- Ambulate (walk) a patient.
- Accept any tips or gratuities from visitors, patients, or employees.
- Transport patients on stretchers unassisted.
- Feed patients or assist with meals without proper instruction, competency testing and nursing staff oversight.
- Proselytize, coerce, evangelize, or pressure patients regarding faith or strongly held beliefs.

*If you have questions please contact the Volunteer Office at 301-475-6453 or email the coordinator at [Mary.Cheseldine@MedStar.net](mailto:Mary.Cheseldine@MedStar.net)*

# **MedStar St. Mary's Hospital Volunteer Chaplain Application**

**Volunteer Office  
301-475-6453  
P.O. Box 527  
25500 Point Lookout Road  
Leonardtown, Maryland 20650**

**Please complete all  
areas of this application**



# EDUCATION/SKILLS

Education (check highest level that applies)

- High School     
  Trade or Technical School     
  College     
  Post Graduate

If in high school or college: Name of School \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_

Long range occupational goals or interests

Special skills, training, hobbies

Have you volunteered/worked in a healthcare setting before?       Yes       No

If yes, please describe the experience: \_\_\_\_\_

Reason for wanting to volunteer at MedStar St. Mary's Hospital:

## Other special skills

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Computer         | <input type="checkbox"/> Microsoft Word      | <input type="checkbox"/> Microsoft Excel       |
| <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Art (posters, etc.) | <input type="checkbox"/> Calligraphy           |
| <input type="checkbox"/> Crafts           | <input type="checkbox"/> Sewing              | <input type="checkbox"/> Public Relations      |
| <input type="checkbox"/> Marketing        | <input type="checkbox"/> Accounting          | <input type="checkbox"/> Musical Instrument    |
| <input type="checkbox"/> Public Speaking  | <input type="checkbox"/> Photography         | <input type="checkbox"/> Writing & Composition |

Other \_\_\_\_\_

Would you be willing to volunteer for special events/projects?       Yes       No

Are you interested in other service area opportunities (check areas of interest – not all areas will have openings at any given time)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Patient Services | <input type="checkbox"/> Office/Clerical        | <input type="checkbox"/> Computer Entry | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Pharmacy         | <input type="checkbox"/> Lobby Information Desk | <input type="checkbox"/> Hospitality    |   |
| <input type="checkbox"/> Gift Shop        | <input type="checkbox"/> Volunteer Chaplain     |   |   |

Availability: **Check days** you are available and **preferred times** (morning, afternoon, evening) on those days.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**REFERENCES:** List three references who are not relatives or employers. Information in this section must be filled out completely.

**Provide full home mailing addresses** for your references.

\_\_\_\_\_  
Name \_\_\_\_\_  
Length of time known

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip

Daytime telephone number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

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\_\_\_\_\_  
Name \_\_\_\_\_  
Length of time known

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip

Daytime telephone number \_\_\_\_\_ Evening telephone number \_\_\_\_\_

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\_\_\_\_\_  
Name \_\_\_\_\_  
Length of time known

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip

Daytime telephone number \_\_\_\_\_ Evening telephone number \_\_\_\_\_

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**Previous/Current Employer:**

\_\_\_\_\_  
Company Name/ Supervisor \_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip

Telephone number \_\_\_\_\_

**PERSONAL DATA:** The Civil Rights Act of 1964 prohibits discrimination because of race, color, religion, gender, or national origin. Federal law prohibits discrimination because of age. Maryland law prohibits discrimination based on marital status or physical or mental handicap unrelated to the performance of the work. The information requested below is for statistical purposes only. **Providing the information is completely optional.**

Sex: Male  Female

Ethnicity: African-American  Hawaiian  White   
American Indian  Alaskan Native   
Asian or Pacific Islander  Hispanic  Other



# MedStar St. Mary's Hospital

**25500 Point Lookout Road  
Leonardtown, Maryland 20650**

## **Applicant's Statement**

I certify that the answers given to this application are true and complete and I authorize MedStar St. Mary's Hospital to investigate any or all statements made herein. I understand that any falsification or omission of information will result in rejection and /or immediate termination. I agree that my volunteering, and the terms and conditions thereof, may be modified or terminated at any time at the discretion of MedStar St. Mary's Hospital. I agree as a condition of volunteering to conform to Hospital rules and regulations.

I understand that volunteering is contingent upon favorable results of any and all tests such as drug screen analysis for substance abuse, successful completion of a physical assessment conducted by Hospital staff, and receipt of acceptable references from previous employers, Consumer Investigative Report, meeting employability requirements of the Federal Immigration and naturalization Service and submitting appropriate documentation to satisfy the requirements for completing INS Form I-9.

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **Release of Previous Employment Information**

I have applied to MedStar St. Mary's Hospital for a volunteer position, and I desire that they be fully advised of my employment record with your organization.

I therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damage for providing the information requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are the victim of identity theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPT-OUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**

**For more information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552  b. Federal Trade Commission: Consumer Response Center – FCRA Washington, D.C. 20580 (877) 382-4357
2. To the extent not included in item 1 above:  a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

<p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizational operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

**FCRA NOTICE AND ACKNOWLEDGMENT**  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

**NOTICE REGARDING BACKGROUND INVESTIGATION**

St. Mary's Hospital ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [ ]

**Applicants of New York Employers only:** I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

**California applicants only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [ ]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (First/Middle/Last)

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_  
Driver License State / Number

FCRA EMPLOYMENT 003845.11/23/2009 7:06:20 AM

v2009-01-14

*If under 18 years of age please complete the following:*

\_\_\_\_\_  
Print Parent/ Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Social Security Number

--	--	--	--	--	--	--	--

Date of Birth - used for identification purposes only

MONTH		DATE		YEAR			

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Other Names Used</b> (maiden name, AKA names, etc.)		

<b>Current Residential Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

<b>Driver's License Number</b>	<b>State of Issue</b>
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