



The Heart of Great Medicine

## **PATIENT AMBASSADOR PROGRAM CHECKLIST**

### **Application**

All prospective patient ambassadors must submit an application. Applicants must have a 3.0 GPA.

### **Orientation**

If accepted into the program, students must complete the Orientation paperwork and turn into the volunteer coordinator, Tiffany Horton.

### **Training**

When orientation paperwork is completed, the patient ambassador is assigned to a shift. Conflicts with the training schedule must be worked out with the volunteer coordinator. Religious, family and school activities will be accommodated as best as possible.

### **Program Requirements**

Patient ambassadors are required to get a TB Skin Test before Orientation, which is provided at no cost by St. Bernards. Student must also provide proof of having a flu shot and the COVID Vaccine for the upcoming year by November 1. Ambassadors are required to serve at least two hours per week during the school year. A commitment of at least 40 total hours is required.

### **Uniforms**

Red polo, black dress pants or khaki pants (no jeans or leggings permitted), closed toe shoes and a volunteer badge. Polo will be provided at no cost.

### **Submitting Your Application**

Applications should be submitted as soon as possible to allow time to complete your TB Skin Test but no later than Friday, September 3. You can e-mail your application to [thorton@sbrmc.org](mailto:thorton@sbrmc.org) or drop off your application to:

**Tiffany Horton**  
**Employee Engagement Manager**  
**St. Bernards Employment Center**  
**410 East Jackson Avenue**  
**Jonesboro, AR 72401**



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## Patient Ambassador Application Information READ CAREFULLY BEFORE COMPLETING APPLICATION

### ***A Commitment***

Volunteering is a commitment to your community and to yourself. It is not to be taken lightly. It is **your** responsibility. You must be willing to serve where you are needed and take what hours you are given. This might include weekends.

### ***Appearance***

Your uniform with your volunteer emblem and your patient ambassador badge are your symbols of service and should be worn with professional pride. Volunteers observe the same hospital regulations as everyone else. Because you represent St. Bernards Medical Center to the community, the following rules apply to your uniform:

- Polo shirt and pants should be kept clean and pressed.
- Shoes should be comfortable and quiet, worn with nylons or socks.
- Hair must be neatly groomed.
- No perfume or nail polish.
- No jewelry, except a watch.
- No smoking, eating, or gum chewing while on duty.

Your uniform is a red polo, black or khaki pants, closed toe shoes, and your badge. Jeans or leggings are not permitted.

### ***Attitude***

A Patient Ambassador:

- \* . . . is an informed volunteer, reliable, on time and remains on duty until his/her assignment is completed.
- \* . . . signs out at the end of their shift, indicating where he/she is working.
- \* . . . reports immediately to the Emergency Department for any injury or accident occurring while on duty.
- \* . . . brings an open-minded attitude, interest and attention to his/her work.
- \* . . . is cheerful and maintains a good sense of humor.
- \* . . . accepts graciously supervision or guidance. Reports immediately to his/her assigned duties.

### ***COVID Vaccine, TB Skin Test & Flu Shot***

Each patient ambassador must receive a TB skin test for tuberculosis performed by the Employee Health Nurse at St. Bernards Medical Center. The will be conducted at no cost. You are also required to receive a Flu Shot and the COVID Vaccine and turn in your proof by **November 1<sup>st</sup>**. You can get a Flu Shot from your physician or from retail pharmacies such as Walgreens or Wal-Mart. Also, ASU and local schools provide certain days in the fall that provide free flu shots. You can schedule the COVID Vaccine with St. Bernards by going to [www.stbernards.info/COVID-19](http://www.stbernards.info/COVID-19).

## **Ethics**

As a patient ambassador, you are subject to the same code of ethics as the professional staff. It is therefore necessary that you:

- . . . do not discuss the patient's illness, his/her family, or his/her problems outside the hospital.
- . . . be understanding and kind without being curious.
- . . . bring questions, problems, comments or suggestions to your volunteer coordinator or the supervisor you are reporting to.
- . . . do not give answers when in doubt. Check with your volunteer coordinator on matters involving volunteer policy.
- . . . are loyal to the patients and staff of St. Bernards Medical Center.
- . . . remember: ***What you see here, What you hear here, What you say here, When you're in here, Must remain here, When you leave here!***

## **Application Information**

If after reading this and being a Patient Ambassador is something you really want to do, fill out the application and e-mail it to Tiffany Horton at [thorton@sbrmc.org](mailto:thorton@sbrmc.org) or bring it in to the Talent Acquisition as soon as possible. It is important to include two personal references. References may be teachers, clergy, or other adults who know you well. Personal references from friends or relatives will not be accepted.

## **Duties of a Patient Ambassador**

Below are a variety of duties that you may be asked to do as a patient ambassador.

- + Pass out fresh ice water.
- + Escort patients and families to their destination.
- + Greet and welcome guests entering St. Bernards Medical Center.
- + Arrange Shuttle Services for guests leaving the premises.
- + Feed patients.
- + Make beds.
- + Help dismiss ambulatory patients in wheelchairs.
- + Run errands as asked.
- + Deliver flowers.
- + Help whenever needed with non-medical duties.
- + Answer patients' lights – report to nurse if medical attention is needed.
- + Clean or straighten kitchen or utility areas.
- + Take care of patients' flowers – water them, etc.
- + Empty patients' over-bed tray table trash.

Below are duties patient ambassadors are **NOT ALLOWED** to do:

- Help patients on or off bedpans.
- Feed tube or syringe patients or give medications.
- Enter isolation rooms.
- Remain in patient's room when a nurse or doctor is attending a patient.

**Keep first three pages of information and return the rest (application and personal references) to Tiffany Horton at the St. Bernards Talent Acquisition on 410 E. Jackson St.**



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### PATIENT AMBASSADOR APPLICATION

*Must be submitted no later than Friday, September 3*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Current Year: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

List other volunteer and/or professional experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Polo Size: \_\_\_\_\_ in  Mens  Womens

Days and Hours Available? \_\_\_\_\_

Do you plan to work elsewhere part time  Yes  No

Clubs, church, or other organizations that you belong to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List your extracurricular school and community's activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have transportation?  Yes  No

Are you willing to accept an assignment where you are most needed?  Yes  No

Are you willing to consider a volunteer assignment as a job and fill it regularly, except during illness or vacation, even though you may have to give up other activities?  Yes  No

State briefly your reasons for wanting to volunteer at St. Bernards. \_\_\_\_\_

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Choice of life work \_\_\_\_\_

**Areas of Services**

Rate the areas in which you are most interested in order of preference from **1 (greatest interest) to 4 (least interest)**.

- Patient Floors – help nurses with patients, answer phone & call lights, provide ice/blankets to patients, wheel discharged patients to main entrance, etc.
  - **Circle Areas Interested:** Oncology, Pediatrics, Medical/Surgical, Orthopedics, Infusion at Cancer Center (8 am-4 pm), One Day Surgery, Surgery or Wound Healing Center (8 am-4 pm)
- Admissions - welcoming visitors and checking them in, escorting guests to their location, assisting with clerical duties, delivering flowers to patients.
- Total Life Healthcare - (Open only 8 am-4 pm) Assist with activities (Wii, Arts & Crafts, etc) with participants in the program. Assist with restorative therapy where you will help with walking or exercises with participants.
- Clerical Setting – file paperwork, making copies, answer phones, etc.

Keep in mind that you may be asked to serve in an area that is not your first choice, although we will try to place you in your first choice if possible.

**Patient Ambassador Pledge:**

Desiring to be of service to people as a patient ambassador:

**I WILL** be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

**I WILL** conduct myself with dignity, courtesy and consideration.

**I WILL** consider all information which I may hear directly or indirectly concerning a patient, doctor or any member of the personnel confidential, and will not seek information in regard to a patient.

**I WILL** take any problems, criticisms or suggestions to the Customer Service Manager.

**I WILL** uphold the policies and standards of this hospital and properly interpret them to the community.

Signature: \_\_\_\_\_

Date \_\_\_\_\_



## PERSONAL REFERENCE FORMS

### Reference #1:

I recommend for \_\_\_\_\_ to become a patient ambassador at St. Bernards Medical Center.

Comments \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

My relationship to the above prospective patient ambassador is \_\_\_\_\_

Signature \_\_\_\_\_

**[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]**

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### Reference #2

I recommend for \_\_\_\_\_ to become a patient ambassador at St. Bernards Medical Center.

Comments \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

My relationship to the above prospective patient ambassador is \_\_\_\_\_

Signature \_\_\_\_\_

**[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]**