



The Heart of Great Medicine

## **PATIENT AMBASSADOR PROGRAM CHECKLIST**

### **Application & Deadline**

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

Applications must be submitted no later than **Friday, September 9**, to Tiffany Horton, Employee Engagement Manager, at [thorton@sbrmc.org](mailto:thorton@sbrmc.org) or dropped off at St. Bernards Talent Acquisition at 410 E. Jackson St.

### **Orientation**

If accepted into the program, students are required to participate in Orientation on the evening of Wednesday, September 21. This is the only orientation date available as there are no make-up dates.

*\*Dress is Business Casual.*

### **Program Requirements**

Patient ambassadors are required to get a TB Skin Test, which is provided at no cost by St. Bernards.

Student must also provide proof of having the COVID Vaccine and Flu shot. 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.

### **Service Requirements**

Patient ambassadors are required to serve at least two hours per week during the school year and/or summer months until their commitment of at least 40 total hours has been met.

### **Uniforms**

Red polo, black or khaki scrub or dress pants, closed toe shoes and a volunteer badge. Polo will be provided.



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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, not that of your parents. You must be willing to serve where needed and the hours you're provided.

### ***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. The uniform does not entitle you to special privileges. 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 heavy make-up, 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. When you leave the program, please return your polo and name badge.

### ***Attitude***

A Patient Ambassador:

- \* . . . is an informed volunteer, reliable, on time and remains on duty until his/her assignment is completed.
- \* . . . signs in and out, 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
- \* . . . maintains a good sense of humor.
- \* . . . accepts graciously supervision or guidance. Reports immediately to his/her assigned duties.

### ***TB Skin Test, COVID Vaccine & 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 be fully COVID vaccinated and turn in your proof to Tiffany Horton, Employee Engagement Manager either with your application or before Orientation. A flu shot proof will be required once it is available in the fall. You can receive a Flu Shot & COVID Vaccine from your physician, the Department of Health or from retail pharmacies such as Walgreens or Wal-Mart.

## **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.
- . . . refrain from giving advice.
- . . . 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 the Customer Service Manager 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 at 410 E. Jackson St. no later than Friday, September 9. In addition to having your school counselor or advisor sign the attached checklist, 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.
- Enter isolation rooms.
- Remain in patient's room when a nurse or doctor is attending a patient.
- Give patients medication.

Keep first three pages of information and return the rest (application and personal references) to Tiffany Horton at [thorton@sbrmc.org](mailto:thorton@sbrmc.org) or at the St. Bernards Talent Acquisition on 410 E. Jackson St.



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**PATIENT AMBASSADOR APPLICATION**  
***Applications Due by Friday, Sept. 9***

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

Address \_\_\_\_\_

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

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

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

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

School \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

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

Do you plan to work elsewhere part time  Yes  No

Legal Guardian's Name \_\_\_\_\_

Legal Guardian's Phone Number \_\_\_\_\_

Person to be contacted in case of illness or injury on duty: \_\_\_\_\_

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

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

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

Hobbies, skills, special interests \_\_\_\_\_

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

List extracurricular school, clubs & community activities involved in \_\_\_\_\_

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

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, even though you may have to give up vacation or other activities? Yes  No

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

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

**Areas of Services**

Number the areas you are most interested in order of preference from **1 (greatest interest) to 5 (least interest)**.

- Patient Care Floors –round on patients for miscellaneous needs such as ice, snacks, blankets; answer phone & call lights; wheel discharged patients to main entrance; etc.
  - o **Circle Areas to Choose from:** Oncology, Cardiac, Pediatrics, Medical/Surgical, Orthopedics, Birthcare, One Day Surgery and Infusion (Infusion open 8 am-3 pm)
- Total Life Healthcare - (Open only 8 am-3 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, running errands, answer phones, etc.
- IT Help Desk – assist with computer password resets for staff, setting up computer stations, answering phones, etc.

Keep in mind that if accepted into the program, 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 junior volunteer:

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

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

Date \_\_\_\_\_

MAIL APPLICATION, REFERENCE FORMS & COVID VACCINATION PROOF TO:  
TIFFANY HORTON  
ST. BERNARDS TALENT ACQUISITION  
410 E. JACKSON ST.  
JONESBORO AR, 72401 or e-mail to [thorton@sbrmc.org](mailto:thorton@sbrmc.org)

**IMPORTANT:**  
*Please make sure your e-mail is correct and printed clearly in the application as you receive an e-mail to the address provided to schedule your interview.*



## PERSONAL REFERENCE FORMS

### **Reference #1:**

I recommend for \_\_\_\_\_ to become a patient  
ambassador at St. Bernard's 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. Bernard's 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.]**



## High School Counselor Checklist

**Attention Counselors: Please complete the form below and either e-mail it to [thorton@sbrmc.org](mailto:thorton@sbrmc.org) or mail to by Friday, September 9th:**

TIFFANY HORTON  
ST. BERNARDS TALENT ACQUISITION  
410 E. JACKSON ST.  
JONESBORO AR, 72401

Patient Ambassador Applicant's Name \_\_\_\_\_

- 1. Grade Point Average \_\_\_\_\_
- 2. Attendance Record       Poor       Satisfactory       Outstanding
- 3. Work Habits               Poor       Satisfactory       Outstanding
- 4. Cooperation               Poor       Satisfactory       Outstanding
- 5. Will this applicant serve as a valuable asset to our program?       Yes       No

Please explain \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Name [please print] \_\_\_\_\_ Phone \_\_\_\_\_

Current Grade: \_\_\_\_\_

School Seal Here: