

HEALTHWEST

Policy and Procedure

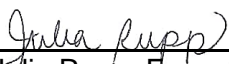
No. 02-007

Prepared by:
Network Manager,
Employee Resource Coordinator

Effective: January 1, 1989
Revised: June 27, 2017

Approved by:

Subject: Screening, Orientation, and
Supervision of HealthWest
Volunteers



Julia Rupp, Executive Director

I. POLICY

All HealthWest Volunteers will be screened, oriented, and supervised by an assigned HealthWest staff or designee.

II. PURPOSE

To ensure that all HealthWest volunteers are screened, complete orientation to the Agency, are accountable for their services and assignments, and receive adequate supervision from HealthWest staff/Contracted Providers.

III. APPLICATION

All HealthWest volunteers with access to Agency sites, records, and/or individuals receiving services.

IV. DEFINITIONS

Volunteer: An individual providing services to the Agency without remuneration.

V. PROCEDURE

- A. Responsible Agency Supervisors/Contracted Providers considering bringing volunteers into HealthWest sites and/or in contact with individuals receiving services by HealthWest or their records, must seek approval for each occasion from at least the Supervisor responsible for their unit prior to allowing the volunteer access to records or individuals receiving services.
- B. All Volunteers will complete a Volunteer Application (CMH-A078), (**Attachment A**).
- C. All Volunteer applicants will be interviewed and screened by the potential Responsible Agency Supervisor/Contracted Provider.

- D. After the interview, the Volunteer applicant will be asked to complete a Release to Complete a Criminal Background Check (HealthWest-A073), (**Attachment B**); a Release to Complete a Recipient Rights Check (HealthWest-A131), (**Attachment C**); and sign the Volunteer-Student Observer/Intern Confidentiality Statement (HealthWest-A076), (**Attachment D**).
- E. The Responsible Agency Supervisor/Contracted Provider will ask the appropriate personnel to complete the Recipient Rights check, Criminal Background check, and a Michigan Driver's License check. Depending on the results of these checks, the Responsible Agency Supervisor/Contracted Provider will indicate acceptance or denial to the Volunteer and note same on the Volunteer Application.
- F. The Volunteer will sign an agreement that identifies their duties, the scope of their responsibility, and the supervision they will be receiving. The agreement will also contain orientation and training requirements, how their performance will be assessed, and at what frequency.
- G. During orientation, Volunteers will be provided access to Muskegon County's and the Agency's policies and written procedures. All Volunteers are expected to adhere to the County and Agency's policies and procedures including confidentiality.
- H. The Responsible Agency Supervisor/Contracted Provider responsible for the Volunteer will complete their orientation using the Job-Specific Orientation-Volunteer (HealthWest A075) (**Attachment E**) and will forward same, the Volunteer Application and the Confidentiality Statement through their organizational supervisory channels to the HealthWest Employee Resource Coordinator.
- I. The Responsible Agency Supervisor/Contracted Provider will contact the Agency Training Department and schedule the Volunteer to complete Recipient Rights and Bloodborne Pathogen training within ten (10) days, and all other required trainings within thirty (30) business days of beginning their volunteer service. The Responsible Agency Supervisor/Contracted Provider supervising the Volunteer may assign the Volunteer the responsibility to schedule themselves for subsequent, approved trainings.
- J. The Responsible Agency Supervisor/Contracted Provider will conduct and document supervision meetings with the Volunteer as established at orientation.
- K. The HealthWest Employee Resource Coordinator will file the completed, signed Volunteer Application, Orientation, and Confidentiality Statement in the appropriate Human Resources files.
- L. The Responsible Agency Supervisor/Contracted Provider supervising the Volunteer will orient them to changes in practice, procedure, and/or policy on an on-going basis.
- M. The Volunteer will complete a Volunteer Evaluation form (HealthWest-A077) (**Attachment F**). The Responsible Agency Supervisor/Contracted Provider supervising the Volunteer will forward same through Agency supervisory channels to the HealthWest Employee Resource Coordinator to complete and close the file on this episode of volunteer service.

- N. All HealthWest Volunteers must cooperate with a Recipient Rights investigation if one is needed.
- O. If the supervisor and Volunteer confirms that he/she is not meeting the criteria for the volunteer position and/or has been in violation of a HealthWest or Muskegon County policy, the Volunteer may be terminated.

VI. REFERENCES

- Attachment A: Volunteer Application (HealthWest-A078)
- Attachment B: Criminal Background Check (HealthWest-A073)
- Attachment C: Release to Complete a Recipient Rights Check (HealthWest-A131)
- Attachment D: Volunteer-Student Observer/Intern Confidentiality Statement (HealthWest A076)
- Attachment E: Job-Specific Orientation-Volunteer (HealthWest-A075)
- Attachment F: Volunteer Evaluation Form (HealthWest-A077)

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