



# **The Volunteer Services Department**

**in a Health Care  
Institution**

**Second Edition**



**American Hospital Association**

# The Volunteer Services Department

in a Health Care  
Institution

Second Edition

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## *Foreword*

As the American Society of Directors of Volunteer Services (ASDVS) celebrates its 20th anniversary, it is appropriate to publish an updated manual for the management of volunteer services. This manual is a revision of the 1973 publication of the same name that replaced *The Volunteer in the Hospital*, which was published by the American Hospital Association in 1959 and revised in 1963. The changing environment and the system's growing expectations of the role of the director of volunteer services provided the impetus to revise this manual to reflect current issues and trends.

Since 1968, when ASDVS became a personal membership group of the American Hospital Association, the health care industry has experienced tremendous changes, which have resulted in greater responsibility and expanded roles for volunteer services departments. In revising the 1973 manual, our goal is to look toward our third decade and provide a tool that will be useful to volunteer services departments as they face greater challenges, discover opportunities for commitment, bring about innovation, and increase service to our communities.

I extend my appreciation to various members of ASDVS who have contributed to the preparation of this revision: Mona L. Krabach, 1987-88 chairman of the ASDVS Committee on Publications, St. Elizabeth Medical Center, Dayton, OH; Marilyn A. McElligott, subcommittee chairman, Lutheran Hospital, La Crosse, WI; and Lynette M. Ballard, editor, St. Anthony's Medical Center, St. Louis. I am also indebted to Nancy A. Brown, society director, who has contributed significantly to the success of this project. Committee members who have contributed to this revision include Mary G. Altringer, director of volunteer services, Metropolitan Medical Center, Minneapolis; Elaine George, director of volunteer services, St. Francis Medical Center, La Crosse, WI; Valerie A. Graczyk, director of volunteer services, St. Agnes Hospital, Fond Du Lac, WI; Janie A. Morgan, director of volunteer services, Lutheran Hospital-La Crosse, La Crosse, WI; and

Marilyn Spieler, director of volunteers, Mercy Center for Health Care services, Aurora, IL.

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**E**veryone who works in the health care field knows that it is dynamic, progressive, and adaptable to changing forces in technology, the economy, and society. Because volunteer services programs are integral to the health care delivery system, they too must adapt to changes in the environment. Yet, however fluid and dynamic the health care field is, certain significant standards and guidelines remain constant and must be considered in maintaining a sound basis of operation. This manual is designed to be a tool for administrators and for those who coordinate the services of health system volunteers. It points out the constants, discusses the variables, and suggests criteria and techniques that are applicable to and helpful in the delivery of comprehensive health care to the community.



## *Mission Statement*

Traditionally, the act of volunteering has enabled private individuals to demonstrate their concern for their fellowman by giving of their time and of themselves. Volunteer programs provide a mechanism whereby that act can be realized. But today, more than ever before, it is important that volunteer programs be a cohesive part of the whole health care system. Their scope is expanding as health care delivery broadens to encompass comprehensive care for all. This is a change from the past when the primary goal of the volunteer services department was simply to provide supplemental services within the system. Its role has now broadened to make volunteers advocates of the system to which they contribute their efforts.

Outreach programs, as well as traditional patient support services, need volunteer participation to promote the system in a positive way. By becoming advocates of the system and through awareness of its needs, philosophy, and programs, volunteers can be an important source of support throughout the community. As members of the community, volunteers can help to shape the community's expectations and attitudes toward the system, and, by example, they can encourage community participation in the delivery of health care.

# *Organization*

A volunteer services program will continue to develop productively only if it is effectively organized according to the following principles:

- The department's purpose and objectives are in harmony with those of the overall system.
- The system delegates authority for achieving the department's purpose and objectives to a member of the health care system's organization.
- The system and the department establish specific lines of accountability and communication.
- The department functions according to approved, written policies and procedures.
- The volunteer services department coordinates the activities of all volunteers including those involved in system-based outreach programs.

## ***Purpose and Objectives***

The first step in the process of establishing or directing a volunteer services department is to prepare a statement of purpose and objectives to guide the department's activities. *Purpose* means a general statement of intent that remains fairly constant over time; *objectives* are statements of expected results of activities and programs that also suggest the resources that will be required to achieve them. Statements of objectives must be clear, measurable, feasible, and attainable within a reasonable time frame. These written statements should be developed to harmonize with the system's purpose and objectives and should be reviewed on a regular basis to ensure that harmony is maintained.

# ***Director of Volunteer Services***

The director of volunteer services (DVS) sees to it that the department's purpose and objectives are achieved. The written statement of purpose and objectives indicates the kind of person who will best fulfill those expectations and can assist the administrator in determining the needed qualifications.

The DVS has a twofold responsibility: to administer the department and to coordinate the activities of the system's volunteers. Each health care system must establish its own qualifications and classification for the position. The position description that follows may serve as a guide.

## **Position Description for the DVS**

The DVS assists in the delivery of comprehensive health care to the community by recruiting volunteers and developing volunteer services to support the health care mission of the system. The position reports to an administrative officer and comprises the following functions:

- Plan for space and equipment, develop a budget, and determine the paid staff required
- Develop criteria for the assignment of volunteers
- Develop policies and procedures for the department
- Develop and maintain records and forms and prepare reports required by administration
- Conduct surveys of the system's needs for volunteers and volunteer services, analyze potential assignments for junior and adult volunteers, and develop position descriptions for all assignments
- Recruit and interview volunteers and arrange for their orientation, placement, training, and supervision

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- Ensure the regular evaluations of volunteers and volunteer services
- Maintain communications with the staff, the auxiliary and other associated groups, individual volunteers, and community organizations
- Develop a comprehensive recognition program to honor the contribution of volunteers

The DVS must be a skilled communicator and a capable manager and planner. He or she must be able to relate to any person regardless of age, background, skills, and ability and must have an understanding of human needs, behavior, and motivation, as well as the ability to develop the capabilities of others.

The person employed as a DVS should have experience in a position in which the desired qualifications have been demonstrated. Many fields of experience and training are applicable to this position, particularly the social sciences, business administration, adult education, and human resources administration. University classes and professional courses for directors of volunteer services are available, and some undergraduate and graduate programs exist.

## *Planning for Department Needs*

As department manager, the DVS must plan for space and equipment, appropriate paid staff, and a budget to cover operations.

### **Location, Space, and Equipment**

Location, space, and equipment requirements vary with each volunteer program and must be planned carefully. Many specifics depend on the size and scope of the program; some are common to all volunteer departments. The department and its location should be easily accessible and well identified so that prospective volunteers can find it without difficulty. The department's location and size should also be appropriate for carrying out its day-to-day functions. It is essential that the department include space for offices for the DVS and his or her assistants where interviews and conversations can be conducted in privacy. A reception area where visitors are greeted and where seating is provided for volunteer applicants and other persons waiting for interviews should be provided. Office space, furniture, and equipment should be adequate to meet program needs.

When considering space, plans should be made for storage areas suitable for supplies and volunteers' uniforms and belongings. Storage areas must be secured with adequate locks. A work room for projects and department functions and a conference room for committee work are desirable. Traffic going through the department should be taken into account when planning space requirements; room should be allowed for carts and people who must pass through the area. Parking facilities should be considered as a space requirement for volunteers.

### **Paid Staff**

To carry out the volunteer program effectively, the number and composition of paid staff should be based on close examination of program needs. The following questions should be considered before making a final determination about the need for department employees:

- What are the scope and projected growth of the program?
- What are the budget implications?
- What time schedules are necessary to cover operations?
- What special skills are needed for operating the department?
- What are the current demands, and are they satisfied? What new demands will be made on the department's employees?

The department's activities are of such a broad scope that the DVS will need one or more paid staff to operate its program. Among the types of assistants that may be needed are an assistant director or coordinator, a gift shop manager, a secretary, and clerical staff. The nature of the program and the scope of the department's involvement in the internal and external activities of the overall system will determine which positions are necessary to meet the administrator's expectations.

A volunteer services program needs a professional secretary to help serve the needs of the volunteers and to provide support for the DVS and the program's operation. Because of the growing need to provide records of volunteer services and to document volunteer involvement in the system, the department must have highly skilled, paid clerical support on an ongoing and consistent basis.

The number of paid staff will depend on broad indicators of department involvement and expectations. In determining this, the DVS should look at the total number of volunteers served by the department. Other indicators are programs that continue operation during evening and weekend shifts, involvement of high school and college student volunteers, and volunteer department participation in community outreach programs and special events. Some volunteer departments are responsible for retail operations (gift shops, flower shops, and the like) and fund-raising activities that require close supervision and continuing involvement from the volunteer services department staff. The extent to which the volunteer services department is responsible for training, orientation, supervision, and evaluation of volunteers throughout the system will affect the number and composition of paid staff required. The human resources department can provide assistance in evaluating these factors.

Just as in other departments, volunteers can be assigned to assist staff members in their duties. Volunteers will bring the same enthusiasm and interest that they bring to any area in which they work, and they can serve as models of the effective use of volunteer service for other departments. However, the continuity of service and the attention to day-to-day needs of the volunteers and the system can only be provided by a paid staff overseeing department functions.

## **Budget**

The DVS is responsible for planning and evaluation, a major part of which is the department's budget. The volunteer department should be assigned a separate cost center to be administered by the DVS, who has a complete understanding of the department's needs and controls the resources available. The department's budget should be developed, approved, and tracked according to the overall system's established standards.

The budget process begins with a review of past performance, an assessment of current operations, and a projection of growth. The DVS conducts this review in the context of the overall system's stated goals and purposes. Budget preparation is in large part determining priorities within the limits of available resources. Accordingly, the priorities the DVS establishes for the volunteer department must coordinate with the priorities and resources of the system at large. In developing the budget, the DVS must consider capital and operating expenses, keeping in mind that the level of costs in each area is determined by the extent of the program as well as by established priorities and long-range planning. The actual budget document presented for approval to administration is the final, written phase of the process. Approval can be given by administration only within the context of the system's expected revenues.

The budget is the DVS's tool for looking at the program as a whole, evaluating its progress, and planning for the future. The budget process also provides administration with information about department performance and growth.

## **Operating Expenses**

The DVS must consider the basic expenses needed in day-to-day operations common to all departments: office supplies, minor equipment, postage, printing, telephone service, maintenance, salaries, personnel benefits, and other categories specific to the system's



budgeting process. Additionally, the DVS must consider department function expenses related to volunteer recognition, recruiting, training and orientation, professional society membership, conferences, educational programs, and business travel. Items particularly related to volunteers, such as uniforms, identification cards, name tags, meals, parking, and health screenings, must be included in the budget package in order to have a clear picture of the total cost of the volunteer program. Recognition and award expenses for volunteers vary widely from system to system depending on the number of volunteers and the types of recognition events and presentations.

### **Capital Equipment**

Requests for capital equipment, durable items above a cost limit set by the system, must be accompanied by detailed justifications. Such expenditures for furniture, computers, and other department additions are part of the long-range planning process. Any new program or renovation being considered may require capital expenditure and must be analyzed on a cost basis within the budgeting process.

## ***Policies and Procedures***

Written policies and procedures must be developed and maintained to serve as guidelines for the department and for the volunteers. A policy is a clear and concise statement of general principles to guide conduct in the volunteer services program. A procedure is a specific and detailed definition of the way in which a given policy is to be implemented. The DVS is responsible for establishing and maintaining departmental policies and procedures that are in accord with those of the health care system. Therefore, prior to implementation, policies must receive administrative approval. Policies and procedures should be reviewed and updated at regular intervals. When appropriate, policies and procedures are incorporated into volunteer handbooks, training programs, and orientation sessions.

# *Expansion of Services*

The DVS will aspire to improve the quality and range of the department's services as the health care needs of the community expand and change. However, improvements cannot be achieved in isolation. A relationship built on mutual respect, trust, and open communication must be built with all groups and individuals who have an interest in the future of the system. Suggestions for expanding or creating volunteer services should come from all sectors of the system and the community. It is the responsibility of the DVS to analyze suggestions and to determine their feasibility and desirability based on needs surveys and other research.

## **Determination of Need**

The DVS should encourage other department heads in the system to make suggestions and requests for new volunteer service applications. The DVS and the department managers can mutually explore and create new opportunities for volunteers. After informal discussion they will need to establish and verify the need for a new volunteer service. The following are examples of useful needs assessment questions that the DVS and the department head must consider when making a decision about creating a new service:

- What are the functions of the requesting department?
- Can these functions be separated into component parts, and, if so, which functions are appropriate for volunteers to perform?
- Is special training for volunteers necessary?
- What general qualifications are required?
- Are the tasks long-term or short-term?
- How many volunteers are needed?
- When are they needed?
- Who will provide training, supervision, and evaluation?

Additionally, the DVS should develop a volunteer services request form with questions to obtain the following information:

- Name, title, and department of requestor
- Department head signature and date of approval
- Assignment location
- Volunteer position title and duties
- Special skills, training, and experience required
- Number of volunteers needed
- Days and hours of coverage needed
- Assignment status—temporary or permanent
- Training arrangements
- Immediate supervisor for volunteers

The department head and the DVS should review requests to ensure appropriateness and accuracy of description.

### **Pilot Studies**

A proven technique for assessing the feasibility of a new assignment or service is a pilot study to test the concept with a few carefully selected, experienced volunteers. A pilot study design includes objectives, tentative position descriptions, required approvals, and a specified period of time. Necessary adjustments can be made during the pilot study period. Study findings may become the basis for the development of permanent procedures, position descriptions, criteria for volunteer assignment, and special training requirements. On the other hand, a pilot study might prove that a service is not feasible and that no further efforts should be made.

### **Review of Need**

Periodically, the DVS needs to review established services, giving attention to the following questions:

- Should the service be continued at its present level, expanded, or discontinued? Why?
- Do position descriptions and written procedures accurately reflect the current volunteer duties? If not, what should be changed?
- Is present training adequate and realistic? If not, what changes should be made?

- What is the relationship between paid staff and volunteers?

A services review form should be developed. In addition to the above questions, it should include spaces for the names of persons completing the review, their titles, the name of the department, and the date of review.

### **Criteria for Volunteer Assignments**

The DVS develops the criteria for determining the appropriateness of assignments. By consulting with and considering the viewpoints of administration, department employees, and volunteers, the DVS ensures the appropriateness of all assignments and fosters understanding of the volunteer program as a whole. In setting up criteria, it is of utmost importance that the legal implications of an assignment be carefully scrutinized.

The ethical implications of volunteer assignments as they apply to the rights of patients, paid staff, and other volunteers are just as important as the legal implications. The patient has the right to expect that certain tasks will be performed by hospital employees who are specifically trained to do them. The right of paid staff members is to meet their responsibilities with the support and cooperation of volunteers. Volunteers have the right to expect that they will be assigned tasks that are commensurate with their ability and training.

# ***Position Descriptions***

Each volunteer position must have a written description. Ideally, the department director requesting the volunteer position writes the description on the basis of an outline provided by the DVS. It need not be elaborate, but to be a useful and effective instrument, it should be exacting. The position description should address the following points:

- Title of position
- Department
- Location
- Supervisor
- Summary description
- Qualifications
- Training
- Hours
- Responsibilities
- Procedures
- Date of origination
- Date of revision
- Date of annual review
- Signatures

A position description serves many functions. It clearly describes the responsibilities and expectations of the position. It serves as a marketing tool for recruiting. The supervisor can use it as a training guide. It is a valuable resource document in legal situations. It expresses the working relationship between employees and volunteers. It clarifies for Joint Commission on Accreditation of Health-care Organizations review the expectations and limitations placed on volunteers assigned to a department. Finally, in insurance and risk management matters it clearly defines the parameters of the volunteer's responsibilities.

The director of the department requesting the position, the immediate supervisor, and the assigned volunteer should each have a copy of the position description. The original should be retained in the volunteer department, and a copy should be made available to staff in the department where the volunteer is assigned. At least once a year, every volunteer position description should be evaluated and updated.

# ***Records and Reports***

## **Individual Personnel Records**

It is important that the records kept for each volunteer be accurate, current, and confidential, as is customary for personnel records. In many instances, the DVS is responsible for a larger number of personnel than most other department heads. The human resources director should be consulted so that rules, regulations, and laws that apply to personnel record-keeping are followed.

A personnel file for each current and past volunteer should contain these records:

- Completed application
- Notes on interviews, including the exit interview
- Placement information, supervisor, dates of orientation and training
- Performance evaluations
- Attendance
- Recognition
- Correspondence, including copies of letters of reference
- Documentation on incident reports and corrective action

System policy may require keeping volunteer health records with those of employees; otherwise, records should be kept in the volunteer department file. The length of time records should be retained depends on the personnel policy established by the system at large.

## **Department Records**

Basic department records should include:

- Written record of department policies and procedures



- Completed position request forms
- Approved position description for each volunteer service
- Performance evaluations of volunteers and department service evaluations
- Recruitment figures and rates of attrition
- Index reference of volunteer profiles
- List of volunteers available for emergencies
- Disaster management plan for the system and the department
- Additional records as required by the system

### **Reports**

An annual report, prepared according to the system's established practices, should be submitted to administration. Monthly activity and department records form the base for the annual report. Useful statistics for productivity reports can include the numbers of:

- Active volunteers by status (temporary, permanent, adult, teen)
- Interviews of volunteer applicants conducted
- New volunteers placed, oriented, and trained
- Terminations of volunteers, with reasons given
- Volunteer service hours by department

Reports should include descriptions of, and statistics related to, specific projects and tasks completed for the system by the volunteer services department. Other reports may be required, such as financial reports for shops or progress reports on community projects.

If community agencies such as a voluntary action center refer volunteers, reports should be prepared for those agencies on a regular basis.

# ***Recruitment***

## **The Planning Stage**

The DVS is expected to recruit an adequate number of competent workers to serve the system. Before recruiting begins, the system must be ready to accept and screen applicants and place them for productive work. As with new employees, department heads and supervisors must be trained and ready to incorporate volunteers into the work of their areas. The DVS must have policies, procedures, written position descriptions, and carefully planned orientation and training programs. The DVS must know the system, its programs and staff, and be prepared to place volunteers creatively.

Policies must exist to deal with uniforms, name tags, parking permits, meals, and health screenings for volunteers. Who pays for these costs depends on administrative policy. A benefits package should be explored to encourage recruitment. The DVS must also plan for accommodating persons with disabilities. Only after adequate preparation can the DVS direct attention to the individuals to be recruited.

## **Identifying Potential Volunteers**

The basic guiding principle for recruitment is that volunteers be representative of the community the system serves. All persons who live or work within the service area of the system are prospective volunteers. Although the service area is the target within which recruiting efforts are concentrated, the DVS should also welcome all persons who have a particular interest in the system.

The challenge lies in targeting persons who have an active or potential interest in assisting the system in the delivery of health care to the community. The DVS should be familiar with national and community trends that reflect the interest and motivation of those

persons who might become health care volunteers. Ideas about who is a typical volunteer need to be discarded, because volunteers come from all segments of society. The diversity of the population offers a broad base from which to attract volunteers. Individuals, groups, teenagers, and young, middle-aged, and older adults all bring energy and enthusiasm to health care volunteer programs.

Traditionally, hospitals have sought volunteers for daytime Monday-through-Friday schedules. To adapt to societal trends, the DVS needs to create services and schedules to attract and accommodate a wide range of interested persons. Evening and weekend programs can benefit greatly from the participation of students and individuals who are employed during the business day. Older individuals who have retired, raised families, and participated in community activities bring knowledge and experience if opportunities are provided and their particular needs are taken into consideration. Persons with disabilities may have valuable experience and training; if their limitations are accommodated and their talents recognized, disabled persons can contribute greatly to the system.

### **Recruitment Methods**

The creative and enthusiastic DVS will discover many successful methods of attracting potential volunteers. Recruitment may be effected by approaching individuals, initiating mass campaigns, and developing outside sources.

### **Individual Recruitment**

The individual approach is perhaps one of the most effective and satisfying methods of recruitment. The DVS, the volunteers, members of the auxiliary, the administrative team, and other employees can all be recruiters. Contacts with patients and their families and visitors and guests of the system can be a source of effective recruitment. Informed and satisfied volunteers, convinced that their service is appreciated and necessary, will share that sense of worth with potential volunteers.

The volunteer department should be prepared to receive inquiries from individuals who have been encouraged by contact with persons in the system to become volunteers. These sources of referral are valuable and should never be discouraged. However, the DVS will observe confidentiality should a referral prove to be unsuited to volunteer service.

## Mass Recruitment

When starting a volunteer program, when initiating a new service, or when many volunteer openings exist, techniques designed to reach a large number of potential volunteers can be beneficial. The mass recruitment campaign should be designed to complement the system's public image; therefore, the system's marketing/communications department must be consulted before any media campaign is initiated. Techniques should be chosen and designed carefully to avoid negative experiences and to increase effectiveness in a media campaign. It is wise to be cautious before initiating a public drive because it most likely will result in an influx of volunteers. If respondents cannot be placed promptly, they may react negatively to a waiting list.

Many media resources are available to the DVS at little cost. Television and radio stations and newspapers are very aware of the intense interest the public has in health care issues, and they welcome stories related to volunteers. In some communities, agencies interested in volunteerism band together with the media to produce mass volunteer recruitment campaigns. A well-produced feature on an individual volunteer or service can draw attention to a volunteer program and can be timed to kick off a recruitment campaign. Because the media are geared to target audiences, the marketing/communications department can help to develop effective promotional campaigns aimed at the populations the DVS wishes to reach through public service announcements and advertising.

Community groups constantly seek entertaining speakers with interesting topics for meetings and workshops. The DVS can carry the message of recruitment to the community by encouraging and accepting invitations for speaking engagements. In some instances someone from the system other than the DVS may be equally effective in reaching a particular group. The DVS can delegate speaking engagements to other persons who have excellent presentation skills and an intense interest in the development of the health care system. In order to field questions from groups, the speaker must be totally prepared with facts about the system and its needs.

Attractive and informative displays, posters, and brochures can draw attention to an appeal for volunteers. Because many decisions are involved in designing attractive graphics, a professional designer should be consulted during the design process. Posters and printed materials that are simple but eye-catching must include directions on how the prospective applicant can get more information.

The volunteer department must be prepared to follow up a campaign by being informed as to what steps an interested individual

must take to apply. Training the paid staff in phone screening techniques is advisable. Many people who respond to a mass appeal do so on the spur of the moment without understanding what it means and with little knowledge of the particular health care system. It is crucial that all persons who respond to the invitation of a media campaign be acknowledged seriously and with thoroughness by a well-prepared office staff.

### **Community Resources**

Many community organizations have a strong interest in supporting volunteer programs. The DVS should establish a liaison with voluntary action centers, older-resident agencies, and other resources that can distribute promotional materials and provide referrals. When a recruiting organization is properly oriented to the volunteer needs of the system, it can effectively screen prospective volunteers before referring them to the health care system's volunteer department for an interview. A referral source needs the following information:

- A current list of all available openings for volunteers
- A brief description of the abilities required for the positions
- Publications that give a general description of the system and the volunteer program

Obviously, this type of information and material must be updated regularly. The referring agency will also need to be informed when a referred individual has been accepted or rejected.

Many other community resources have an interest in referring volunteers. Church and social groups, for example, frequently seek projects that allow their members to work together. Rehabilitation programs may refer individuals who need volunteer work as a bridge to employment. Vocational training programs are another source of persons who need work experience. Community corrections agencies and the court systems sometimes require community service as an alternative to fines and/or sentencing. Community service referral agreements should be written, reviewed, and approved as contracts by legal counsel if the system is willing to incorporate them into the volunteer programs. In addition, the DVS should be aware of outside sources that may be available to fund transportation and meals for specific volunteers.

Because he or she cannot place every person who is interviewed for volunteer work, the DVS should be aware of other local opportunities for volunteers. Professional organizations exist in many communities for directing the work of volunteers; through such associations the DVS can agree to make and accept referrals.

# *Interviewing*

The purpose of the interview is to determine the suitability of the applicant for volunteering in a health care system and to agree upon an assignment that satisfies the needs of both the individual and the system. All applicants, no matter how well known to the DVS, must be interviewed formally. Personal interviews are essential because the success of the volunteer program depends to a large degree on matching the right people with the right positions. The DVS must be as prompt as possible in making a decision and responding to the applicant, whether the decision is to accept or reject.

In the matter of seeking references or sharing information with persons making inquiries about individual volunteer performance, all records of interviews and volunteer performance should be kept confidential and released only under the terms stipulated by the system's policies. The DVS should follow the policy of the human resources department regarding the extent of information that can be given when seeking or giving references on individuals.

These general guidelines underscore some important points that will ensure that interviews of prospective volunteers fulfill their basic purpose. Considerable excellent material on interviewing techniques is available.

## **Initial Interview**

The interview should be by appointment and conducted in private, free from interruptions and distractions, so that the DVS and the applicant can talk freely. The setting and the interviewer's approach should create a relaxed and friendly atmosphere so that the applicant can feel at ease. The completed application and related material should be on hand for reference.

The application form is a significant tool for the interviewer; it should be filled out in advance so that the DVS can review it before

the interview. The form should ask for specific information and should be designed to help initiate a productive interview. The sample form in appendix C indicates the information generally needed. The form should allow space for written comments, the date, and the interviewer's signature.

The interview is a two-way process: It gives the applicant specific information about the system and the volunteer services program, and it obtains relevant information from the applicant. The applicant must have all the information necessary to make a decision; this includes system requirements such as uniform purchases, health screenings, and minimum hours of service. Even if requirements for service are included in written material given to the applicant, the interviewer should reinforce them to make sure they are understood. Prospective volunteers should be encouraged to ask questions and to share thoughts about what they can offer the program. Two-way communication helps to avoid any misunderstanding of an applicant's expectations.

If the applicant is unacceptable for a volunteer position, the DVS has the difficult responsibility of informing the individual firmly and clearly. In a straightforward way the DVS must let rejected applicants know they are not accepted to work in the system. When applicants are suited to another volunteer organization, the DVS can make a referral. Likewise, the DVS must make the acceptance of a volunteer clear, precise, and specific. At the point the applicant is offered and accepts a position, orientation and training should be arranged.

### **Placement**

Placement of a volunteer should be decided and approved by the volunteer, the DVS, and the assigned department supervisor. The volunteer learns about the duties and required schedule from the position description, the DVS, and, when appropriate, through a personal interview with the department supervisor. After the placement is decided, the DVS arranges dates and times of orientation and training and follows up on requirements such as a uniform and name tag.

### **Exit Interview**

The DVS, whenever possible, should arrange an exit interview with each departing volunteer. The general guidelines for interviewing are applicable to an exit interview. When conducted properly, it is an excellent evaluative tool that can give insight into assignment and

supervision problems. It can yield suggestions for the improvement of the volunteer program.

By determining why a volunteer is leaving, a DVS can better manage the issue. When the departure is for short-term-personal reasons, a leave of absence with a return date can be planned. If the leave is permanent, the DVS may offer a letter of reference or a referral to a health care system in a new community. When a departure is due to dissatisfaction with placement or the program, an exit interview allows the DVS the opportunity to accept constructive criticism.

The written exit interview report, with the date and the interviewer's signature, should be placed in the volunteer's file. Necessary follow-up action, such as recording statistics, changing mailing lists, or responding to particular problems discussed in the interview should be carried out by the DVS.



# ***Orientation***

Orientation has two purposes: to instill in the volunteer a sense of being a representative of the system, and to acquaint the volunteer with the environment. Consequently, orientation should deal with how volunteer behavior reflects on the system. The responsibility for orientation belongs to the volunteer services department; and the DVS plans, delegates, and carries out the details of the orientation.

Orientation emphasizes the representative role of the volunteer and provides enough information about the health care system and the volunteer services department to enable the volunteer to begin training for a particular assignment. The interview is the beginning of this process. In the rare instance when it is not feasible to have a volunteer wait for a regularly scheduled group orientation, the DVS should provide an individualized orientation. Planned orientation sessions should be scheduled at regular intervals throughout the year, although the format may vary from system to system. Orientation to the system should include:

- A general introduction to the system and its philosophy and the philosophy of the volunteer services department, including volunteer recognition within the system
- A statement of volunteer rights and responsibilities and a review of expectations on the part of the volunteers and the system, including confidentiality and patient relations
- Assimilation of the volunteer into the system with attention to volunteer benefits, federal income tax information, uniforms, identification badges, and parking information
- Volunteer department requirements related to sign-in procedures, absence, injury, illness, and health exams
- Information about risk management issues, the disaster plan, infection control procedures, and workers' compensation
- Tours and floor plans of pertinent areas

Generally, the administrator or a member of the administrative staff welcomes the new volunteers and briefly explains the philosophy of the system. Because of the importance of patient relations to the system, volunteers must be acquainted with the system's principles on this subject. The volunteer must be sensitive to the psychosocial needs of patients and visitors, and a discussion of the volunteer's responsibility should receive significant attention in orientation. The participation of human resources and other departments may be very effective, since volunteers often work directly with them, and their involvement in orientation helps to create and maintain good employee-volunteer understanding. An audiovisual presentation describing the system and its services may prove helpful.

Some systems provide general orientation sessions for all new personnel, employees, and volunteers. In systems with inclusive orientations, the DVS should participate in planning and implementation and should develop additional sessions to deal with information applying only to volunteers. Joint orientation is very effective because it reinforces the concept that employees and volunteers work together to achieve a common goal.

# *Training*

A volunteer's competence and satisfaction depend to a great extent on being prepared for service. The training program, a vital part of the volunteer's preparation, enables the individual to perform efficiently. The DVS and the assigned supervisor should determine the method and extent of training required for each assignment. Before accepting a specific assignment, the volunteer should be informed of the quantity and kind of training that will be expected. If available, the DVS should use the system's education and training department staff to either schedule training for volunteers or to share information for providing training.

The training process begins with basic information and progresses to the skill level that teaches the attitudes and tasks required by the position. Continuing education broadens the scope of understanding and knowledge. The effectiveness of training programs should be continually assessed by the volunteer, the trainer, and the supervisor. Formal and informal evaluation allows the person responsible for the training program to take the initiative in making improvements. Evaluation is a valuable tool only if the information gathered is analyzed and if that information results in action that improves the program.

## **Continuing Education**

Because the environment changes constantly, the DVS should plan educational programs on health care trends, personnel changes, and changing services within the institution. Such sessions can be scheduled for regular presentations or as necessary. Education to update volunteers is particularly important in highly technical areas where methods, tools, and techniques are subject to frequent change. For many volunteers, expanding knowledge and skills is a prime motive for service. All volunteers will appreciate educational opportunities.

## ***Volunteer Performance Evaluation***

The performance evaluation system is a valuable recognition and motivation tool for the DVS to give appreciation, attention, and praise to volunteers. In order for the formal performance evaluation system to be effective, it must be planned carefully, have the full cooperation of supervisory personnel, and be understood by the volunteers.

An effective evaluation system should be implemented to assess the volunteer's performance both to motivate the volunteer and to encourage better performance. For effectiveness, the volunteer's performance should be evaluated on a regular basis by the staff to whom the volunteer is responsible, and the evaluation should be shared with the volunteer. A formal performance review should evaluate the volunteer on the specific assignments for which he or she is responsible. The review should also evaluate the volunteer's performance as it relates to his or her attendance and dependability, and to his or her relationship with other volunteers and paid staff members in the work setting.

The effective performance evaluation process will help to identify the volunteer's strengths and weaknesses. The DVS is responsible for encouraging the volunteer to utilize his or her strengths to the advantage of the department and the system. When substandard performance is identified, the DVS is responsible for taking corrective action to help the volunteer to understand that his or her level of performance does not meet standards and how to improve the level of performance. To help the volunteer improve his or her performance, the DVS should use a progressive counseling process. If the volunteer fails to improve the performance level to the established standards within a predetermined time frame, the DVS will need to take steps to dismiss the volunteer from service.

Serious violations, such as breach of confidentiality, theft, or disruptive behavior may call for immediate dismissal. When a volunteer seriously violates the code of conduct, the DVS is responsible for dismissing the volunteer in accordance with the system's writ-

ten personnel policies. The DVS should consult with the Human Resources Department to develop a policy on corrective action that corresponds to that for paid staff within the system. As in all matters related to human resource management, the DVS must give consideration to the volunteers' rights that are protected under equal employment opportunity legislation. The DVS must apply all policies fairly and consistently, and thoroughly document all corrective action activities, using the established step-by-step procedure for a particular violation.

# *Recognition*

To be recognized for one's contribution to the world is a basic human need. Recognition for volunteers should respond to their need for personal satisfaction—the sense of having performed well and of being needed. The system's recognition program must be designed to fulfill the needs for prestige, purpose, respect, and appreciation that motivate every worker. Within the scope of the health care system's mission and resources, the DVS must determine how best to show appreciation for the special contributions made by volunteers.

Recognition takes many forms. Perhaps the most satisfying form is the day-to-day appreciation—implied or expressed—of patients, personnel, the volunteer services department staff, and the community. Another form is a formal program by the system that recognizes the efforts of the volunteers in a public way. The DVS must develop a recognition program carefully and evaluate it continuously. Criteria for such a program are:

- Recognition of the volunteer for the quality and spirit of his or her service
- Compatibility with the system's policies and practices for employment and recognition
- Provision for like recognition of all volunteers

Traditionally, the services of volunteers have been recognized in terms of hours rather than in terms of a commitment made and fulfilled. When recognition programs emphasize hours rather than service, they tend to exclude those who in a few hours are able to accomplish a specialized short-term project that is as valuable to the system as an assignment requiring many hours. It is therefore important to recognize all volunteers for the quality of the service given to the system, whether or not they have reached a milestone measured by the number of hours given. Recognition programs must commend volunteers' individual service and contributions.

## *Teen Programs*

Teens should be considered a part of the system's volunteer service program subject to certain regulations that are not applicable to adults. Written parental consent should be required for placement of minors. Additional criteria should be considered in determining the suitability of assignments for teen volunteers. These criteria are:

- Judgment and responsibility required. Does the task require mature judgment or place too much responsibility on the teen?
- Volunteer department employee support. Can the volunteer department always be staffed when junior volunteers are giving service?
- Supervision. Can the department where the junior volunteer is on duty provide adequate and constant supervision?

In addition to a service-oriented program, a well-designed educational program should be developed for teens. Skills development and leadership training should be built into the teen program to develop the potential in each participant. An educational program for teen volunteers should include:

- Training programs related to their hospital service
- A planned and continuing health careers program that presents information on health careers of all kinds
- An overview of the health care delivery system and the major issues it faces
- A planned series of health education programs

Planning should be flexible to adapt to teens' schedules for school, extracurricular activities, and part-time jobs. The amount of time a teen is allowed to give should have defined limits, the minimum ensuring interest and continuity of service and the maximum keeping a balance in the teen's overall activities. The teen program

should build interest in and loyalty to the system, an awareness of health careers, and a commitment to a philosophy of volunteerism.



## *Student Programs*

The health care system and schools, colleges, and universities should participate in educational and volunteer cooperative efforts. Schools frequently require students to participate in volunteer work as a requirement for graduation or for admission to a particular course of study. In many instances students can achieve course credit for their volunteer experience. Each agreement between the DVS and a school should be formally established with definite guidelines for placement and supervision.

The number of students a particular volunteer program accepts depends on the degree to which the DVS and other department employees must be involved. The final determination of this number depends on:

- The extent of department employee involvement in orientation, training, and supervision
- The type and quantity of records that must be kept for each student
- The complexity of the evaluation system

During general volunteer orientations, the goals of the student program should be explained so that all volunteers understand the broad scope of the volunteer services program.

## *Auxiliary*

When the health care system has an auxiliary, it is important that the DVS establish and maintain a liaison with it and have policies and procedures to define this relationship. The definition of responsibilities is the first step toward a strong and mutually supportive relationship between the volunteer services department and the auxiliary. Each has a specific, separate role and set of responsibilities, and they exist, without one having authority over the other, in a relationship based on continual communication and liaison. Policies and procedures defining the relationship must be developed jointly by the administration, the auxiliary, and the volunteer services department. Clearly written policy and procedures statements will be useful in resolving differences of opinion that center on methodology and objectives. In particular, the areas to be considered are accountability, responsibilities, areas of service, and supervision of services.

It is necessary to clarify functions and relationships to maximize the contributions of auxiliaries and volunteers for the benefit of both the health care system and the community. Generally, the auxiliary is self-governing but exercises only those rights authorized by the system's governing body and is responsible to administration in the exercise of these rights. A variety of organizational models exist. The auxiliary can be integral to the health care system, an independent corporation, an unincorporated association, an integral part of the system's foundation, or a department of the hospital. It is recommended that, with the assistance of legal counsel, the administration of each system define the auxiliary's legal structure and relationship to the system as deemed appropriate to the system's structure. A direct line of communication between the auxiliary and the system's administration is imperative.

The auxiliary's board of directors formulates policy and plans, recruits members, and directs the affairs of the organization on behalf

of the total membership and in the interests of the system. The primary responsibilities assumed by the auxiliary are:

- Raising funds on behalf of the health care system
- Performing public relations activities and serving as a communications agent between the health care system and the community
- Taking part in activities, such as legislative activities, that strengthen and improve the health care delivery system
- Serving as a source of assistance to the system to promote health-related projects and to encourage better use of existing health care resources
- Supporting the volunteer program in recruiting efforts and by participating as individual volunteers within the program

Because it is composed of individuals who are vitally interested in the health care system, the auxiliary should be recognized as a valuable and ready source of volunteers. Auxiliaries need to be aware of the opportunities that exist within the system for individual volunteer service. The DVS, however, is not responsible for auxiliary membership recruitment. Although new volunteers can be made aware of the advantages of membership in the organization, it should be made clear to volunteers that auxiliary membership is not a requirement.

The DVS should refer to the AHA publication *Guidelines: Relationships, Responsibility, and Accountability of the Hospital Auxiliary, the Department of Volunteer Services, and Administration* (1980).

# ***Practical Tools and Techniques***

The following sections are presented as additional information of practical value to the DVS in day-to-day departmental operations.

## **Administrative Manual**

An administrative manual (or manuals) for the department of volunteer services should be developed and maintained to contain these essentials:

- The purposes and objectives of the health care system and the volunteer services department
- Administrative documents such as organizational charts, staff job descriptions, personnel policies, interdepartmental regulations, and other pertinent systemwide policies
- Disaster plan for the system, including the roles of staff and volunteers
- The policies and procedures that guide the department including guidelines for record-keeping and reports, needs assessment, recruitment, interviewing, selection, placement, orientation, and training
- Policies relating directly to volunteer functions, including infection control, uniform and appearance, sign-in procedures, recognition, evaluation, health information, confidentiality, dismissal, and resignations
- Financial policies and information including current operating and capital budgets
- Requirements and benefits of the volunteer program
- Legal and risk management reference sources such as state and federal labor laws, child labor laws, information on tax deductions for volunteers, insurance policies, incident report guidelines, and safety regulations

- Documentation on continuing education for volunteers and staff
- A position description for each volunteer assignment
- Information on special categories of volunteers such as teens, student credit, interns, court referrals, and corporate, civic, and church groups
- Public relations policies, copies of handbooks and promotional brochures, and documentation of media coverage
- Information on community, system, and professional boards and committees on which the DVS serves
- Auxiliary information, as appropriate, including the relationship between the auxiliary and the volunteer department, bylaws, current officers, policies and procedures, auxiliary-sponsored projects, and financial reports

The manual format should be flexible to facilitate mandatory periodic review and updating.

### **Volunteer Handbook**

A volunteer handbook is a useful tool for many purposes, among them recruiting, orienting, training, and continuing education. The handbook should be reviewed and updated often, as it is a detailed reference manual used extensively during the orientation and training period. It should include policies of the department and the system that apply to volunteers, such as orientation, training, uniform requirements, supervision, health screening, rights and responsibilities, benefits, record of service, recognition, fire safety, disaster plan, emergency codes, accidental injury, insurance, tax deductions, parking, infection control, leave of absence, resignation, and dismissal.

The handbook should include the philosophy of the system and of the volunteer services department. It is recommended that the handbook also contain a brief history of the health care system and a statement by the administrator.

### **Guidelines for Printed Material**

Brochures containing general information about the program and the system can be used for public relations purposes as well as recruiting. Because they can be widely distributed, brochures should list a contact phone number and an address where specific details can be obtained. Printed materials should be written so as not to require frequent revision or replacement. All printed material should be

reviewed periodically to make sure it is current and specific to the existing program. Accuracy of information and attractiveness of presentation reflect well on the system. The DVS should consult with the marketing/communications department and other resources in the system when preparing printed material for distribution.

### **Advisory Committee**

An advisory committee can benefit the volunteer services program. Its purpose would be to review current services for their relevance to the system, to explore ideas for new services, and to suggest ways to improve the effectiveness of the system's services to patients and the community. When employees are included as members of a body of advisors and have direct input in evaluation and decision making, they tend to give more support to department objectives and volunteer activities. As a planning and evaluative body, the advisory committee would be of particular value during the development of a new department or in the reorganization of an old department.

The size, composition, and charge of an advisory committee may vary according to each system's needs. Committee members should be persons who can provide knowledge and insights based on their positions in the system. Representatives from the volunteer departments, medical staff, nursing service, education and training, personnel, and auxiliary can make important contributions.

Should the DVS choose to form an advisory committee, administration would need to approve the prospective advisers and the composition of the committee. The responsibility for orienting the committee to the purposes and objectives of the volunteer services program and sharing with them current trends in volunteerism would reside with the DVS, who also would prepare meeting agendas, keep records, and facilitate the committee's work.

## *Legal Issues*

By definition, a volunteer is an individual who is giving service without either an expressed or implied promise of compensation. However, the fact that volunteers are uncompensated does not mean that they or the system can assume exemption from legal liability when they participate in system-sponsored programs. Because volunteers may cause injury to others in performing services for and on behalf of the system, the system should include volunteers as "named insureds" under its liability insurance coverage.

Volunteers must be recruited and placed in accordance with the system's equal employment opportunity, affirmative action, and labor relations policies. Because federal, state, and local laws apply in most health care settings, the DVS should consult with other managers in the system with regard to developing policies related to licensure of professionally qualified volunteers, risk management and safety, sexual harassment, insurance, health exams and records, and interviewing and placement practices. Because of the complexity of legal issues inherent in the health care setting, the advice of legal counsel must be sought regarding policies as they relate to volunteers.

Some major areas of legal concern to a volunteer services department in a health care setting are:

- Injuries to volunteers while performing services on behalf of the system
- Injuries to persons or damage to property caused by volunteers while performing services on behalf of the system
- The advisability of personal liability insurance for volunteers
- Placement of volunteers to avoid conflict with federal wage-and-hour laws and union restrictions
- Employees who choose to volunteer their services to the institution in addition to the labor for which they are paid
- Child labor law provisions applying to minors aged 15 and younger and to minors aged 16 and older

- Licensure requirements for volunteers who work as unpaid professionals in the health care setting
- Health records required for persons working in direct contact with patients or in a health care setting
- Placement or rejection of volunteer applicants who fall into classes protected under equal opportunity laws

Although risk management controls for volunteer service may vary from one system to another, the DVS should make every effort to see that the following measures are taken:

- Volunteers should be assigned to perform services for which they are competent, adequately trained, and supervised by paid staff.
- Written documentation should be made of volunteer assignments, orientation, training, evaluations, continuing education, and hours worked.
- Limitations regarding volunteer roles are to be clearly defined and presented to both paid staff and volunteers prior to their involvement in a specific service.

The DVS must not underestimate the seriousness of the risks related to the function of volunteers within the system. Regular observation of volunteers in the work setting will help the DVS to be aware of situations exposing the system to risk. Once a risk is perceived, the DVS is responsible for doing what is necessary to stop dangerous or unwise practices and to comply with laws and regulations affecting the health care system.



# ***Appendix A American Society of Directors of Volunteer Services***

Organized in 1968, the American Society of Directors of Volunteer Services (ASDVS) is one of 16 personal membership groups of the American Hospital Association. It is an integral part of the Association, through which the society has direct access to extensive health care management resources.

The primary aims of the society are to further the growth and professionalism of volunteer services management in health care systems. This aim is pivotal to the society's objectives to:

- Assess the needs and interests of its members and to provide needed services, programs, and resources
- Promote volunteer services as a vital component of available human resources
- Facilitate the exchange of ideas and information among members
- Advance the personal career objectives of members through professional development programs
- Cooperate with other organizations involved in the management of volunteer services programs

## **Affiliated Groups**

The society's network includes affiliated groups, defined as local, state, or regional directors of volunteer services in health care systems. Affiliation requires a formal agreement with the Society. The goals of affiliation are to:

- Provide an organized structure that will enable society members to work together on issues of mutual interest
- Conduct educational programs
- Serve as a resource to related hospital associations

- Provide channels of communication between the society and the affiliated group and its members
- Promote the purposes of and membership in the society

## Membership

Full membership is available to persons who are employed on the professional level by a hospital that provides inpatient care and who have as their major responsibility the volunteer services program. The employer must hold, or be eligible to hold, institutional membership in the American Hospital Association.

Associate membership is available to persons who are employed by an allied hospital association or hospital federation and who are responsible for providing volunteer program assistance.

Retired membership is available to full or associate members who wish to continue membership in the society after total cessation of gainful, full-time employment. Information about the society and its membership requirements may be obtained from: Society Director, American Society of Directors of Volunteer Services, American Hospital Association, 840 N. Lake Shore Dr., Chicago, IL 60611.

## ASDVS Publications

The American Society of Directors of Volunteer Services has produced materials of special value to members. Among these materials are the following titles:

- *Assessment of the Department of Volunteer Services in a Health Care Institution* (may be ordered directly from the society office)
- *Cost-Effectiveness for a Hospital Department of Volunteer Services*
- *Director of Volunteer Services in Hospitals and Other Health Care Institutions*
- *Effective Administration of Volunteer Services*
- *Effective Use of Volunteer Manpower*
- *Guidelines for Managerial Competency for Directors of Volunteer Services*
- *Internship Program Manual for Volunteer Services*
- *Questions and Answers about Teenage Volunteer Service in Health Care Institutions*
- *Relationships, Responsibility, and Accountability of the Hospi-*

*tal Auxiliary, the Department of Volunteer Services, and Administration*

- *The Resource Guide* (1987) (a bibliography of materials of particular interest to the DVS)
- *The Volunteer in Long-Term Care*
- *Volunteer Recognition and Identification in Health Care Institutions*
- *Volunteer Services Administration* (periodical) (a benefit of membership)

### **Education Resources**

The society's annual meetings are held in different regions of the country, and with them are scheduled an educational conference and a session for affiliated group leaders. In addition to the annual educational conference, the society offers basic and advanced institutes for directors of volunteer services.

### **Professional Recognition**

The American Society of Directors of Volunteer Services Program for Professional Achievement is designed to recognize personal and professional achievement and expertise in the field of volunteer services management in health care systems. There are two levels of recognition: Accomplished and Fellow.

The goals of the program are to:

- Recognize outstanding levels of achievement by society members
- Encourage the development of expertise in the field of volunteer services management
- Provide a forum for recognizing leaders in the field
- Encourage society members to be responsible for their personal growth and professional development
- Recognize society members who make a contribution that significantly benefits their respective systems

## ***Appendix B The American Hospital Association as a Resource***

The American Hospital Association offers many services to its institutional and personal members. Many of the AHA's services are of particular use to the DVS in health care systems.

### **Publications/Audiovisuals**

American Hospital Publishing, Inc. (AHPI), a subsidiary of AHA, publishes several publications that are of particular interest to the DVS. They include *The Volunteer Leader*, *Hospitals*, and *AHA News*. *Hospitals* is offered to all members of AHA as a membership benefit. The other publications are available by subscription. The Association publishes manuals, books, and reference material on special subjects that are listed in *The Complete AHA Catalog*, a complimentary resource available to AHA members. The catalog also lists audiovisual products, packaged educational products, Association documents, and material specific to volunteer services.

### **Education**

The Association offers many educational and informational workshops, conferences, institutes, and teleconferences that are of interest to members of the health care management team. Information regarding subject, content, date, and location is published in *Hospitals*.

### **AHA Resource Center (Library)**

The AHA Resource Center contains the Library of the American Hospital Association, Asa S. Bacon Memorial; the Center for Hospital and Healthcare Administration History; and the Hospital Litera-

ture Service. The AHA Resource Center is a focal point for the collection, coordination, and dissemination of information of both current and historical literature. It provides timely, high-quality health services administration information that is available and accessible to institutional and personal members of AHA and nonmembers.

The AHA Resource Center contains the nation's foremost collection of hospital and health services administration literature. It is recognized nationwide as a comprehensive information center supplementing and enhancing the local services available to health care professionals, researchers, educators, librarians, policy analysts, and historians.

In an ever changing environment, health care professionals need specific management information to demonstrate effective leadership and to make sound responsive business decisions. The collections, data base, publications, and extensive services of the AHA Resource Center help health care professionals to meet these needs. The services and products have been developed to provide a total perspective on the health care trends and issues that are needed to manage in today's health care system.

Many of the services are provided to members free of charge; some are also available to nonmembers. Selected services are available to members and nonmembers on a differential fee basis.

For additional information on the AHA Resource Center, write to the American Hospital Association Resource Center, 840 N. Lake Shore Dr., Chicago, IL 60611, or call 312/280-6263 (toll-free (800/621-6712, extension 6263; in Illinois, 800/572-6863, extension 6263).

# *Appendix C* *Application for* *Volunteer Services*

(Name of Health Care System)

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

\_\_\_\_\_  
Date of Birth (Month) (Day) (Year)

\_\_\_\_\_  
Home Address Phone

\_\_\_\_\_  
Emergency Contact (Name) (Relationship) (Phone)

\_\_\_\_\_  
Present Occupation (If Applicable) Employer Phone

\_\_\_\_\_  
Education (Highest Level Completed)

\_\_\_\_\_  
Previous Volunteer Experience

\_\_\_\_\_  
Skills, Special Interests

\_\_\_\_\_  
Community Affiliations (Social, Service)

\_\_\_\_\_  
General Condition of Health

\_\_\_\_\_  
Physical Limitations

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Character Reference

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Availability for Volunteer Assignment:

\_\_\_\_\_  
Day(s) of Week

\_\_\_\_\_  
Best Time of Day

\_\_\_\_\_  
Length of Commitment

\_\_\_\_\_  
Signature Date of Application  
(Opportunities for volunteers are provided without regard to religion, creed,  
race, national origin, age, or sex.)

\_\_\_\_\_  
Interviewer's Signature Date of Interview

\_\_\_\_\_  
Comments:

## *Glossary*

**Administration**—The uppermost organizational level in the system, which comprises the level made up of senior management. Those at this level carry such titles as president, vice-president, director, chief, administrator.

**Administrator**—The administrative officer to whom the DVS reports.

**Auxiliary**—A formal self-governing organization (with bylaws, dues, officers) that achieves its goals by means of initiatives such as fundraising, community relations, health education programming, and legislative action. The auxiliary is responsible to administration and its rights are authorized by the system's governing body and specified in its bylaws.

**Community**—The persons who live or work within the geographical service range of the health care system.

**Director of volunteer services (DVS)**—The person responsible for administration of the volunteer services department in a health care system. The DVS is responsible for liaison with hospital staff and the community, planning and administering volunteer services, communicating to hospital administration, and, as appropriate, community organizations.

**Health care system volunteer**—One who serves the system without pay. The term may include governing board members, auxiliary members, special-project volunteers, and community groups. Specifically, a person who is authorized by the health care system, through the volunteer services department, to assist the system in the delivery of health care to the community.

**System**—A collection of many units and people, linked together with common and supporting goals, as in the whole system of a hospital.

**Volunteer services department**—A department of the health care system organized to coordinate the services of volunteers under the general supervision of a director responsible to an officer at the administrative level.

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