ASPIRUS™

Passion for excellence. Compassion for people.

IRON RIVER HOSPITAL & CLINICS

Mission

Aspirus Iron River Hospital & Clinics is a community-owned, not-for-profit organization responsible for the physical and emotional health of people living in the South Central Upper Peninsula of Michigan and Northern Wisconsin. Directly, and in general partnership with communities, employers, schools, and government officials, as well as select partnerships with other healthcare providers, we guide individuals and families in their life-long journey toward optimal health. We are committed to providing high-quality, reliable, cost-effective total health solutions with respect and compassion. Our innovative efforts will positively impact health care delivery in our service area.

Vision

"The people we serve will be among the healthiest in the nation."

SERVICES

- Asthma/Allergy
- Cardiac Echocardiogram
- Cardiac Rehabilitation
- Cardiac Stress Testing
- Cardiology
- Chemotherapy/Oncology
- Computed Tomography (64 Slice)
- Coumadin Clinic
- Diabetes Education
- Diagnostic Imaging
- DOT Physicals
- Ear-Nose-Throat
- 24/7 Emergency Room
- EMS/Ambulance Service
- Express (Urgent) Care Clinic
- Family Medicine
- General Surgery
- Hematology
- Hemodialysis
- Home Care & Hospice
- Infusion Therapies
- Intensive Care Unit (ICU)
- Inpatient Care
- Internal Medicine
- Joint Replacement
- Laboratory
- MRI/MRA
- Mammography
- Memory & Dementia
- Nephrology
- Nuclear Medicine
- Nutrition Counseling
- Occupational Therapy
- Oncology
- Orthopedics
- Outpatient Services
- Patient Support Groups
- Pediatrics
- Physical Therapy
- Primary Care
- Radiology
- Rehabilitation Services
- Respiratory Care
- Respite Care
- Senior Services
- Smoking Cessation
- Social Services
- Speech Therapy
- Sports Medicine
- TeleHealth/TeleMedicine
- Women's Health
- Wound Care

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Volunteer Services

"It's not how much we give, but how much love we put into giving."-Mother Teresa

Volunteer Opportunities

- Hospital Gift Shop
- Office Assistant
- Food & Nutrition Services
- Hospice Program
- Special Events
- SMILE Program (Smiles Make Illness a Little Easier)
- And Much More!

To learn more about volunteering, please contact Abby Miller at (906)308.0232

Benefits of Volunteering

- Making a difference in your community
- A free flu shot once a year
- Recognition at the Annual Volunteer Services Banquet
- A feeling of pride, enjoyment, and challenge

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Welcome to the Aspirus family!

Aspirus Iron River Hospital & Clinics values its patients and team members–especially our volunteers. We know how valuable you are and are honored you chose to lend your talents to our organization. Thank you for committing your time and energy to assist our staff, patients, and community.

We are proud of our healthcare system. We pledge to improve and expand hospital services, to continue to invest in the latest technology, and to nurture a culture of employee engagement and excellence.

We will continue to identify the needs of our patients and our community, and to do whatever it takes to meet those needs. We remain committed to our goal of being the best place for our patients to receive care, the best place for people to work, and the best place for providers to practice medicine.

You, as a volunteer, are key for us in meeting the commitments we have made to our patients and community. Achieving excellence in health care requires dedication and service from many people. Providers, nurses, and other professionals are essential; but volunteers are important as well. It is our volunteers who provide that extra touch of caring, compassion, and assistance and help to set Aspirus apart as an organization of quality and excellence.

Thank you for that extra human touch so appreciated by our patients, family members, and staff.

We have many volunteer opportunities available, giving you a chance to match your special gifts with our needs. Whether you serve in the Gift Shop, Hospice, Special Events, Office Assist, Food and Nutrition, or "SMILE" programs, or volunteer in individual departments, there is a place for you here at Aspirus.

Please feel free to give us input on our programs and offer suggestions of ways we can serve our patients and communities even better. We value you and your contributions.

Again, thank you for lending your talents to Aspirus. We hope your volunteer experience is as valuable and rewarding to you as it is to us.

Sincerely,

Connie Koutouzos
President/CEO

Bill of Rights for Volunteers

ALL VOLUNTEERS SHOULD HAVE THE FOLLOWING RIGHTS:

- **THE RIGHT TO BE TREATED AS A CO-WORKER**
  not just as free help.
- **THE RIGHT TO A SUITABLE ASSIGNMENT**
  with consideration for personal preference, temperament, experiences, education and employment background.
- **THE RIGHT TO KNOW AS MUCH ABOUT THE HOSPITAL AS POSSIBLE**
  including its policies, people, and programs.
- **THE RIGHT TO THOROUGH TRAINING FOR THE JOB**
  with thoughtfully planned and effectively presented programs (Service Descriptions).
- **THE RIGHT TO CONTINUING EDUCATION ON THE JOB**
  as a follow-up to the initial training, including information about new developments and training for greater responsibility.
- **THE RIGHT TO SOUND GUIDANCE AND DIRECTION**
  by someone who is experienced, patient, well-informed, and thoughtful, and who has the time to invest in giving guidance.
- **THE RIGHT TO A PLACE TO WORK, WHICH IS**
  orderly, designated, conducive to work, and worthy of the job to be done.
- **THE RIGHT TO A VARIETY OF EXPERIENCES**
  through transfer from one activity to another, if desired, and through special assignments.
- **THE RIGHT TO BE HEARD AND**
  to have a part in planning, to feel free to make suggestions, and to have respect shown for honest opinions.
- **THE RIGHT TO RECOGNITION THROUGH**
  fair treatment on a day-to-day basis.

VOLUNTEER SERVICES APPLICATION

Please fill out this application as well as: 1) Confidentiality Agreement, 2) Agreement, Authorization and Consent for Release of Background Information, and 3) Photography/Media Consent Form and submit them to:

Abby Miller
Volunteer Services
Aspirus Iron River Hospital & Clinics
1400 W. Ice Lake Road
Iron River, MI 49935
Abby.Miller@aspirus.org
906.308.0232

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Social Security # _____ Driver's License # _____

E-Mail _____ At least 16 years old: Yes _____ No _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

EMERGENCY INFORMATION

Emergency Contact _____

Relationship to you _____ Home Phone _____

Work Phone _____ Cell Phone _____

QUESTIONNAIRE

1. Why are you interested in volunteering? _____
   _____
   _____

2. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? NO [ ] YES [ ] – If yes, please describe the service requirements _____
   _____
   _____
   _____
   Service Organization & Contact _____
   Phone Number _____

3. Is there anything that may adversely affect your ability to perform volunteer work?
   NO [ ] YES [ ] – If yes, please describe in detail _____
   _____
   _____
   _____

4. Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____
   _____
   _____

5. Do you have any physical, visual or hearing needs we need to consider:
   NO [ ] YES [ ] – If yes, please explain _____
   _____
   _____
   _____

EDUCATION AND WORK EXPERIENCE

EDUCATION: Check highest level
High School: 9 [ ] 10 [ ] 11 [ ] 12 [ ] GED [ ]
Name & State _____
_____

College: 9 [ ] 10 [ ] 11 [ ] 12 [ ] GED [ ]
Degree/Major _____

EMPLOYMENT EXPERIENCE:

Have you ever worked at a hospital? Yes [ ] No [ ]

Last place of Work – if any: _____

Business Name _____

Address _____ Phone _____

Position _____ Supervisor's Name _____

OTHER

1. Have you ever been convicted of a felony? Yes [ ] No [ ]
2. Have you ever been convicted of a misdemeanor? Yes [ ] No [ ]

If "Yes" to either question, please describe the conviction(s) in detail, including dates.

_____

_____

_____

3. How did you hear about this volunteer program? _____

   _____

   _____

4. Do you hold any special medical or clinical certifications or licenses, or had any medical training of any type (including CPR)? No [ ] Yes [ ] – Please list: _____

   _____

   _____

5. When can you start volunteering? _____

6. If you are a snowbird, what months will you be unavailable? _____

   _____

7. Please check below the days you are available for the Volunteer Service program:

Monday	A.M.	[ ]	P.M.	[ ]
Tuesday	A.M.	[ ]	P.M.	[ ]
Wednesday	A.M.	[ ]	P.M.	[ ]
Thursday	A.M.	[ ]	P.M.	[ ]
Friday	A.M.	[ ]	P.M.	[ ]
Saturday	A.M.	[ ]	P.M.	[ ]
Sunday	A.M.	[ ]	P.M.	[ ]

CERTIFICATION AND AUTHORIZATION

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulations of Aspirus Iron River Hospital & Clinics.

I authorize Aspirus Iron River Hospital & Clinics to investigate all statements contained in this application and other matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Name:_____

Date: _____

Volunteer Services Policies

Equal Volunteer Opportunity

Aspirus Iron River Volunteer Services is committed to provide, as a fundamental belief, equal volunteer opportunities through policies and practices without regard for race, color, religion, sex, age, national origin, handicap, or veteran status. Volunteer applicants will be treated equally.

Keep Us Current

It is important to keep the Volunteer Services Office notifies of changes on name, address, telephone or e-mail. Please contact Abby Miller at (906) 308-0232 or Abby.Miller@aspirus.org with any changes or updates.

Smoking policies

Smoking is prohibited in all facilities owned or operated by Aspirus Iron River Hospital & Clinics, including the grounds, parking lots, and sidewalks adjacent to the facilities.

Parking

Parking is provided for volunteers on the hospital campus. Staff is to park in employee parking Lot C (south of the maintenance garage) from 7:00AM-3:00PM. Staff may park in the last two rows of Lot B from 3:00PM-7:00AM only.

Absences

A call to the department you volunteer in should be made when absences are necessary.

Patient Food and Drink

If you are in a patient room and they ask you to give them a drink or some food, always decline to do so and pass this request on to a nurse.

Volunteer Safety

Volunteers should not lift patients; call a nurse to do so.

Gifts

Don't accept gifts or money from patients for services performed.

Volunteer Accident Insurance

Volunteer Accident Insurance is provided by the hospital for all volunteer who are injured at the hospital. Please contact Volunteer Services or insurance coverage information.

1.) Report the incident to the person in charge in your area to determine a course of treatment.
2.) After evaluation, if injuries warrant additional treatment, report to Employee Health Services (Human Resources) or the Emergency Department.
3.) Ask that Volunteer Services be notified.
4.) A Variance Report should be filled out.
5.) Insurance claims will be filed through the Human Resource office.

Hours

Hours must be recorded for recognition and reporting purposes.

Beverages/Meals

Coffee and tea are available free of charge in the Lakeview Café. Volunteers working four or more hours are entitled to a meal up to a value of $5.00. When checking out in the café, please advise the attendant to charge the meal to Volunteer Services.

Dress

All volunteers will be asked to contribute $10 towards the purchase of a volunteer uniform. Aspirus will cover the balance of the cost for the uniforms. The uniform assigned will be a unisex smock top. All volunteers MUST wear uniforms for identification and recognition while working within the hospital or clinics. Uniforms should be worn with slacks or skirts. Appropriate socks and shoes should also be worn.

The Aspirus logo will appear of the left side of the uniform. Name badges must be worn when volunteering and should be worn on the right side of the uniform. The wearing of identification name badges protects employees, volunteers, and patients by ensuring that all persons on hospital premises are authorized and identified. If you do not have a name badge, contact the Payroll Benefits Coordinator to have on issued to you.

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Volunteer Services
Confidentiality Agreement

Confidential information is sensitive or private information to which access may be gained solely by virtue of the volunteer's relationship with the hospital. This information may be received from outside sources with whom the hospital does business (e.g. consultants, vendors, outside reports or studies), or from within the hospital. Examples include, but are not limited to, the following: patient lists, patient records, physician rosters, physician files, fee schedules, medical data, planning and budget information including any copies, faxes or e-mails.

Since confidentiality is crucial to the operation of the hospital and because the hospital has a legal obligation to protect such information, it is required that volunteers with access to this type of information preserve it in a restricted and confidential nature.

Additionally, this type of information must not be removed from the hospital or shared with external sources. If you have questions as to whether a particular matter in confidential, please contact the Human Resource Director or the Quality/Risk Director.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND AGREE TO ABIDE BY THIS HOSPITAL POLICY AS DESCRIBED IN THIS STATEMENT AND OUTLINE MORE COMPLETELY IN ASPIRUS IRON RIVER HOSPITAL POLICY AND PROCEDURE #97 (ATTACHED) WITH REGARD TO BOTH PATIENT AND PROPRIETARY CONFIDENTIALITY.

Volunteer Name Date

Signature Date

Witness Date

Aspirus Iron River Hospital & Clinics

HOSPITAL POLICY & PROCEDURE

DEPARTMENT: Administration **Policy #97**

Multidisciplinary/Multidepartment Patient Care Effective Date:
Revision Date: 07/08
Review Date:

SUBJECT: Confidentiality; Patients	**Committee Review (if appropriate)**

Purpose: To define the responsibilities of the personnel, Medical Staff, students and Administration regarding confidentiality as it affects patient/resident privacy.

Policy:

1. It is the obligation of each employee, volunteer, student, member of the Medical Staff, Administration and Board Member to protect the confidentiality of any private information which may be acquired from a patient, or from any source, about a patient. The trust that is built in an employee-patient relationship would be broken by disclosure of confidential information.
2. Knowledge which is gained in an employee-patient relationship may be essential in planning the patient's care. When this is the case, the employee must use judgment to avoid improper disclosure. The employee discloses only that information which is relevant to the patient's welfare. The privacy rights of the patient must always be paramount consideration in any decision to disclose information. In all cases Federal HIPAA regulations will be followed unless state regulations are more strict; then state regulations will be followed.
3. There are times when an employee legally may be required to give testimony in court concerning confidential information about a patient. Any employee who is subpoenaed to appear in court on a corporation matter should report this fact to their supervisor immediately who then will notify the Quality/Risk Manager. In such cases, the corporation will arrange the appropriate legal advice and guidance.
4. The importance of avoiding gossip and idle talk about the corporation when attending patients cannot be over-emphasized. Employees must be especially careful to avoid discussion of patients in the cafeteria, in hallways outside of patient care areas, as well as in the community with family and friends. Inappropriate release of patient information can result in disciplinary action up to and including termination.
5. In a patient-centered environment, certain activities and procedures are accepted as routine. Despite this, care shall be taken to assure that the patient's physical privacy shall always be protected by appropriate screening and draping as a demonstration of the employee's appreciation of the patient as an individual.
6. A confidentiality agreement will be signed by new employees upon hire.

AUTHORIZATION FORM

For Media/Public Relations, Fundraising, Marketing, Educational Purposes

Individual's Information:

_____

Print Name

_____

Address Telephone

I, the undersigned, authorize Aspirus Iron River Hospital & Clinics, and its affiliates and subsidiaries, including, but not limited to, the Aspirus Iron Area Health Foundation (collectively, "Aspirus Iron River"), to take, use and disclose: photographs, digital or other images, film, videotapes (DVDs, CDs, etc.), interviews, audio or audiovisual recordings, testimonials, and name (collectively, "Information") about or from the above Individual for the following purposes:

- ☐ Publications (printed and electronic) and media outlets (such as television, radio, newspapers, etc.), fundraising, publicity, promotion, public relations, websites or advertising for Aspirus
- ☐ Education programs for Aspirus
- ☐ Marketing
- ☐ Other (describe):_____

I understand that this authorization is valid unless I revoke it in writing for as long as Aspirus Iron River Hospital & Clinics, or any organization that succeeds Aspirus, stays in business. I may revoke this authorization at any time by notifying the Aspirus Iron River Hospital & Clinics Director of Quality/Risk Management, Privacy Officer in writing at 1400 West Ice Lake Road, Iron River, Michigan 49935. I understand that the revocation will not apply to Information that has already been released in response to this authorization.

To the extent any of the information is "protected health information" under federal privacy regulations, I understand that Aspirus Iron River Hospital & Clinics will not condition treatment, payment, enrollment or eligibility for benefits on the execution of this authorization. I further understand that the Information used or disclosed as a result of this authorization may be subject to re-disclosure by the person or entity receiving such information, and thus no longer protected by the federal privacy regulations.

I understand that the Information, including, but not limited to, all negatives, prints and digital reproductions, is the property of Aspirus. I release to Aspirus any right, title and/or interest of any kind I may have in the Information. I further release and agree to indemnify and hold harmless Aspirus, its affiliates and their directors, trustees, employees, agents or contractors from any injury and/or damages sustained as a result of the Information, including, but not limited to, claims of personal injury, property damage, invasion of privacy and/or breach of confidentiality.

This authorization is given without compensation to the Individual. I understand that if Aspirus will receive any money or other compensation from someone else because of the use or disclosure of the information, I have been told about the compensation.

I have read this form, and all of my questions have been answered. By signing below, I acknowledge I have read and accept all of the above.

_____

Signature Date

_____

Print Name and Describe Relationship to Individual (Self, Parent or Legal Guardian)

_____

Address Telephone

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
DEPARTMENT OF HUMAN SERVICES

LONG TERM CARE WORKFORCE BACKGROUND CHECK CONSENT AND DISCLOSURE

MCL 333.20173a, MCL 330.1134a, and MCL 440.734b require that a health facility/agency that is a:

- psychiatric facility
- ICF/MR
- nursing home
- county medical care facility
- adult foster care facility (AFC)
- hospital that provides swing bed services
- home for the aged
- home health agency
- hospice

Shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the health facility/agency or AFC until the health facility/agency or AFC conducts a fingerprint-based criminal history check.

An individual who applies for employment either as an employee or as an independent contractor or for clinical privileges with a health care facility/agency or AFC and has received a good faith offer of employment, an independent contract, or clinical privileges shall give written consent at the time of application for the health care facility/agency or AFC to conduct a criminal history check, including a state and Federal Bureau of Investigation (FBI) fingerprint-based check, and shall give a written statement disclosing that he or she has not been convicted of a crime that would prohibit employment.

NOTE: Throughout this form:
- "Employee" includes persons independently contracted with and/or those granted clinical privileges.
- Clinical privileges do not apply to adult foster care facilities.

Health Facility or Agency

Licensee Name:_____ **Date:**_____

Employment Applicant Name:_____

Facility Name/License Number:_____

The health facility/agency or AFC:

a. May not knowingly employ a worker, having direct access to patients or residents, who has been convicted of a disqualifying crime or has been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.* "Direct access" means regular access to a patient or resident, or to a patient's or resident's property, financial information, medical records, treatment information, or any other identifying information.
b. May terminate the background check or decide not to hire the individual at any stage of the process.
c. Must ensure that any background check information provided will only be used for the purpose of determining an individual's suitability for employment in a long-term care setting.
d. Must retain verification of compliance with background check requirements.
e. Will make the final employment decision.

* This does not include a finding of abuse, neglect, or misappropriation (financial exploitation) substantiated under the Michigan Mental Health Code or Adult Protective Services Act.

Part 1 – Consent to Conduct Background and Criminal Record Checks

As a condition of being considered for employment:

a. I hereby consent to and authorize the health facility/agency or AFC to conduct a background check that includes a search of state and federal abuse and neglect registries and databases, in addition to a fingerprint-based search of state and federal criminal history records. I understand that this consent extends to the release and sharing of such information with the Michigan Departments of Licensing and Regulatory Affairs, Human Services, and State Police.

b. I further understand the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI) may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

c. I hereby authorize the release of any relevant information to the health facility/agency or AFC to be used to conduct the background check as required under MCL 333.20173a, MCL 330.1134a, and MCL 440.734b.

d. I understand, except for a knowing or intentional release of false information, the health facility/agency or AFC has no liability in connection with a background check conducted under MCL 333.20173a, MCL 330.1134a, and MCL 440.734b or the release of criminal history record information for the purposes of making an employment decision.

e. I understand that the health facility/agency or AFC will make the final employment determination. I also understand that the health facility/agency or AFC may terminate the background check or decide not to hire me at any stage of the process.

f. I understand that the health facility/agency or AFC, in denying employment to an applicant, and reasonably relying on information obtained through a background check, is provided immunity from any action brought by an applicant due to the employment decision.

g. I agree to provide the information necessary to conduct a criminal background check.

_____ _____

Signature of Applicant Date

Part 2 – This employment applicant information is required to process a complete and accurate criminal record check.

EMPLOYEE PERSONAL INFORMATION

First Name:

Middle Name:

Last Name: Suffix:

OTHER NAME (S) USED (MAIDEN NAME, ALIAS)

First Name:

Middle Name:

Last Name: Suffix:

Date of Birth: Country of Citizenship:

Place of Birth (City, State/Province):

Height: Weight: Hair Color: Eye Color Gender: ☐ Female ☐ Male

Race: ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ White ☐ All

Social Security Number:

ADDRESS

Street Address:

City: State: Zip Code: County:

Phone Number:

Job Title: Conditional Hire Date:

RESIDENCY

Driver's License or State/Canadian ID Number:

State/Prov. License/ID Number

Has this employment applicant resided in Michigan continuously for the past 12 months? ☐ YES ☐ NO

PROFESSIONAL LICENSE(S) /CERTIFICATION(S)

1. License/Certification Number:
2. License/Certification Number:
3. License/Certification Number:

Part 3 – Employment Applicant Disclosure Statements

The following convictions and/or findings may disqualify you from working in a long-term care facility/agency or AFC. "Conviction" includes any plea of guilty or nolo contendere (no contest), including cases that resulted in a deferred sentence or delayed sentence.

a. **Relevant Crime Described under 42 USC 1320a-7** – The crimes include patient abuse, health care fraud, and any crimes related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

b. **Felony** – Any felony, or an attempt or conspiracy to commit any felony.

c. **Misdemeanor** - Any state or federal crime that is substantially similar to the misdemeanors described below:

- Any misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
- Any misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
- Any misdemeanor involving criminal sexual conduct.
- Any misdemeanor involving abuse or neglect, torture, or cruelty.
- Any misdemeanor involving home invasion.
- Any misdemeanor involving embezzlement, larceny, fraud, theft or second or third degree retail fraud.
- Any misdemeanor involving negligent homicide.
- Any misdemeanor involving the possession, use or delivery of a controlled substance.
- Any misdemeanor involving the creation, delivery, or possession with intent to manufacture or deliver a controlled substance.

d. **Any finding of Not Guilty by Reason of Insanity**

e. **A substantiated finding of patient or resident neglect, abuse, or misappropriation of property resulting from an investigation conducted in accordance with 42 USC 1395i or 1396r***

Listed below are all offenses that I have been convicted of, including all terms and conditions of sentencing, parole and probation, and/or a substantiated finding of patient or resident neglect, abuse, or misappropriation of property. Listed below are also all PENDING FELONY charges currently alleged against me.

Offense	Date of Conviction/Finding/ Charge (if pending)	City	State	Sentence	Date of Discharge

I certify that the above statements are correct and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

Part 4 – Conditional Employment

If the health facility/agency or AFC determines it necessary to employ me pending the results of the state and federal criminal history background check, I understand the following:

a. If the background check reveals disqualifying information my employment will be terminated for good cause, unless and until I successfully prove that the disqualifying information is inaccurate, expunged or set aside.
b. If I knowingly provided false information regarding my identity, criminal convictions, or substantiated findings of patient or resident neglect, abuse, or misappropriation of property, I may be guilty of a misdemeanor punishable by imprisonment for not more than 93 days and/or a fine of not more than $500.00.
c. I understand that as a condition of continued employment, I am required to report in writing to the health facility/agency or AFC immediately upon being arraigned on a felony charge or convicted of one or more of the criminal offenses as described in MCL 333.20173a, MCL 330.1134a, and MCL 440.734b, or upon becoming the subject of an order or dispositional finding of "Not Guilty by Reason of Insanity", or upon being the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse, or misappropriation of property.* Reporting of an arraignment is not cause for termination or denial of employment.

_____ _____

Signature of Applicant Date

Part 5 – Applicant Rights

a. I understand that upon my request, the health facility/agency or AFC can provide a copy of any disqualifying record information found on any of the relevant registries or databases.
b. I understand that if I believe the results of any disqualifying information found on any relevant registry is inaccurate, it is my responsibility to contact the agency that maintains the registry to correct the registry information.
c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file an appeal with the Department of Licensing and Regulatory Affairs and/or Department of Human Services.

_____ _____

Signature of Applicant Date

Part 6 – Disclaimer

The State of Michigan is not responsible for any additional information, requirements, or use of any substitute forms that the above named health facility/agency or AFC provides to the applicant.

Aspirus Iron River Hospital & Clinics

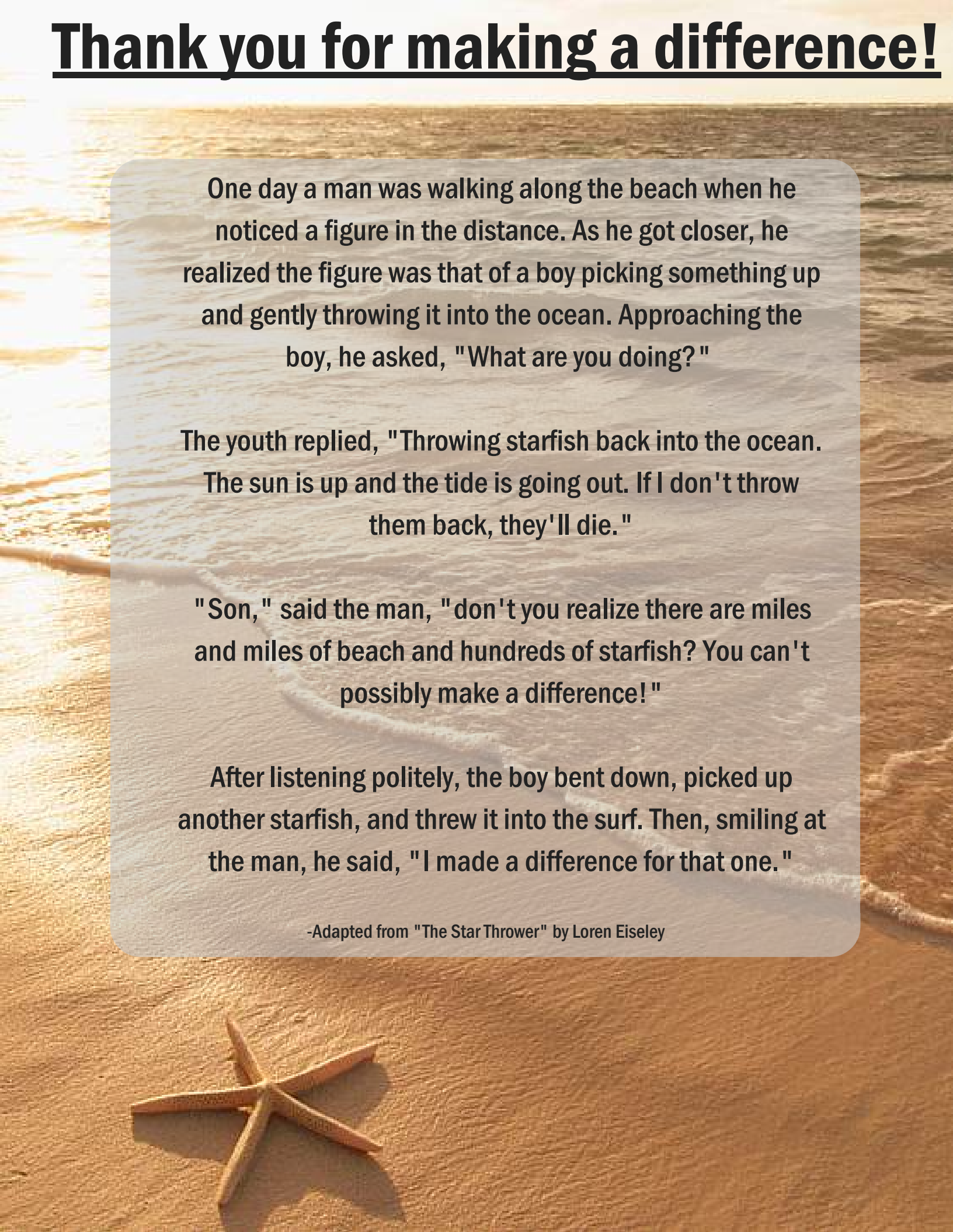
Job shadowing Orientation Checklist

Name:	Department
Date:	Role: Job shadowing
Signatures and initials of Education personnel or designee giving instructions a. b. c.	Notes:

Topics covered during orientation	Date completed	Initials of job shadowing student	Initials of educator or mentor
1. Tour of department where individual will job shadow			
2. Dress code while job shadowing: a. Neat, clean appearance b. Must wear name tag from school c. Jeans or leggings are not permitted d. Socks/nylons and shoes required e. No toe-less shoes permitted f. Some departments require special uniform or dress code.			

3. Confidentiality/HIPPA a. Confidentiality of patient information must be maintained at all times b. Confidentiality policy reviewed c. Confidentiality agreement signed			
4. Infection control a. Review standard precautions b. Review proper handwashing technique c. Review use of bio-hazard labels and equipment d. Hazardous material/medical waste procedures reviewed			
5. Aspirus is not liable for the student during job shadow experience			
6. Mentor is responsible for the student during job shadowing experience and student is only to observe and not touch patient. Mentor is never to leave student unattended.			

Thank you for making a difference!



One day a man was walking along the beach when he noticed a figure in the distance. As he got closer, he realized the figure was that of a boy picking something up and gently throwing it into the ocean. Approaching the boy, he asked, "What are you doing?"

The youth replied, "Throwing starfish back into the ocean. The sun is up and the tide is going out. If I don't throw them back, they'll die."

"Son," said the man, "don't you realize there are miles and miles of beach and hundreds of starfish? You can't possibly make a difference!"

After listening politely, the boy bent down, picked up another starfish, and threw it into the surf. Then, smiling at the man, he said, "I made a difference for that one."

-Adapted from "The Star Thrower" by Loren Eiseley