

**Mid-Columbia Medical Center**  
**Volunteer Personal Appearance Standards**

The personal appearance of the volunteers at MCMC is important and appearance standards for volunteers match the appearance standards for MCMC employees.

Dress Element	Expectations
<b>ID (Name) Badge</b>	<ul style="list-style-type: none"> <li>• Worn at all times while volunteering</li> <li>• Easily readable</li> <li>• Worn above the waist with the picture facing out</li> </ul>
<b>Hair</b>	<ul style="list-style-type: none"> <li>• Clean, dry and neat. Well-groomed so that it does not interfere with safe volunteer performance</li> </ul>
<b>Jewelry</b>	<ul style="list-style-type: none"> <li>• Professional and kept to a minimum</li> <li>• Must not interfere with work or pose a risk for injury to volunteer or patient</li> <li>• Pierced jewelry limited to the ear</li> </ul>
<b>Fingernails</b>	<ul style="list-style-type: none"> <li>• Clean, trimmed to a length that will not interfere with volunteer's service</li> </ul>
<b>Fragrance</b>	<ul style="list-style-type: none"> <li>• Volunteers are not to wear fragrances during their shift</li> <li>• Volunteers should be aware of fragrance from hair and other personal products as well</li> </ul>
<b>Tattoos</b>	<ul style="list-style-type: none"> <li>• A single, small tasteful tattoo, no larger than 2x2" is allowed on arms, hands, legs, ankles and feet</li> <li>• All others should not be visible – every reasonable effort must be made to cover them</li> </ul>
<b>Clothing</b>	<ul style="list-style-type: none"> <li>• Volunteers are required to wear volunteer vests or smocks unless authorized to not do so by department director.</li> <li>• Clothing worn under the vest or smock must meet dress code (business casual) standards:</li> <li>• Excessively tight, revealing, or baggy clothes, including bare midriffs and cleavage exposure, are not acceptable.</li> <li>• Skirts or dresses should be no shorter than 2" above the knee. Backless or shoulder exposing clothing must be covered with a smock.</li> <li>• <b>Blue jeans, shorts, yoga-style pants or sweats are not acceptable unless approved by the department director.</b></li> <li>• Large logos or offensive sayings are not acceptable</li> <li>• No hats indoors, please</li> </ul>
<b>Shoes</b>	<ul style="list-style-type: none"> <li>• Shoes provide safe, secure footing</li> <li>• Closed-toed shoes are required in all patient care areas and in any other area where hazards may exist</li> </ul>

By signing below, I agree to follow the above dress code and understand that arriving for a volunteer shift wearing clothes that do not meet the dress code may result in my being sent home. If I have any questions or clarifications about the dress code, I will discuss them with the Volunteer Services staff.

Name: \_\_\_\_\_

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

**Mid-Columbia Medical Center  
Volunteer check sheet**

This sheet must be completed and submitted as part of your volunteer application. Please initial on each blank line to verify you have read and agree to each item. Your signature is also required.

- \_\_\_ I understand that nothing contained in this volunteer application will be deemed to create an employment contract between MCMC and myself for either employment or for the providing of any benefit.
- \_\_\_ I have read the documents in this packet and have signed each one.
- \_\_\_ I understand that interviewing for a volunteer position does not mean that I am accepted as an MCMC volunteer.
- \_\_\_ If I am selected as a volunteer, I understand and agree that I have the right to terminate the volunteer relationship at any time and for any reason and that the MCMC Volunteer Services Department has the same right.
- \_\_\_ After receiving a conditional offer to participate in the volunteer program, I will be required to participate in the 2-step TB screening process at my own cost. After 6 continuous months of active volunteering I will be reimbursed by MCMC for the TB tests.
- \_\_\_ I understand that volunteers are expected to serve for a minimum of 6 consecutive months, for a regular weekly shift of 3-4 hours (some exceptions may apply).
- \_\_\_ If 18 or over, my volunteer application is not complete until I have read and signed the Disclosure and Authorization Regarding Procurement of Background Reports. No offer to participate in the MCMC Volunteer Program will be made prior to receiving a completed background check.

I agree to support the following Core Accountabilities, as required of MCMC employees:

- \_\_\_ I understand and promote the **Planetree Philosophy** of patient-centered healthcare embraced by MCMC and its Planetree Mission.
- \_\_\_ I agree to put patient and their families at the center of all work activities – to be **Customer Focused**.
- \_\_\_ I agree to help in **Problem Solving** as appropriate within my scope as an MCMC volunteer.
- \_\_\_ I agree to be a **Team Player**, actively engaged in **team work**, accepting assignments in a positive manner and creating positive working relationships.
- \_\_\_ I agree to be **Respectful of Others**, using a professional tone of voice and language, I will respect confidentiality regarding customers, employees, hospital business and discuss same with only those individuals having a valid need to know.
- \_\_\_ I agree to be **Accountable**, keeping my commitments and taking responsibility for my actions.
- \_\_\_ I agree to the best of my ability to be an **Excellent Communicator**.
- \_\_\_ I agree to be **Ethical**, meeting a high standard of conduct, honesty and integrity in all situations.
- \_\_\_ I agree to be **Adaptable** in my role as a volunteer.
- \_\_\_ I agree to be **Professional**; I will not engage in gossip or talk negatively about employees or hospital issues in my role as a volunteer.
- \_\_\_ I agree to strive for **Technical Competence**.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date