

April 2011

*Auxiliary/Volunteer
Leadership*
MANUAL



IOWA HOSPITAL
ASSOCIATION

100 E. Grand Avenue, Suite 100 • Des Moines IA 50309
515.288.1955 • FAX 515.283.9366 • www.ihaonline.org

Auxiliary/Volunteer Leadership **MANUAL**

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What is the Iowa Hospital Association?

The mission of the Iowa Hospital Association (IHA) is to serve hospitals and interested health systems through collective action to promote the well-being of the people of Iowa by helping make quality health services available and accessible.

The Iowa Hospital Association is an indispensable link between Iowa's hospitals and health systems and the state legislature, the United States Congress, regulatory agencies, the American Hospital Association, and other health care organizations and institutions.

IHA is the only organization available to Iowa hospitals and health systems that fairly and effectively represents their interest concerning health policy, health care delivery systems, data collection, and health care payment systems to various segments of business, government, and consumer audiences. No other organization offers the extent of services and benefits on such a large-scale basis or with such demonstrable results in the areas of representation and advocacy, finance, communications, education, data collection, district relations, and shared services.

MISSION

The Iowa Hospital Association is the organization that represents Iowa hospitals and supports them in achieving their missions and goals.

VISION

To be Iowa's most trusted, respected and influential leader in health policy and advocacy, and a valued resource for information and education.

VALUES

Engagement... Integrity... Leadership... Innovation

*Pam Gridley
Director, Corporate Relations/Operations
Iowa Hospital Association
100 E. Grand Avenue, Suite 100, Des Moines, IA 50309 515/288-1955
gridleyp@ihaonline.org www.ihaonline.org*

Auxiliary/Volunteer Leadership **MANUAL**

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Section I: Leadership

Creed for Volunteer Leaders

To foster creativity rather than conformity
To guide rather than lead
To clarify rather than supplant
To respect rather than judge
To motivate rather than captivate
To listen rather than tell
To encourage rather than discourage
To link rather than divide
To innovate rather than imitate
To free rather than limit
To make independent rather than dependent.

Dr. Eva Schindler-Raiman

Auxiliary/Volunteer Prayer

Almighty God and Heavenly Father of mankind, bless we pray
Thee, our endeavors in those hospitals in which we strive to bring
comfort and hope to all who are in distress of mind or body.

Guide us so that we may use the privilege given us to help the
aged, the ill, and the very young with generosity, with discretion,
and with gentleness.

Give us the strength to labor diligently, the courage to think and to
speak with clarity and conviction, but without prejudice or pride.

Grant us, we beseech thee, both wisdom and humility in directing
our united efforts to do for others only as Thou would have us do.
Amen.

Section I: Leadership

I. Introduction to Leadership Section

"As for the best leaders, the people do not notice their existence. The next best, the people honor and praise. The next, the people fear; and the next, the people hate. When the good leader's work is done, the people say, 'We did it ourselves!'"

Since you are about to read this section of the IHA Auxiliary/Volunteer Leaders Manual, you have probably been chosen as a leader of your auxiliary. You have already demonstrated potential as a leader, but there is never a point when we know all there is to know about a subject as complex as leadership.

This section of the Auxiliary/Volunteer Leaders Manual is designed to help you sharpen the leadership skills you already possess and to aid you in developing new skills so that you will have a rewarding and fulfilling experience as a leader in your auxiliary. Perhaps when your task is completed, the membership will say,

"We did it ourselves!"

This manual is dedicated to all of you who have agreed to step up and lead your organization to greatness. It is meant to be of assistance to you and your auxiliary. Feel free to copy the various pages for the various positions and committees to discuss with the board.

The IHA Auxiliary/Volunteer Board (515/288-1955 or gridleyp@ihaonline.org) is always available to offer assistance to you and your auxiliary.

Section I: Leadership

II. Comments Worth Repeating

"...leaders can make or break a group. Their attitudes and behavior strongly influence the group's performance and the amount of satisfaction enjoyed by group members."

"Principle of participation--group members are more ready to accept new ideas and new work methods when they are given the opportunity to participate in making decisions to change and also in how to implement the change."

Simply and plainly defined, a leader is a person who has followers. Leaders deserve to have followers. They have earned recognition. Authority alone is no longer enough to command respect.

Leaders see things through the eyes of their followers. They put themselves in other's shoes and help them make their dreams come true.

Leaders do not say, "Get going!" Instead they say, "Let's go!" and lead the way. They do not walk behind with a whip; they are out in front with a banner.

Leaders do not hold people down, they lift them up. They reach out their hand to help followers scale the peaks.

Leaders have faith in people. They believe in them, trust them and thus draw out the best in them. Leaders have found that they rise to high expectations.

Leaders use their heart as well as their head. After they have looked at the facts with their head, they let their heart take a look, too. They are not only a boss - but also a friend.

Leaders are self-starters. They create plans and set them in motion. They are a person of thought and a person of action - both dreamer and doer.

Leaders have a sense of humor. They are not stuffed shirts. They can laugh at themselves. They have humble spirits.

Leaders can be led. They are not interested in having their own way, but in finding the best way. They have an open mind.

Section I: Leadership

III. Leadership

A. What is Leadership?

“Leadership [is] . . . about accomplishing tasks and reaching goals through the efforts of other people. Effective leaders make things happen. They don't sit around watching other people and waiting to react to whatever situations occur. They know what ought to happen, plan a way to make it happen, and take steps to see that it does!”

Paul Hersey, The Situational Leader

Two-word definition of Servant Leadership.

“MEET NEEDS”

(the needs of the people you are leading and the organization.)

Alan Feirer, Group Dynamic

Why do we stop to define the term? Principally, because the concept of leadership has changed appreciably. In the past, studies of leadership focused on the qualities of a leader's personality. More recently, studies have focused on how a group works to accomplish a task and what effect leadership behavior has on those members within the group. The resulting theory being that a leader now appears as a person who helps a group in its pursuit of a goal rather than controls or dominates. It might be said that new dimensions of concern for leaders such as motivation, involvement and membership needs have been emphasized.

We can no longer take a strong-willed, educated person, place a megaphone in their hand and watch them round up the groups and march them in lock step to the appointed goal. That seemed neat, easy, and certainly did not require a great deal of training on our part. However, times have changed. Just as society as a whole, individuals, organizations, and government (and even the Army) have changed, so must our leaders. The complexities of our lives and society demand that we not only prepare our leaders with new skills, but also that we prepare greater numbers to share the leadership roles.

Individuals must increase awareness of themselves, others, and the forces present in group life. With this knowledge, we can better understand what we can contribute to the group to enable it to function more constructively and perform its task efficiently. New skills will be learned.

Leadership is the ability to influence others to follow. There are many implications of this simple definition. One is that leaders have power, defined as the ability to influence. Another is that the leaders must have a destination in mind, a place to lead people to. This implies moving away from the status quo. You are not leading anyone if you are standing still.

Section I: Leadership

Learning takes place in an atmosphere which is accepting and supportive. The climate of an organization is formed by the leadership at the top. The behavior of the organization is patterned after the behavior of its leadership. If leaders can be trained to create the proper climate, this climate will be felt throughout the membership.

Research has proven that there is no single leadership-type of personality. There is no doubt that certain personality characteristics in a person enable one to enjoy leadership more than others and, therefore, to perform more effectively than one's peers. However, if they wish, most people can learn to perform those functions which make a good leader through study, practice and guidance.

Three Characteristics of a Successful Leader

1. Commitment to Quality. Determine to do the best you can and give the most you can to make any program or project the best it can be! Whatever you do, strive to do it well.
2. Integrity. This type of integrity means doing what you say you will do. It's wrapped up in a "Say-Do" ratio--when you say you will do it, do it! This builds trust and respect in the leader.
3. Sensitivity. Treat others with regard and with respect. Be sensitive to their needs, problems and achievements. A good leader strives to be a "people person" and to continually strengthen people skills such as encouragement, communication and motivation.

Styles of Leadership

1. Authoritarian All policies and decisions are determined by the leader.
2. Consultative The leader presents the problem, the group proposes alternative solutions, the leader selects the solution to be employed.
3. Delegated The leader presents the problem and criteria which must be met in its solution, the group suggests the solution to be employed.
4. Democratic The tasks and policies are matters for group discussion and decisions. The official leader may choose to participate as an equal member or moderator of the group in discussions and decisions.

"Leadership is serious meddling in other people's lives."
Max DePree

Section I: Leadership

These are a few broad categories. Technically, there are as many different styles of leadership as there are leaders and any one leader may employ different styles at different times depending upon the situation.

Generally speaking, auxiliaries should try to involve and motivate group members in policy decisions and actions. Therefore, try to foster the democratic, less managerial forms of leadership. **The more authoritarian forms of leadership reduce the group's sense of participation, freedom, and creativity thereby reducing the members' motivation to remain active or feel responsible for the work of the group.**

IV. The Group

In looking at any group, study the forces which determine the behavior of group members. The pattern of these forces makes up the dynamics of the group. Every group has its own unique pattern of forces. These can be observed in the group's interpersonal relations, its communications and its decision-making procedures.

To begin observation, first recognize that groups operate on three levels:

1. Talk level. This is the level generally focused on because it is obvious that the group is meeting to get something done.
2. Maintenance level. This is the level concerned with how members of the group affect each other in their efforts to complete the task.
3. Individual needs level. On this level, concern with what personal need each member of the group has brought with them and how these affect others in the group and its task.

Two other terms to be familiar within group observation are:

1. Content. The specific work the group does, such as setting guidelines for community projects, is considered "Content."
2. Process. How the group does this task is called the "process," i.e., the way they make decisions; the way conflict is handled; the way members help each other and utilize each other's thinking.

NOTE: This is often the material for telephone chatter after a meeting. If a group would openly discuss its process problems during the meeting, the climate and productivity of the group would be enhanced. To ensure that this is done, time can be set aside at logical intervals for reflection or comment on the process of the group.

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What mechanical things will help a group function more effectively?

1. Regular meetings (frequent enough to allow adequate time for task accomplishment) to ensure membership satisfaction.
 - a. Ensure that meetings are held in a place that is convenient and conducive to comfort, business, group harmony.
 - b. Before a group officially meets for business purposes, it is essential that time be set aside so each member may get to know other members of the group. However, it is also important to start and end on time to be cognoscente of attendees busy schedules.
 - c. Provide an agenda at least a week prior to the meeting to give adequate preparation time. Encourage attendees to bring materials to take notes and share ideas. Furnish members with refreshments if appropriate.
 - d. Seating should be arranged to provide each member good visibility of other members. A circular configuration is generally best.
 - e. Keep groups small in number. If large groups are unavoidable, seat in small groupings within the large group. When feasible, allow discussion or problem solving to occur within small groups, with these groups reporting back to the whole assembly.
 - f. Provide at least one break during each morning, afternoon or evening meeting, if more than two hours in length.
 - g. Have an orientation of new board members.
 - h. Consider a yearly retreat and planning session for board members.
 - i. Occasionally have a themed board meeting such as a holiday or health issue.
 - j. Remember that they not only represent the auxiliary but also the hospital.
2. Provide each member with a roster of group members that includes name, address, phone, and e-mail address.
3. Have members supplied with copies of the last meeting's minutes.
4. Provide the skills and interests of each member to the entire group.
5. Utilize the skills of all group members.
6. Create tasks or roles for each member who is suited to their skills and talents.
7. Have assignments clearly defined so each member is fully aware of what is expected.
8. Keep track of projects being carried out by each member.

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9. Ensure that each member missing a meeting is brought up-to-date. Make new members welcome and be sure to integrate them into the process as soon as possible. Make them feel a part of the group.
10. Have frequent and regular contact with the officers of your organization and other groups in any way affected by your work. Occasionally combine meetings with groups related to or affected by your group's work.
11. Keep any persons or organizations related to or interested in your group's work informed of your actions.
12. Keep the group supplied with any general or educational information which will assist them in their work. Have an educational speaker at meetings such as particular hospital department; IHA Voter Voice, etc.
13. Maintain an accepting and supportive atmosphere, allowing as much freedom and latitude in the conduct of the group's function as possible.
14. Maintain high performance standards and convey recognition of individual and group accomplishments.
15. Frequently the group should evaluate goals and performance.
16. Occasionally seek a similar appraisal from a group outside your own.

How can we evaluate the effectiveness of our meeting?

The group can formally or informally evaluate the meeting effectiveness by the following competency checks:

1. How clear was the goal of the group?
 2. How appropriate were the procedures in light of the goal?
 3. Was the task accomplished?
 4. How well did we diagnose the problems?
 5. How well did we integrate contributions from group members?
 6. How fully did we mobilize member resources and creativity?
 7. How did we make decisions?
 8. How much trust and openness was there in the group?
 9. How much encouragement, support and appreciation did we give each other?
 10. How constructively did we use disagreements and conflict?
 11. How sensitive and responsive were we to the feelings of others?
-

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- 12. Was the leadership shared and not micro-managed?
- 13. Was our time used judiciously?
- 14. Did members enjoy working with others?
- 15. Was enough attention given to process?

**"A good leader becomes
a good team builder."**

Section I: Leadership

V. Communicating as a Leader

(Also see *Communication* – Section IV)

What is communication?

Communication is the exchange of ideas and messages or feelings by speech, signals or writing.

An awareness of the complexities of communication and a knowledge of good communication skills are essential to the effective leader.

How do we communicate?

- | | |
|----------------------------------|---|
| 1. By words - written or spoken. | 5. By using hands and/or body language. |
| 2. By tone of voice. | 6. By actions or behavior. |
| 3. By facial expression. | 7. By listening. |
| 4. By eye movement. | 8. By visual aids. |

What are some of the other forces which may influence communication?

1. The setting or surroundings.
2. The type of group or person being addressed.
3. The organizational position or affiliation of the speaker.
4. The commitment of the speaker to the ideas presented.
5. The cultural norms or conditioning.
6. The tendency of people to be resistant towards influence.
7. The timing of the communication.
8. Any heightened level of emotion among the people involved.
9. The fact that senses are already dulled by too much communication.

What are barriers to good interpersonal communication?

1. Evaluation. A common barrier to good interpersonal communications is a natural tendency to quickly judge, evaluate, approve or disapprove of statements of others. This evaluative climate makes it uncomfortable for the speaker, inhibits thinking and reduces spontaneity and creativity. It also makes it difficult for the listener to hear what was really said or expressed by the speaker. If this evaluative tendency can be avoided, the listener can try to see the expressed idea from the other person's point of view. They can try to sense how it feels to the speaker and achieve the speaker's frame of reference. This is empathetic understanding--understanding with a person, not about them.

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What are barriers to good interpersonal communication?

2. Superiority. An air of superiority on the part of any person trying to communicate will generally be met by defensive acts or remarks. No one wants to think of herself/himself as inferior. Most people prefer to deal with an equal or someone conveying the spirit of equality and respect.
3. Control or manipulation. Most attempts by people to restrict someone's freedom or to play games are met with resistance. Such deceptions are immediate barriers. A clear, honest statement of the fact or problem is more likely to be favorably received and dealt with more constructively.
4. Indifference. Most people find it difficult to relate to indifference. They prefer to relate on some level where emotion is exhibited. If indifference is intended to indicate neutrality on an issue, it can be misinterpreted and misleading.
5. Certainty. Speaking with absolute certainty on most subjects blocks discussion and compromise. One of the following prefaces will leave communication open: "I believe it can be said . . .," "In my opinion . . .," "I think that possibly"
6. Not listening. Perhaps the largest barrier to personal communication is a person's inability to listen intelligently, patiently, understandably and skillfully to another person. All too often, the listener is more concerned about formulating a reply than hearing the other person out. A good listener shows interest and attends to the other person's words with great care in order to identify the central message, important points, moods, feelings and any nonverbal behavior that may accompany the words. Do not hesitate to ask for a clarification or amplification if it will help the speaker convey the point. Above all, try to create an accepting atmosphere in which communication can grow.
7. "Head start" thinking. Generally, a leader is involved with an idea, project or program for a period of time before getting others involved. During this "head start" time, they have a chance to think about, understand, visualize and become completely familiar with the idea. Therefore, a good communicator will plan before sharing the information to make certain all information is given. A problem can sometimes arise when the leader tells others about the project because the leader, being so familiar with the plans, forgets that it is all new information to those now being involved. Never assume that because you understand it, others will be at the same level of understanding. Remember you've had a "head start," others need a chance to catch up, therefore share information clearly and completely.

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How can we create an accepting atmosphere conducive to good communication in groups?

Leaders can, through behavior, establish an atmosphere of acceptance which other group members may emulate. This can be done by communicating with words and actions so the group will understand how the speaker thinks and feels; that they are not being judged, condemned, blamed or ignored; and that they have a right to divergent feelings and opinions. This helps the speaker feel at ease, unthreatened, and neither fearful nor defensive. This releases greater creativity in group members and can change the mood of a group from one of competition to one of cooperation. If this accepting spirit can be conveyed to each member, each will feel more a part of the group. This feeling of belonging will increase commitment and responsibility for the group's work.

Acceptance in all situations may seem difficult. If you distinguish acceptance from liking, it will not be so troublesome. You do not have to like a person or what they say, but you should accept them as a person with every right to have their opinions and feelings.

VI. Problem Solving and Decision Making

Problem solving is a process by which individuals or groups define a problem and propose alternative solutions.

Decision making is a process by which individuals or groups select a solution from a number of alternative solutions and determine a course of action.

What are some critical background factors?

1. When a problem is of a technical nature and a high quality decision is sought, the problem solving and decision making processes can be undertaken by designated experts.
2. When it is desirable for people to accept a decision as appropriate before implementation, these processes should be undertaken by those people affected by the problem and its solution.
3. Few decisions are insular. Eventually they involve or affect others or the hospital we represent.
4. Decisions are made at all levels of an organization. If made at the top, decisions can be ignored, blocked or poorly implemented at lower levels. These actions are the result of decisions made intentionally or unintentionally at other levels; thus, the need to involve all levels in the decision making process at its inception.

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5. Diversity within a problem solving group can promote more creative alternatives and provide broader input for solution testing and evaluation.

What are some critical background factors?

6. Problem solving is both a rational and emotional process. Feelings should be expressed and dealt with when they are relevant to the process. Conflict must be faced and handled creatively if decision making is to be successful.
7. Problem solving and decision making should be undertaken in an orderly step-by-step fashion. It is important that someone in the group help members to be aware of the exact stage of the process and encourage participation of all members in each phase. Contributions of members need to be integrated, coordinated and summarized objectively from time to time throughout the process.
8. Before the group begins, time should be spent in discussion of how members want to work together to reach a decision. Certain criteria may need to be established at this point.

What are the steps in effective problem solving and decision making?

1. Definition of the problem.
2. Analysis of the problem.
3. Identification of alternatives.
4. Evaluation of possible solutions.
5. Solution selection.
6. Development of action steps to implement the solution.
7. Evaluation of the effectiveness of the solution.

What can take place during each step?

1. Definition of the problem
 - a. State the problem: who, what, when.
 - b. State the problem without bias and/or opinion and without making members of the group defensive.
 - c. If possible, relate the definition of the problem to a concrete, tangible goal.
 - d. Involve group members by inviting questions about the problem.
 - e. Find out what the problem means to all members of the group. Members may introduce elements of the problem not originally seen.
 - f. When no new contributions are being made, the leader may restate the problem as

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perceived by the group at that point.

- g. Clarify the issue and check with members to be sure they agree before going to the next step.

2. Analyzing the problem

- a. Make a comprehensive list of why the problem is occurring.
- b. Think of as many reasons why as possible; those reasons often trigger solutions.
- c. Remember, there is no right or wrong answers here.

3. Identification of alternatives

- a. Distinguish this as the creative, idea producing phase, seeking alternative solutions to the problem.
- b. To generate the greatest number of alternatives, set ground rules for brainstorming.
 - (1) Recognize every idea and record it. Record as many alternative solutions as possible. The quality is not important. Any idea is welcome--sane or wild!
 - (2) Clarification of a point is allowed. Any form of evaluation is forbidden.
- c. When all alternative solutions appear to have been posted, check to be sure none were missed or omitted before proceeding to the next step.

4. Evaluation of possible solutions

- a. At this stage, each of the proposed alternatives is explained and examined in light of possible consequences.
- b. No alternative should be discarded lightly. Each person should be given a fair chance to justify their proposal.
- c. For each alternative, the group should attempt to identify the positive factors (advantages or resources) as well as the negative factors (blocks) which might help or hinder the alternative.
- d. Each alternative should be weighed in terms of specific criteria previously established by the group such as cost, time, risk, manpower and acceptability.
- e. Negative or critical comments at this time may make some people feel personally under attack. A group must learn how to separate the alternative from the person who proposed it.

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- f. Value differences may occur at this time. These differences are crucial because of the necessity for acceptance by most of the group with the final decision. They must be clearly faced. This may entail conflict. If the conflict does not lend itself to comfortable resolution, the leader can determine how the majority feels. If the group is truly committed to finding a solution, they may be willing to go with the majority in reaching a feasible solution which, although not ideal, may meet the criteria and solve the problem.
- g. Throughout the discussion of alternatives, the group should be aware of the possibility of building on each other's ideas and using ideas or combinations of ideas for solving a problem.
- h. The group may decide more information is needed or that they need to ponder the existing alternatives. A temporary postponement might be warranted at this time--for the sake of the problem, as well as the group.
- i. This stage cannot be considered complete until all points of view, ideas, suggestions, options and criteria have been heard and examined. The leader should be able to sense that the choice of acceptable alternatives has been sufficiently narrowed or that a consensus (agreement) has been reached by the group.

5. Solution selection

- a. During this stage, a decision is made either by consensus or by a majority vote.
- b. The solution or alternative solutions from which the group must make its decision should be summarized and posted for clarity before the vote. A vote can be taken when the wording is agreeable.
- c. At this point, everybody may decide the job is done. Don't let anybody leave. Two crucial steps are yet to come.

6. Development of action steps to implement the solution

- a. Action plans are now developed. Specific decisions as to whom, how, when, where, etc. must be made to ensure solution implementation.
- b. It may be appropriate for another committee to carry out the specific action plan. It may be that action plans will be carried out by the original group. Solutions to these questions may come very easily.
- c. The group may find that action plan decisions throw them back into problem solving again.

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- d. If the process appears to be less involved, all factors should be examined and each action step which has been decided upon should be clearly defined in writing for the person or group which will implement it.

7. Evaluation of the effectiveness of the solution

- a. No solution, when implemented, should be allowed to continue or terminate without evaluation.
- b. Specific plans should be made regarding time and procedure for future follow-up and evaluation before leaving the decision making process.

VII. Planning

I. Planning is:

- ◆ a method of reaching your goals that involves a sequence of steps.
- ◆ a way to look at life when you think about December in July.
- ◆ a recipe for group action.

II. Careful planning will:

- ◆ set direction.
- ◆ clarify tasks.
- ◆ anticipate and avoid difficulties.
- ◆ provide inspiration.
- ◆ build a great team.

III. Planning is important because you:

- ◆ know where you are going.
- ◆ take time to be proactive.
- ◆ let others have input.

IV. Appoint a planning task force made up of representatives from some of the following groups:

- ◆ Auxiliary members
- ◆ Active volunteers
- ◆ Administration
- ◆ Professional planners (who would be asked to volunteer their time)
- ◆ Hospital staff
- ◆ Members from the community
- ◆ Members from the hospital Board of Directors

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V. Develop a strategic plan which would include:

A. Mission Statement

Every organization exists to meet the needs of the people in need of service and the people who give service. Hospital auxiliaries in the United States most often have a similar mission. It is important to have a written statement expressing the auxiliary's mission. A mission statement is a description of why you exist and your reason for being. It clarifies what you stand for and why your organization exists. Mission statements are developed and revised as part of a specific meeting of a planning task force or a board meeting. Mission statements need to be brief and concise. It is important to include the mission statement in your printed materials and communications.

What is a Mission Statement??

A mission statement is the beginning and foundation of any organization. Its formation should be the first step in the formal organization of a hospital auxiliary.

The purpose of the organization's existence should be stated briefly in the mission statement. The philosophy behind the values and objectives should be clearly explained along with the direction and goals that are to be attained.

Sample Auxiliary Mission Statement:

"The purpose of the XYZ Auxiliary is to support services and activities benefiting patients, community and the hospital."

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B. Goals and Action Plans

1. Goals are general statements of expected accomplishments. Goals are based on the hospital's and auxiliary's mission. Goals can be written for both the overall operation of the agency and for general program direction. Overall operation includes decision making processes, administration, planning and general organization of the hospital.
2. Action Plans are specific and measurable with desired outcomes. Action Plans are written plans with tasks to be completed to accomplish the goals and a time line to complete the goals.

C. Planning Time Line: Decide when activities should be completed and work to develop a realistic time line to complete the activities.

D. Evaluation: Develop a method to evaluate your plan.

E. Annual Reports: Impact statements aligned with hospital and department goals. Number of patient served. Hours. Financial impact both in dollars and time.

VIII. Parliamentary Procedures

The Fundamental Principles of Parliamentary Procedures are:

- ◆ Courtesy to all
- ◆ Justice to all
- ◆ One thing at a time
- ◆ The rule of the majority
- ◆ The rights of the minority
- ◆ Partiality to none

It is designed to:

- ◆ Expedite business
- ◆ To maintain honor
- ◆ To ensure justice and equality

Eight essential steps to obtain action on a main motion:

Members:

1. Address the chair.
2. Receive recognition from the chair.
3. Introduce the motion, "I move that . . ."
4. Another member seconds the motion.

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Eight essential steps to obtain action on a main motion (*continued*):

Chair:

5. States the motion.
6. Calls for remarks
7. Takes the vote.
8. Announces the results of the vote.

Every auxiliary should be familiar with ROBERT'S RULES OF ORDER, NEWLY REVISED and/or BY THE RULE by Lena Lan Nelle Hardcastle. Pamphlets on parliamentary procedure are available from your local extension office.

IX. Forming and Using an Agenda

For a successful meeting, there should be a carefully planned agenda. The purpose of a planned agenda is to control the dynamics of the meeting. If you anticipate the board members' responses to each item, you can arrange your agenda so responses will counterbalance each other.

The first part of a meeting tends to be more lively and creative than the end of it. If an agenda item needs mental energy, new ideas and clear heads, place it high on the list. If an item has special interest and concern for everyone, it should be held back and get other useful work done first. Introduce the special agenda item when there may be an attention lag.

Some agenda items unite the members in a common front while others divide them. You will want to start with unity agenda items before introducing those that may divide the group. Always make certain a unifying item is used to end the meeting.

To avoid long and trivial discussions of agenda items that are not of fundamental importance, a definitive amount of time should be allocated to each item. A time-consuming matter should be followed by one that can be handled quickly. It is a good idea to put the starting time and adjournment time on your agenda. Always remember that very few board meetings achieve anything of value after two hours.

If background or proposal papers are produced and circulated at the meeting for discussion, they should be brief or provide a short summary. If your agenda is distributed before the meeting, it would be ideal to include these papers with the agenda for study in advance of the meeting.

If possible, distribute the agenda two or three days in advance of the board meeting. The board members will then be informed about agenda items before the meeting. This will help prevent unnecessary discussion and eliminate the need to present materials in detail before action can be taken.

An example of an agenda follows for your information. This may help as you begin formulating specific meeting agendas.

Section I: Leadership

AUXILIARY BOARD MEETING

Monday, February ____, 20____, 9:15 a.m.

AGENDA	NOTES
<p>9:15 a.m. CALL TO ORDER</p> <ul style="list-style-type: none">• Approval of minutes as circulated• Correspondence read• Treasurer's report <p>9:25 a.m. ADMINISTRATOR'S REMARKS Discussion</p> <p>9:45 a.m. - EXECUTIVE ANNOUNCEMENTS</p> <p>9:55 A.M. - COMMITTEE REPORTS:</p> <ol style="list-style-type: none">Ways and Means Bazaar reportHealth EducationGift ShopArrangementsMembership RelationsInfant Photo <p>Discussion of volunteer needs</p> <p>10:30 a.m. - NEW BUSINESS</p> <p>10:45 a.m. - ADJOURNMENT</p>	

Dates to Remember:

Tuesday, February 17

Valentine Tea for Employees
1:30 p.m. - Formal Lounge

Monday, March 4

General Membership Meeting
12:00 noon - Formal Lounge

Section I: Leadership

(Print on Letterhead if available)

XYZ Hospital Auxiliary Board Meeting

<p>Day, Month Date, Year Time Place Room</p> <p><u>(Aux President's Name), Presiding</u></p>

AGENDA

- 9:15 a.m. I. **Call to Order** *Aux President's Name*
- 9:17 a.m. II. * **Approval of Minutes** (enclosure) *Aux President's Name*
- 9:20 a.m. III. **Treasurer's Report** *Treasurer's Name*
- 9:25 a.m. IV. **Administrator's Reports/Discussion** *Administrator Name*
- 9:45 a.m. V. **Executive Announcements** *Aux President's Name*
- 9:55 a.m. VI. **Committee Reports**
- ✓ Ways and Means – Bazaar Report *Committee Chairman*
 - ✓ Health Education (enclosure) *Committee Chairman*
 - ✓ Gift Shop *Committee Chairman*
 - ✓ Membership Relations *Committee Chairman*
- 10:30 a.m. VII. **Other Business** *Aux President Name*
- ✓ Dates to Remember
 - ♦ Tuesday, Feb __, 20__ – Valentine Tea for Employees
1:30 p.m. – Formal Lounge
 - ♦ Monday, March __, 20__ – General Membership Meeting
12:00 noon – Formal Lounge
- 10:45 a.m. VIII. **Adjourn** *Aux President Name*
- ✓ Next Board Meeting – April __, 20__

**Action Item*

Section I: Leadership

X. Educational Opportunities for Auxilians

Every auxiliary should be dedicated to encouraging the growth of new leadership. Member education should include orientation sessions for new members, workshops for more experienced members and informative meeting programs. The auxiliary should provide the opportunity for potential leaders to attend educational meetings sponsored by district, state and national associations. Through participation, these educational opportunities will contribute to the growth of the individual and, simultaneously, the auxiliary will benefit.

Below is a list of educational opportunities available to all Iowa auxilians:

1. Spring Conferences for Auxilians and Volunteers are held once a year in the Spring. Conferences are planned and implemented by the Auxiliary/Volunteer Board of the Iowa Hospital Association. The conferences are typically “Leadership” and “Gift Shop” conferences every other year.
2. Informal meetings called the Aux/Vol Summer Gatherings are held at four hospitals per year in each corner of the state. Round table discussions on hot topics and networking are the goals for these meetings.
3. The Iowa Hospital Association Annual Meeting held each year in October. The Auxiliary/Volunteer Board plans one day of activities for hospital auxilians/volunteers.
4. Iowa Hospital Association Legislative Day is held the 3rd or 4th Wednesday of February. There is a luncheon followed by a keynote speaker and review of health care topics to discuss with Legislators at the Capitol.
5. American Hospital Association Annual Convention, Auxiliary/Volunteer Program, held in mid-to-late summer.
6. American Hospital Association Annual Meeting held in Washington, D.C. each April/May. At this meeting, auxilians learn AHA's position on various matters of health care legislation. This is followed by personal participation in the legislative process.
8. American Society of Director of Volunteer Services/American Hospital Association (ASDVS/AHA) Auxiliary/Volunteer Joint Annual Meeting – Fall
9. Affiliate Group List Serve. This is an opportunity to learn, share and reap the benefits of “talking” to others who work in your field in all parts of Iowa. Go to www.ihaonline.org. Click on Members and Groups, Affiliate Groups, “To access the IHA Affiliate Group List Serve—Click here”, enter e-mail address, select Hospital Auxiliary/Volunteers group and press submit to subscribe.

Section I: Leadership

XI. The Nominating Committee - A Year Round Effort

No one has yet determined the perfect composition for a nominating committee. Membership on the nominating committee varies with each auxiliary and must be spelled out in the auxiliary bylaws. A nominating committee may be composed of one board member and four or five from the general membership. Those from the general membership may be elected on a rotating basis by the membership at the annual meeting.

The committee chairman may be the 2nd VP, immediate past president or someone appointed by the president with the approval of the Executive Committee. There is no room for a clique on a nominating committee or on an Auxiliary Board of Directors. Cliques cause untold damage to the image of the auxiliary and to its smooth operations.

Normal expectations and functions of the nominating committee should be:

1. To meet at regular intervals (monthly or bimonthly) throughout the year to consider possible candidates for elected positions.
2. To meet periodically with the membership relations committee who works with activities relating to individual members to gather suggestions for specialized talent and potential leadership.
3. To have input from the general membership on possible candidates for nomination.
4. To report progress of the committee to the auxiliary board at regular intervals as requested by the president.
5. To consider all candidates in light of all roles they have in life--not only the role of an auxilian, but also home and career responsibilities and other volunteer commitments.
6. To maintain proper records which will be of continuing help to the committee as time passes and will assist the auxiliary president in finding candidates for appointed offices.
7. To honestly represent the open positions and not "soft sell."

To qualify for membership on the nominating committee, the auxilian should:

1. Be committed to the basic purposes and objectives of the auxiliary.
2. Be an individual thinker--not easily influenced by pressure groups and self-perpetuating cliques.
3. Know the qualities of leadership that reflect the auxiliary goals.
4. Understand the full responsibilities of each office.
5. Be able to interpret the work in specific terms.
6. Be able to challenge a capable person with the opportunities, possibilities and satisfaction of the office.

Section I: Leadership

Because a member of the nominating committee, through the nominee selections, has the probable responsibility for the success or failure of the operation of the organization for the coming year, the following suggestions are enumerated to assist the committee members. Remember, these are only suggestions.

1. Plan to meet at regular intervals throughout the year--monthly or bimonthly. This gives the committee members an opportunity to make personal contacts with different people to interview them for possible leadership roles. A year-round effort allows time for deliberation and decision making and removes the element of desperation as experienced in "once-a-year" nominating committee meetings.
2. Establish the qualities of leadership and the skills of the nominee needed for each office. Examples are:

President - Should have experience; tact; enthusiasm; energy; the ability to lead, work with, motivate and organize others; time for the duties of the office; an awareness of community resources; a professional image; ability to create a warm climate where members feel free to disagree. The President often serves on the Board of Trustees and/or Hospital Foundation Board.

Terms of office have changed throughout the past years, due to more women working and/or feel the time commitment is too great. Many have shortened the terms. Others have become creative and are rotating presidents of the board. A member serves for three months at a time and then turns it over to another board member to serve for three months. Another form of leadership would be Co-Presidents to serve a term whether it is 1 or 2 years. Or perhaps each would serve for 6 months at a time.

President-Elect or 1st Vice President - Should possess the ability to replace the president when necessary, having the same qualities as required for the president, willingness to work for and with the president, and to take care of details without being asked.

2nd Vice President - Should possess the ability to perform the duties of president if necessary, having the same qualities as required for president, creativity, knowledge of and ability to work with the role they have been given on the board. Each organizations board roles are different, but the 2nd VP could be the local news media connection, could serve as chairperson of the Nominating Committee.

Treasurer and Assistant Treasurer - Should possess a knowledge of accounting, computational aptitude, ability to interpret the financial picture of the organization to others; willingness to devote time to the office, for trips to the bank, reconciling statements, exacting money responsibilities, and appreciation of the importance of keeping records current and accurate.

Secretary and Assistant Secretary - Should possess accuracy, knowledge of personnel in the organization and of parliamentary procedure, dependability, ability to type, read well, write letters observing good grammar and good form, and ability to organize information and data.

Section I: Leadership

3. In making selections, the qualifications of proposed candidates should be carefully studied. Attention should be given to their past performance and to their attendance at executive, board and general meetings. In examining the potential candidates for an office, the following questions should be considered:
 - a. Does the candidate agree to the mission of the auxiliary or volunteer organization?
 - b. Is the candidate willing to commit his/her time and talent?
4. Qualified candidates should not be eliminated because a member of the nominating committee presumes they would not accept. The candidate should have the opportunity to personally make the decision.
5. If there is a conflict of opinion of committee members, a majority vote is needed before a candidate is contacted.
6. When asking a candidate to serve, the following guidelines should be followed:
 - a. If possible, a personal encounter is the best approach.
 - b. The person asking must be enthusiastic and have a positive attitude.
 - c. The candidate should be made aware of the importance of the position and the reason they have been chosen.
 - d. Use written position descriptions for each office so as to be better informed of the expectations of various positions.
 - e. Be honest about the position and do not minimize the responsibility.
 - f. Let the candidate know they will have your support but do not "pressure" for acceptance.
 - g. If the candidate is interested in the position but the time is not favorable for acceptance because of other personal commitments, keep a record so they may be considered at a future date.
7. THE SLATE IS CONFIDENTIAL UNTIL PRESENTED FOR VOTING! The nominating committee reports only to the Board of Directors for approval of slate.

Auxiliary/Volunteer Leadership **MANUAL**

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April 2011



**IOWA HOSPITAL
ASSOCIATION**

100 E. Grand Avenue, Suite 100 • Des Moines IA 50309
515.288.1955 • FAX 515.283.9366 • www.ihaonline.org

Section II. Administration Function

I. Bylaws

Bylaws are an expression of formal organization. They establish the basic policies under which the auxiliary must operate. Details and specifics can be contained in *Policies and Procedures* to allow appropriate changes to be made. They must not be too restrictive or cluttered with details that interfere with efficient operation. Bylaws which are properly written will not need to be perpetually changed and amended. When properly written, a Constitution and Bylaws Standing Committee is no longer necessary. However, the president may, at regular intervals, appoint an ad hoc committee to study and review the bylaws to determine if changes are needed. The specified time interval and individuals responsible for review may be included in the Administrative Policies and Procedures.

The following model bylaws have been prepared for the guidance of an auxiliary that is legally established as an integral part of a voluntary not-for-profit health care institution. With appropriate substitution for the word "hospital" (which is used throughout), these bylaws can serve as a model. With some changes in language, they can be adapted to the needs of an incorporated auxiliary or an auxiliary that is an unincorporated association.

These model bylaws should not be adopted verbatim. They must be adapted to fit particular local conditions and needs. Where the auxiliary is functioning in a health care institution other than the voluntary type--such as investor-owned or government--special consideration must be exercised in adapting the model bylaws to individual auxiliary use.

In determining the most appropriate organizational form and in preparing bylaws, an auxiliary should always seek and follow the advice of the institution's attorney.

ARTICLE I. NAME

The name of this organization shall be (name of institution) Auxiliary or the Auxiliary of (name of institution).

Comment: Although other names are used, the suggested name has several advantages: (1) it publicizes and emphasizes the hospital; (2) the term "hospital auxiliary" is most commonly used and therefore best understood; (3) the definitions of "auxiliary"--conferring help, supporting, subsidiary, serving to supplement--describe precisely the purpose of a community group dedicated to the service of its hospital; (4) the exclusion of a gender prefix (such as "women's") indicates the auxiliary is truly a community organization, open to all individuals interested in the hospital.

Section II. Administration Function

ARTICLE II. PURPOSE

The purpose of this organization shall be to render service to (*name of institution*) and its patients and to assist (*name of institution*) in promoting the health and welfare of the community in accordance with objectives established by the institution.

Comment: The suggested statement of purpose is succinct and, at the time, covers two essential points: (1) it gives the fundamental reason for the auxiliary's existence; and (2) it recognizes the ultimate authority of the institution. Such a simple yet all-encompassing statement serves also to differentiate between the broad goals of the auxiliary and the specific functions the auxiliary may be authorized to undertake in accomplishing its stated goals. Although not improper, further elaboration may tend to obscure the purpose of the auxiliary and to focus attention on means rather than ends.

ARTICLE III. MEMBERSHIP

Section 1. Membership in the auxiliary shall be open to all individuals who are interested in (*name of institution*) and are willing to uphold the purpose of the auxiliary. Membership shall become effective when the signed application for membership is received by the membership relations committee, on behalf of the auxiliary, and the initial dues are paid.

Comment: Today's hospital seeks and receives support--moral and financial--from all segments of the community. It follows, therefore, that membership in a community organization affiliated with and dedicated to the welfare of the hospital should be open to all interested, regardless of race, religion or social position.

The act of membership represents, in essence, a responsible commitment on the part of the individual to the purpose of the auxiliary and acceptance by the auxiliary of the individual's commitment. This act takes the form of an agreement when the prospective member applies formally, acknowledging willingness to uphold the purpose and the policies of the auxiliary and to abide by its bylaws and when the membership relations committee, acting for the auxiliary membership, accepts the application. The initial agreement is renewed automatically by the annual payment and acceptance of dues.

Section 2. Members are in good standing as long as they uphold the agreement stated in the application for membership and renew their dues annually.

Section 3. Only members in good standing for ____ month(s) shall have the right to vote and to hold office in the auxiliary.

Section II. Administration Function

- Section 4. A member may resign by submitting a written resignation to the auxiliary. The resignation shall be effective upon its acceptance by the board of directors, which shall be authorized to waive any delinquent dues or other indebtedness of the member.

Comment: A member may be required to pay delinquent dues or other indebtedness before their resignation will be accepted, but the board of directors may choose to waive the debts if the resignation is in the best interests of the auxiliary.

- Section 5. Discretion to renew or refusal to renew a membership lies with the board of directors of the auxiliary. Refusal to renew shall be dependent on written notice being given to the member affected, with an opportunity within ____ days of such notice to make written request for a hearing on the refusal.

Comment: This arrangement allows for a simple and unemotional method of terminating the membership of individuals who have failed to uphold the agreement under which they became members or are no longer an asset to the auxiliary. The board should be certain that it has adequate justification for such action even though there may be no request for giving the dropped member a hearing.

- Section 6. The auxiliary may confer honorary membership on an individual in recognition of outstanding service to the auxiliary, the hospital, or the community. An honorary member shall have no right to vote unless the honorary member is also a member in good standing as defined in Section 2 of this article.

Comment: Honorary membership offers to the auxiliary a means of recognizing unusual service by an individual. It should be used sparingly. There should be an established procedure for nominating persons to receive honorary memberships. Such nominations are subject to approval by the membership at any regular meeting.

A further differentiation of membership into active and inactive members, or regular and sustaining (or associate) members, is not recommended.

Section II. Administration Function

ARTICLE IV. DUES

Section 1. Membership dues shall be \$_____ a year, billed by and payable to the treasurer within the first month of the fiscal year, which begins (day and month) and ends (day and month).

Comment: Membership dues should be kept moderate; however, the total should be adequate to underwrite the auxiliary's basic operating expenses.

Section 2. Any dues owing on _____ of each year shall be delinquent. Such nonpayment of dues shall automatically suspend membership, irrespective of notice. Reinstatement shall be permitted upon approval of an application submitted to the auxiliary's board of directors and payment of dues for the current year.

Section 3. Dues and other payments made to the auxiliary by members shall not be subject to refund and the members shall have no further individual rights to such funds.

Comment: As a result of this provision, a member who resigns or whose membership is terminated will have no right to a refund of dues or fees previously paid.

Section 4. Honorary member shall not be required to pay dues.

Comment: See Article III, Section 6.

Section 5. If you do not choose to have a set amount for dues for your auxiliary, you might try what a group in Florida is doing. They send out a letter asking for a donation in lieu of dues. It is their belief that they get more response with this approach than a set amount for dues. (Per Margie Harris, President, Higherimpact Enterprises in Clearwater, FL stated at 2006 IHA Spring Auxilian/Volunteer Joint Conference.)

ARTICLE V. MEETINGS OF THE AUXILIARY

Section 1. The auxiliary membership shall meet in regular sessions at least _____ times a year, in addition to the annual meeting.

Section 2. The time and place of the meetings shall be determined by the president and/or the board of directors. Notice of any special meeting of the auxiliary membership shall be mailed to the members not less than 10 days in advance of such meeting.

Comment: Where facilities are suitable, it is recommended that meetings be held in the hospital.

Section 3. The annual meeting shall be held in (month) of each year for the election and installation of officers, for receiving annual reports of officers, and for the conduct of such other business as may properly come before the meeting. Notice of the annual meeting shall be mailed to all members in good standing on the records of the auxiliary _____ days in advance of said meeting.

Comment: It is recommended that the annual meeting be held about a month

Section II. Administration Function

after the end of the fiscal year. The fiscal year of the auxiliary should coincide with the fiscal year of the hospital. It is suggested that members be given adequate notice of the annual meeting, probably 30 days.

Section 4. _____ percent of the voting members shall constitute a quorum at any meeting of the auxiliary.

Comment: *The quorum should be stated as a percentage of the total membership. It should be kept low. Ordinarily, 10 or 15 percent is an adequate percentage.*

ARTICLE VI. OFFICERS

Section 1. The officers of the auxiliary shall be a president, a president-elect, a vice president for service, a vice president for community relations, a secretary, an assistant secretary, a treasurer, and an assistant treasurer. The president-elect shall serve in the absence of the president and shall assume the presidency should that office become vacant.

Comment: *The above recommendation accomplishes several desirable results:*

- *It provides for leadership training.*
- *It provides for a president-elect, thus helping to secure continuity in the auxiliary's operations and giving the incumbent the incentive and time to prepare and schedule for the job of president. At the same time, it provides for a presiding officer in the absence of the president and for an immediate successor should the president resign or become disabled during their term of office.*
- *It avoids the danger, inherent in the traditional method of numbering vice presidents, that succession will be determined automatically by the numbers regardless of the leadership capabilities of the individuals occupying the vice presidential positions. At the same time, it gives each of the two vice presidents a general area of responsibility, paralleling the major functions of the auxiliary, and the opportunity to demonstrate their leadership potential.*
- *It eases the executive burden that rests on the shoulders of the auxiliary president while simultaneously providing better coordination among the organization's multiple activities.*
- *Depending on their size, auxiliaries will need to adapt this pattern to fit their differing needs. A very small auxiliary may find that a president-elect and the one additional vice president are adequate. A very large auxiliary may need both corresponding and recording secretaries (each with an assistant) and additional assistant treasurers.*

Section II. Administration Function

Section 2. In the first year following the adoption of Article VI, "Officers," the auxiliary shall elect a president and a president-elect. Each person shall serve one-two years only in each respective office. At the conclusion of the first term, the president-elect shall assume the office of president for one term. Thereafter, the auxiliary shall elect a president-elect to serve for a term which the president-elect shall automatically assume the office of president. Persons who have held the office of president are then barred from reelection to the office of president-elect for a period of one year. Any exceptions must have board approval.

Comment: By limiting the tenure of office of the president and the president-elect to a period of one term, the possibility that the president-elect might not be reelected to a second term (along with the president) and therefore deprived of the presidency in the regular succession process is eliminated.

Section 3. All officers other than the president-elect shall be elected to serve for a term. . After, re-election to that office is barred for the period of one year.

Comment: Effort should be made to include in each term's slate of officers some who are new and some who are up for reelection.

Section 4. The election of officers shall be held at the annual meeting. A slate of candidates shall be proposed by the nominating committee. Members eligible to vote may propose candidates for office from the floor.

Comment: A candidate's name should be proposed by the nominating committee or from the floor only with the candidate's express permission. Failure to secure the candidate's consent can cause embarrassment to the individual and problems for the auxiliary.

Section 5. The newly elected officers shall be installed at the annual meeting and take office immediately.

Section II. Administration Function

Comment: It is advisable that officers be elected and installed at the annual meeting to prevent any break in continuity between election and taking office, although the complete transfer of authority and records can only take place in the days following the annual meeting. A newly installed president will need time to appoint committee chairmen; outgoing officers and chairmen will need time to complete their records to turn over to their successors. However, the process should be accomplished as rapidly as possible.

- Section 6. The unexpired term of any elected officer shall be filled by the board of directors after considering the recommendation of the nominating committee.

ARTICLE VII. DUTIES OF OFFICERS

- Section 1. Duties of the president. As the chief executive officer of the auxiliary, the president shall serve as chairman of the auxiliary's board of directors and as the auxiliary's chief representative to the hospital and shall have supervision of the general management of the auxiliary. The president shall appoint, with the approval of the executive committee, the chairmen of all standing committees and the chairmen and members of such special committees as may be established, and shall be a member ex officio of all standing committees of the auxiliary. The president shall render a report on the activities of the auxiliary at least annually to the governing authority of the hospital and to the membership of the auxiliary and shall perform all other duties incident to the office of the president.

Comment: The provision that presidential appointees shall be made with the approval of the executive committee (that is, the elected members of the board) makes this a more democratic process by giving the membership a greater, though indirect, participation through all its elected representatives.

The term "standing committee" is defined in Article XI, Section 1.

- Section 2. Duties of the president-elect. The president-elect shall, in the event of the absence, disability, or resignation of the president, assume the powers and perform the duties of the president. The president-elect shall be responsible for coordinating activities designed to maintain the organization and strengthen its capacity to serve and shall perform such other duties as may be delegated by the president or the board of directors of the auxiliary.

Section II. Administration Function

Section 3. Duties of the vice presidents. The vice president for service shall be responsible, subject to the direction of the president and board of directors, for coordinating activities designed to implement the service function of the auxiliary. The vice president for community relations shall be responsible, subject to the direction of the president and board of directors, for coordinating activities designed to implement the community relations function of the auxiliary.

In the event of the absence, disability, or resignation of the president and the president-elect, the vice president for service and the vice president for community relations shall, in that order, assume the powers and perform the duties of the president.

Section 4. Duties of the secretary. The secretary is the recording officer of the auxiliary and custodian of its records, except such records that are specifically assigned to others. These records shall be open to the inspection of any member at all reasonable times. The secretary shall be responsible for sending out notices of meetings of the auxiliary and for conducting the correspondence of the auxiliary except where otherwise provided.

Comment: Copies of the minutes of all auxiliary meetings should be filed with the hospital's governing authority and the auxiliary's official files.

In some auxiliaries, the secretary's duties will be divided and the responsibility for sending out notices of meetings of the auxiliary and for conducting the correspondence of the auxiliary will be assigned to a corresponding secretary. The duties of the corresponding secretary, when such office exists, should be stipulated in a separate section of the bylaws.

Section 5. Duties of the assistant secretary. The assistant secretary shall assist the secretary and perform such duties as the secretary may delegate.

Comment: So that the assistant secretary position may serve a useful training purpose, the person elected to the post should be assigned specific secretarial functions and responsibilities.

Section II. Administration Function

Section 6. Duties of the treasurer. The treasurer shall be responsible for keeping an accurate record of all financial affairs of the auxiliary, shall render an audited report to the hospital's governing authority and to the auxiliary at the end of the fiscal year, shall report to the annual meeting of the auxiliary, and shall render such interim reports as may be requested by the board of directors. The treasurer shall have charge of the auxiliary finances under the control and supervision of the board of directors and shall receive and expend all monies or funds of the auxiliary in accordance with the provisions of Article XIII, Sections 1 and 2.

Comment: The treasurer (and any others who handle monies for the auxiliary) should be bonded at the expense of the auxiliary. When there is bonding, the hospital's governing authority makes the decision and determines the amounts of the bonds. Often the hospital bond can be extended to cover auxiliary officers if the auxiliary is an integral part of the hospital organization.

The treasurer's annual report should be audited by the hospital's certified public accountant or another independent author.

Section 7. Duties of the assistant treasurer. The assistant treasurer shall assist the treasurer and perform such duties as the treasurer may delegate.

Comment: Some auxiliaries may need more than one assistant treasurer. However, regardless of the number, each assistant treasurer should be assigned specific functions and responsibilities as part of the assistant's training program.

Section 8. Many auxiliaries are now operating through their hospital accounting department. Deposits are made through the hospital and invoices and bills are paid through the hospital. In some cases the hospital will just pay the bill or a request for a check may be sent to the hospital and they then cut the check for the Treasurer to pay the bill. The hospital provides reports for the Treasurer to report to the Auxiliary. This practice also makes it easier for audits to be done through the hospital.

Section II. Administration Function

ARTICLE VIII. BOARD OF DIRECTORS

Section 1. The board of directors of the auxiliary shall consist of the officers of the auxiliary and the chairperson of all standing committees.

Comment: "Board of directors" refers to the body having executive powers within the auxiliary. The most effective board is the so-called "working board," made up of persons who are on the board by virtue of their positions as elected officers or appointed committee chairmen.

The working board has several advantages: (1) its members are in daily contact with the general membership; (2) they are, as officers or chairmen, directly involved in the day-to-day activities of the auxiliary; and (3) are in a position to note trends, progress, and problems and thus are able to plan ahead.

Section 2. No director shall be eligible to serve more than _____ successive years. After an absence from the board of directors of at least one year, a member may be eligible for election or appointment to a position that carries board membership.

Comment: Article VI, Section 2, limits the tenure of officers. The tenure of standing committee chairmen should also be limited. The limit prescribed for the chairman of each committee should be included in the description of the committee set forth in the Administrative Policies and Procedures (see Article XI, Section 2). In addition, a board tenure provision is important to ensure frequent infusions of new blood into the auxiliary's executive body and to ensure an uninterrupted exchange of chairs among officers and standing committee chairmen.

In determining the number of successive years a board member may serve, it is essential to strike a happy balance between the revitalizing effect of new members on the board and the demands of leadership development. Limiting a board member's tenure to six successive years would seem to strike the necessary balance although some auxiliaries may, for good reason, decide to set a slightly higher limit.

A tenure provision avoids the danger of a static board. When the talents of potential leaders are used constructively during their prescribed one year's absence from the board, such a provision also gives new meaning to the concept of leadership development.

Section II. Administration Function

- Section 3. All actions of the auxiliary's board of directors are subject to the approval of the governing board of the hospital or, if the governing authority so designates, to the approval of the hospital's chief executive officer. Within the above limitations, the board of directors shall be empowered to manage and control the property and funds of the auxiliary, to approve the auxiliary's annual operating budget, and to administer the affairs of the auxiliary on behalf of the auxiliary membership in a manner consistent with these bylaws. Operating policies and procedures necessary to implement the basic policies set forth in the bylaws to guide the operations of the auxiliary shall be recorded in the Administrative Policies and Procedures, a document that may be amended at any time by majority vote of the board of directors.

Comment: Section 3 may not be applicable where the auxiliary is a separate corporation or an unincorporated association.

The board's authority to approve the annual operating budget underscores its basic responsibility for establishing the auxiliary's program objectives and priorities for the coming year--an integral part of its overall planning responsibilities. A board-approved operating budget also becomes the treasurer's instrument of authorization for paying invoices on items covered in the budget.

When the auxiliary also has a financial contributions budget, as recommended in this manual (Section IV) must provide that the board of directors approve both budgets.

- Section 4. The president shall report at each regular meeting of the auxiliary membership on auxiliary board actions taken subsequent to the last general meeting.
- Section 5. Regular meetings of the board shall be held once a month, except as otherwise determined by the board, at such time and place as the board and/or the president may determine. Special meetings of the board may be held at any time and place determined by the president and, in addition, shall be called when requested in writing by not fewer than _____ of the members of the board. Directors shall be given not less than 48 hours notice of special meetings. Notice may be waived if all directors sign a waiver, either before or after the special meeting.

The board of directors shall adopt its own rules for the conduct of its meetings. These rules should be consistent with the bylaws.

Comment: The number of board members required to call a special meeting of the board should be stated as a percentage of the board's membership. The number needed should always be less than a majority; one-fifth of the total board membership is the recommended number. Because the board meets frequently, it can be presumed that there must be a most urgent reason for a special meeting and, therefore, it should be possible for a relatively small group of the board to call such a meeting.

- Section 6. _____ percent of the members shall constitute a quorum at any meeting of the board. In the absence of a quorum, the meeting shall be adjourned.

Section II. Administration Function

Comment: The number of board members needed to constitute a quorum should be stated as a percentage of the board's total membership. Forty percent is the recommended percentage figure.

- Section 7. The board of directors shall be empowered to fill unexpired terms of officers and of elected members of the nominating committee occurring between annual meetings.

ARTICLE IX. EXECUTIVE COMMITTEE

- Section 1. The executive committee shall consist of the immediate past president, president, the president-elect, the vice presidents, the secretary and the treasurer.

Comment: Because a working board may be a fairly large board (depending upon the number of standing committees the auxiliary has), it is well to provide for a small executive committee that can expedite matters when necessary. The executive committee is also useful as a planning group, a "president's cabinet." As such, it should meet regularly before each meeting of the board of directors to help the president plan the agenda, isolate any major problems facing the auxiliary or consider long-range plans that will be presented later to the board. As an advisory group to the president, the executive committee can contribute to the smooth functioning of an active auxiliary in which the president and the board carry a heavy work load. There are, however, dangers inherent in the use of the executive committee as a planning group because it may become too authoritative and tend to undermine power and prestige of the board.

An executive committee is not an essential functional element of an auxiliary. However, if an auxiliary is to have an executive committee, this committee must be provided for in the bylaws.

As elected officers of the auxiliary, the assistant secretary and the assistant treasurer sit on the auxiliary's board of directors, thus gaining valuable experience and training. However, to include them in the executive committee appears unnecessary in view of this committee's functions.

- Section 2. The executive committee shall be empowered to act for the board of directors on all matters properly within the jurisdiction of the board which the president determines cannot be held over until the next meeting of the board.
- Section 3. All actions of the executive committee shall be reported to the board at its next meeting and shall be subject to revision and alteration by the board at such a meeting provided that no rights of third parties shall be adversely affected by such revision or alteration.
- Section 4. Meetings of the executive committee may be held at any time and place determined by the president. Members of the executive committee shall be given not less than 12 hours' notice. Notice may be waived if all members sign a waiver either before or after the meeting.

Section II. Administration Function

ARTICLE X. NOMINATING COMMITTEE

Section 1. The nominating committee shall consist of a chairman and three-five members.

Comment: The nominating committee functions throughout the year, seeking out leadership for the various positions to be filled and keeping appropriate records.

Section 2. The chairman of the nominating committee shall be the immediate past president of the auxiliary. If the immediate past president is unable or unwilling to serve, the president shall be authorized to appoint a chairman, with the approval of the executive committee.

Section 3. The president shall appoint, as one of the five members of the nominating committee, a member of the board of directors who shall be appointed to serve for a term of one year and shall be eligible for reappointment for one succeeding year. The remaining four members of the nominating committee shall be elected by the membership at the annual meeting. In the first year following the adoption of Article X, "Nominating Committee," the auxiliary shall elect two members to serve for two-year terms each and two members to serve for one-year terms each. Thereafter, two members shall be elected annually for terms of two years each.

Comment: Several important principles underlie the composition of the nominating committee as suggested in these model bylaws.

The provision that the immediate past president shall serve as chairman recognizes the value of that experience and their knowledge of the institution and offers a post that is vital to the auxiliary's future programs. In making the immediate past president chairman of this committee, that person is removed from current executive concerns because these bylaws contain no provision for the immediate past president to serve on the auxiliary's board of directors and because the chairmanship of the nominating committee does not carry a seat on the board regardless of the individual filling it.

The nominating committee's need to be continually aware of current auxiliary activities, plans and problems is ensured by the appointment of a member of the board of directors to the committee. Election by the general membership of the remaining four members of the committee on a rotating basis emphasizes the essential democratic nature of the auxiliary and ensures continuity while simultaneously providing for a periodic infusion of new blood.

Section II. Administration Function

Section 4. Suggested nominations for officers of the auxiliary and for the elected members of the nominating committee shall be received by the nominating committee from the membership throughout the year and until _____ days prior to the annual meeting. From these suggestions and as a result of its own deliberations, the nominating committee shall submit to the annual meeting a slate of candidates for offices and nominating committee membership for the ensuing year. This slate shall have been presented to the membership _____ days prior to the annual meeting.

Membership on this committee does not preclude an individual's eligibility for nomination to an office within the auxiliary.

Section 5. The nominating committee shall submit, for the consideration of the board of directors, the names of persons to fill unexpired terms of officers and of elected members of the nominating committee occurring between annual meetings when not otherwise provided for in the bylaws.

ARTICLE XI. STANDING COMMITTEES

Section 1. Standing committees include all regular committees of the auxiliary except the executive and nominating committees.

Comment: The executive and nominating committees are considered structural committees, specifically provided for in these bylaws.

Section 2. The standing committees of the auxiliary shall be authorized, created and terminated by the board of directors according to the needs of the auxiliary. Each standing committee shall be named and described and its responsibilities delineated in the Administrative Policies and Procedures.

Comment: The number of standing committees will vary with each auxiliary and may be created or terminated as the occasion demands. Committees should be created only as there is a need for them; need will be determined by the size and functions of the individual auxiliary.

Section 3. The president shall appoint, with the approval of the executive committee, the chairmen of all standing committees. These chairmen, upon appointment by the president, become members of the board of directors.

Section 4. Each standing committee chairman, after conferring with the president, shall appoint members of that committee and shall designate one among them to serve as vice chairman.

Comment: The selection of committee members is a serious responsibility because committee membership is the first step in leadership training. The position of vice chairmen is especially important because, as a rule, future committee chairmen (and board members) are selected from among the individuals who have had experience as vice chairmen of committees. Each vice chairman should be selected with special care and should be given the opportunity to gain experience and develop potential for leadership while in this office.

Section II. Administration Function

- Section 5. The chairman of each standing committee shall file a summary report on the activities of the committee with the auxiliary secretary at least annually.

ARTICLE XII. AD HOC COMMITTEES

- Section 1. Ad hoc (temporary) committees may be authorized for specific tasks when need has been determined by the board of directors. At the time an ad hoc committee is established, the board shall specify the purpose and responsibilities of the committee, the number of individuals who will serve as members, and the specific types of expertise these individuals should possess.
- Section 2. The president shall appoint, with the approval of the executive committee, the chairman and members of any ad hoc committee at the time of its authorization by the board. Membership on an ad hoc committee need not be restricted to auxiliary members.

Comment: Some auxiliaries may prefer that the chairman of an ad hoc committee have the prerogative of selecting committee members in accordance with the guidelines established by the board for that committee. In this case, Section 2 of Article XII would be changed to reflect this decision.

- Section 3. An ad hoc committee shall be terminated automatically when its assigned task is completed or at the direction of the board of directors.

ARTICLE XIII. FINANCES

- Section 1. All monies or funds received or expended by the auxiliary shall be duly entered in the treasurer's books.
- Section 2. All expenditures, other than those authorized in the annual operating budget, must be approved by the board of directors. Expenditure of proceeds from all fund-raising activities of the auxiliary shall further be subject to the approval of the hospital governing authority.
- Section 3. All contracts made, accepted or executed by the auxiliary shall be signed by the president or an authorized representative and countersigned by an appropriate official of the hospital.

Comment: Section 3 is not applicable to a separately incorporated auxiliary or an unincorporated association.

- Section 4. All bank accounts of the auxiliary shall be established by resolution of the hospital's governing authority.

Comment: The provision set forth in Section 4 is important as evidence of the fact that the auxiliary operates as an integral part of the hospital. This provision is not applicable if the auxiliary is separately incorporated or an unincorporated association.

Section II. Administration Function

Section 5. All checks drawn against funds of the auxiliary shall be signed by the auxiliary president and treasurer. In the absence of the treasurer, checks shall be signed by the assistant treasurer.

Comment: A dual signature system provides the best security of auxiliary expenditures.

Depending on local law, the attorney consulted may make a number of suggestions differing from the model bylaws or these comments. Article XIII is particularly susceptible to attorney-recommended variations. The attorney's suggestions as to this Article may include particular provisions to ensure compliance with conditions of federal income tax exemption of the auxiliary or the institution itself.

With reference to Article XIII, an auxiliary often must include legal provision for the disposal of funds and assets in the event the auxiliary is dissolved or its institution closes or changes ownership as a separate section of this article.

For an auxiliary that is organized as an integral part of its institution, or as an unincorporated association, any remaining funds at the time of dissolution should be given to the institution. This directive should be clearly stated in the auxiliary's bylaws.

Regarding a separately incorporated auxiliary, most states require that a provision for dissolution and subsequent disposition of funds be made in the group's charter when it files its original articles of incorporation. The charter should state that remaining funds be given to the institution. In states where this legal requirement is not present, the provision should be incorporated into the auxiliary's bylaws.

In the event that the institution dissolves, the auxiliary's bylaws can state that the auxiliary's funds be given to a successor hospital or another charitable institution in the area.

If the institution is a voluntary, not-for-profit hospital and is purchased by an investor-owned hospital and is purchased by an investor-owned hospital corporation, then the tax status of the auxiliary would change. The auxiliary's board can take any action necessary to provide for the contingency before the transaction is completed.

Section II. Administration Function

ARTICLE XIV. FISCAL YEAR

The fiscal year shall commence _____ and shall end _____.

Comment: The auxiliary's fiscal year should coincide with the fiscal year of the hospital.

ARTICLE XV. PARLIAMENTARY AUTHORITY

Parliamentary authority for the hospital auxiliary shall be ROBERTS RULES OF ORDER, NEWLY REVISED (Glenview, Illinois: Scott, Foresman and Co.), 1970 (ref.49).

ARTICLE XVI. AMENDMENTS

These bylaws may be altered, repealed, or amended by the affirmative vote of two-thirds of the members present and voting at any regular or special meeting of the auxiliary, provided that notice of the proposed alteration, repeal, or amendment is contained in the notice of such meeting which has been mailed not less than 14 days in advance of the meeting. No amendment to the bylaws shall become effective until approved by the governing authority of (name of institution).

ARTICLE XVII. APPROVAL AND ADOPTION

These bylaws, upon approval of the hospital's governing authority, shall be effective immediately on affirmative vote of two-thirds of the auxiliary members present and voting.

Approved by Board of Trustees of (name of institution) _____

Date _____

President of Board of Trustees _____

Secretary _____

Adopted by: (name of auxiliary) _____ Date _____

President _____

Secretary _____

Comment: Apart from other considerations, the governing authority's approval of auxiliary bylaws is required by the current standards of the Joint Commission on Accreditation of Healthcare Organizations.

Section II. Administration Function

II. ADMINISTRATIVE POLICIES AND PROCEDURES

Once the bylaws have been written and approved by the membership, it may be necessary to have them approved by the hospital governing board. Then it is time to write the policies and procedures. A section titled "Administrative Policies and Procedures" supplements the bylaws but do not supersede them. They are flexible and need only a simple vote of the auxiliary board to be changed. They incorporate decisions made by the auxiliary board on methods for the administration of the basic policies of the auxiliary bylaws, i.e., they procedurally spell out the way the auxiliary will operate.

Hospital Auxiliary Administrative Policies and Procedures

These policies and procedures may be changed at any time by a majority vote of the Board of Directors of (*name of hospital auxiliary*).

Membership

1. Dues
 - a. If Life Membership is not completely paid as stipulated in the Bylaws, monies already paid shall be forfeited to the auxiliary and member may be reinstated as a volunteer or associate upon request. Life Membership cards will be issued upon receipt of full payment of one hundred (\$100) dollars.
 - b. All members accepted by the end of the fiscal year and who pay their first year's dues at the time of acceptance and orientation will not be required to pay dues again until the next fiscal year.
2. Membership lists will be printed for distribution. Membership lists should be only used for auxiliary/volunteer purposes.
3. New Members/Volunteers:
 - a. Each new member/volunteer shall receive orientation and education, proper placement and proper training in the assigned service.
 - b. Each new member shall be given copies of the Constitution and Bylaws, Administrative Policies and Procedures, History of Hospital Auxiliary, a current annual report, a job description, newsletters, and other documents as needed at orientation.

Section II. Administration Function

Volunteers

1. Hours

Your Auxiliary and Volunteer Department may or may not elect to keep track of volunteer hours. It is generally believed that people like to think their hours are being tracked. The computer has made it much easier to do that.

People like to at least be thanked for the valuable time they have given to the organization and the hospital. Whether or not you choose to give pins, certificates, etc. is your choice and that of your hospital administration. You might consider a yearly recognition party of some type or you might choose to print in your newsletter or newspaper, the names of those with a large amount of hours during the year.

2. In accordance with JACHO rules, all volunteers should submit an up-to-date health record yearly.

3. All volunteers should have a TB test, but is at the discretion of hospital policy.

4. All volunteers must be trained in HIPPA rules.

5. All volunteers need to be familiar with the hospital's safety and fire rules as well as disposal of hazardous waste materials.

6. Volunteers may or may not be required to submit to drug testing in keeping with hospital policies.

7. Suspension of Volunteer Services

a. All volunteer services may be suspended on the following holidays: New Year's Day, Easter Sunday, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas Day. All volunteer services may be suspended on other days approved by the Board of Directors of the auxiliary. On Christmas Eve Day and New Year's Day, volunteer services shall be suspended at 12:00 noon.

b. All volunteer services may be suspended at 12:00 noon on the days of the General Meetings of the auxiliary in February and June.

c. It may be the responsibility of the president to advise the hospital administration at the beginning of each month of suspension of services to occur during that month.

8. A dress code reflecting appropriate attire for the service of professional appearance is made by the auxiliary. Jewelry/perfume should be kept at a minimum and should be of a conservative nature.

Section II. Administration Function

9. Absence from Volunteer Day

- a. After three (3) unexcused absences from volunteer assignment, notification shall be given to the volunteer that the assigned duties have not been fulfilled as agreed. The volunteer may then be asked to relinquish the assigned time and day thus allowing another volunteer to be assigned.
- b. If illness, vacation or an emergency necessitates absence from duty, the substitute list may be consulted to find a "sub." When a "sub" consents to serve in the absence of the volunteer worker, the name of the "sub" should be given to the Day Captain. Every effort should be made to obtain a substitute who is familiar with the service where the volunteer is absent. If unable to obtain a "sub," the Day Captain should be contacted for assistance.
- c. During extended absences, a member must secure a permanent substitute(s) or relinquish the assigned day and service until the members return, at which time the Volunteer Chairman will reassign the volunteer.

10. Persistent disruptive behavior by a volunteer shall be reported to the Day Captain who shall advise the In-service Chairman. The In-service Chairman shall discuss with the volunteer the importance of observing the ethics and rules of conduct of the auxiliary and hospital. Should the condition persist, the matter should be presented to the Executive Committee.

The Executive Committee's decision concerning the volunteer may be reviewed at the request of the volunteer within ten days from the date of the decision. After that review, the Executive Committee will decide at their next meeting what action should be taken. The decision of the Board of Directors of the auxiliary shall be final.

11. A floral arrangement or plant damaged in delivery to a patient may be replaced by the auxiliary.
12. All auxiliary mail shall be placed on the auxiliary desk for distribution and shall be opened only by the addressee, or by the president in case of question.
13. Any member wishing to make a sewing or craft article to be sold at the bazaar and wishing reimbursement for materials for same must present the project to the Creative Workshop Chairman for approval by the Gift Shop Committee.

BOARD OF DIRECTORS

1. At each change of officers, an orientation training session shall be held for all members of the Board of Directors. The retiring president shall preside.
2. Expenses shall be paid for as many as are interested in attending the Fall Conference and the IHA Annual Meeting. Preference for attendance will be given to the Board of Directors. Members may also attend seminars and workshops given by IHA or the American Hospital Association as approved by the Board of Directors. When convention expenses are to be paid by the auxiliary, the president shall designate the official delegates.

Section II. Administration Function

BOARD OF DIRECTORS (continued)

3. If a representative from IHA is invited to any auxiliary function, reimbursement shall be made for transportation expense at the current IRS mileage rate per mile. Housing and meals may be included in the reimbursement.
4. A postal permit for bulk mailing shall be maintained.
5. There shall be an ecumenical memorial service for members deceased during the previous year and such service shall be held preceding the general membership meeting.
6. Memorials
 - a. All moneys from the memorial fund are to be used for purposes approved by the Board of Directors.
 - b. In the event of a member's death or a "lapsed" member as specified in 5 above, a memorial in the amount of ten (10) dollars is to be given by the auxiliary.
 - c. In the event of the death of a staff doctor, the amount of twenty-five (25) dollars shall be given to the memorial fund by the auxiliary.
7. Finance
 - a. Three (3) signatures (the president, the auxiliary treasurer, and the auxiliary assistant treasurer) shall be on file at the bank for all auxiliary accounts (not including the gift shop account)—savings, checking accounts and safety deposit department.
8. Any fundraising activities undertaken by the auxiliary or on behalf of the auxiliary must be approved by the Board of Directors of the auxiliary and the hospital administration. Appropriate tax ID must be obtained.
9. Written yearly reports are to be submitted to the president by each board member and service chairman. The exceptions to this rule are the hours chairman and the treasurer whose reports will be submitted as soon as practicable after closing the books at the end of the fiscal year.
10. There shall be a budget committee composed of the treasurer, assistant treasurer, gift shop treasurer, assistant gift shop treasurer, and the president-elect with the treasurer acting as chairman. The committee shall meet 2 months prior to the annual meeting to prepare a budget to be approved at that meeting for presentation to and approval by the general membership at the annual meeting.

Section II. Administration Function

11. Duties of the standing committees are as follows:

Constitution and Bylaws Committee shall consist of three members with the Parliamentarian being an ex officio member. This committee shall be appointed by the president subject to the approval of the board of directors of the auxiliary. The board of directors of the auxiliary may, from time to time, propose changes in the constitution and bylaws which shall be referred to this committee for study. Changes recommend shall be voted upon by the general membership in accordance with Article XIII of the Bylaws.

In-service Committee in cooperation with the first vice president shall be responsible for the coordination of all hospital services as follows:

- a. Information Desk Chairman shall be responsible for all phases of the operation of the information desk in cooperation with the admitting office. The chairman shall assist in the training of new volunteers.
- b. Mail and Flowers Chairman shall be responsible for the efficient delivery of mail and flowers to the patients and shall assist in training new volunteers.
- c. Library Chairman shall be responsible for the distribution and collection of library materials for the patients and shall assist in the training of new volunteers.
- d. Surgical Waiting Center Chairman shall be responsible for the comfort and welfare of surgical patients' families and shall assist in the training of new volunteers.
- e. Patient Activities- At the request of the hospital administration and with the approval of the Board of Directors of the auxiliary, the auxiliary may engage in any other activities which are deemed to be in the best interests of the patients.
- f. Day Captains shall be responsible for the smooth operation of the volunteer services each day.

Membership Committee in cooperation with the designated board member shall recruit and educate new members. They shall interview each new member, make arrangements for orientation, education, proper placement, and for proper training in the assigned service. They shall from time to time reassess the memberships' talents, interests and experiences. The subcommittees shall be as follows:

- a. Volunteer Chairman shall be responsible for placement of all volunteers with the cooperation of the Orientation Chairman. The Volunteer Chairman is responsible for the daily chart of volunteer services.
- b. Orientation Chairman is responsible for orientation of all volunteers before they begin their service in the hospital. The chairman shall closely coordinate duties with the Chairman of Volunteers. Reorientation of all members needs to be planned annually.

Section II. Administration Function

- c. Regulatory Issues: Annually a paid director of volunteer services in an institution may develop the orientation to comply with all regulatory requirements. If there is no paid director of volunteer services, the auxiliary becomes responsible for complying with all regulatory requirements.
- d. Hours Chairman shall keep adequate records of the hours of service given by each volunteer in a calendar year and shall present earned awards as appropriate.

Gift Shop Committee shall be responsible to the auxiliary for the smooth operation of the gift shop and assist in the training of new volunteers. This committee could consist of buyer(s), treasurer and a volunteer in charge of scheduling and training new volunteers and a volunteer or person in charge of displaying merchandise.

Finances may be handled independently or better still, run through the hospital accounting department. The treasurer can collect the funds and make deposits through accounting and send all invoices that need paying to them. They can provide monthly reports for the Treasurer to report to the Auxiliary Board.

Gift Shops can be a great fundraiser for the Auxiliary and Hospital. A well-stocked gift shop is a good moneymaker, as well as a service to the customers.

The Volunteers should have a clear understanding of duties, i.e., are they permitted to put other items in place where an item is sold; greet customers and offer assistance and be alert to loss prevention.

The Gift Shop should be easy for customers to get through. If customers are constantly bumping in to things, they will not want to enter.

Public Relations Committee shall be responsible for all press, radio and TV releases subject to the approval of the auxiliary board of directors and hospital administration. The following shall be members of this committee and perform such duties as prescribed for them:

1. Newsletter
2. Telephone
3. Patient support/Friendly Visitor
4. Mailing

Social and Program Committee shall be responsible for the following activities:

1. General membership meetings
2. The annual meeting of the general membership.

The chairman shall provide suitable programs approved by the board of directors of the auxiliary for the above meetings and shall arrange for the menu for any meals served at such meetings.

Section II. Administration Function

Legislation Committee shall interpret and relay all information about current federal, state, and local legislation regarding health care. The chairman may recommend appropriate actions to be taken by the members as approved by the auxiliary board of directors and the hospital administration.

Health Education Committee shall interpret and relay all information pertinent to the auxiliary regarding health education programs and shall carry out duties as assigned by the president and approved by the auxiliary board of directors and the hospital administration.

Section II. Administration Function

III. ORIENTATION

A volunteer orientation is a mandatory training class to better educate volunteers regarding hospital and auxiliary/volunteer policy to promote continued health and safety of patients and the public.

The meeting/training should review all pertinent information regarding to the hospital volunteer department/auxiliary and the hospital such as staff introductions, HIPAA, joint commission standards, mission statements, goals of the organization, policies and procedures, customer service training, equipment training, and patient rights and responsibilities. The meeting is also a great opportunity to answer questions and work on volunteer placement.

Some examples of an orientation agenda, checklist, and wheelchair safety form follows.

Section II. Administration Function

EXAMPLE: Orientation Agenda

XYZ Hospital
NEW VOLUNTEER ORIENTATION
(Day), (Month Date), (Year)
(Room Name)

A G E N D A

- I. Welcome – (Hospital CEO/President)
- II. Introductions – (Volunteer Coordinator or Auxiliary President Name)
- III. Parking & Security Services – (Security Manager Name)
- IV. Joint Commission Standards & Accreditation
- V. (Hospital Name) Mission & Values
 - ★ Services provided by Spiritual Care
 - ★ Mission Services mission and & core values
- VI. Patient Rights & Responsibilities
- VII. HIPAA regulations
 - ★ “Need To Know” – video
 - ★ Signing of HIPAA confidentiality agreement
- VIII. Review of Volunteer Manual
- IX. Background checks
- X. Orientation & Training
- XI. Service Area Training & Competency Checklists
 - ★ privileges & courtesies
 - ★ appearance/dress code
 - ★ reporting for service
 - ★ recording of hours
 - ★ recognition/awards
 - ★ parking/security services
 - ★ scheduling
 - ★ professional ethics
 - ★ resignation/leave of absence
 - ★ funeral policy/calling
 - ★ holiday scheduling
 - ★ emergency code review
 - ★ infection control
 - ★ universal precautions
 - ★ incident reporting - PEERS
 - ★ placement & selection policy
 - ★ termination policy
 - ★ (Hospital Name) ambassadors
- XII. Customer Service In Healthcare - video
- XIII. Position Descriptions
- XIV. Resource Manuals at Service Area
- XV. Wheelchair Training/Competency Checklist
- XVI. Lunch
- XVII. Standards of Behavior Training
- XVIII. Signing of Behavior Standards Agreement

REMEMBER TO COUNT TODAY’S HOURS ON YOUR TIMECARD

Section II. Administration Function

EXAMPLE: Orientation Checklist

(Hospital Name)
New Volunteer Orientation Checklist (Adult)

- | | |
|--|---|
| <input type="checkbox"/> Hospital Mission & Values & Ethics | <input type="checkbox"/> Resignation/leave of absence |
| <input type="checkbox"/> Joint Commission/OSHA requirements | <input type="checkbox"/> Funeral calling |
| <input type="checkbox"/> Health screens/health history | <input type="checkbox"/> Holiday scheduling |
| <input type="checkbox"/> Background check | <input type="checkbox"/> Emergency codes |
| <input type="checkbox"/> Training requirements/procedures | <input type="checkbox"/> Infection control |
| • New volunteer orientation | <input type="checkbox"/> Universal precautions |
| • Service training | <input type="checkbox"/> Biohazard red bag usage/disposal |
| • Reorientation | <input type="checkbox"/> Confidentiality/HIPAA standards |
| • Mandatory Safety Education | <input type="checkbox"/> Patient rights & responsibilities |
| • Standards of Behavior | <input type="checkbox"/> Selection & placement policy |
| <input type="checkbox"/> Privileges & recognition | <input type="checkbox"/> Termination policy |
| <input type="checkbox"/> Dress code | <input type="checkbox"/> Gifts & gratuities policy |
| <input type="checkbox"/> Smoking policy | <input type="checkbox"/> PEERS reporting (incident reporting) |
| <input type="checkbox"/> Reporting for service | <input type="checkbox"/> Cultural Diversity & Sensitivity |
| <input type="checkbox"/> Sign-in sheet | <input type="checkbox"/> (Hospital) Auxiliary |
| <input type="checkbox"/> Recording of hours | <input type="checkbox"/> Customer Service Training |
| <input type="checkbox"/> Awards/ recognition | <input type="checkbox"/> Standards of Behavior |
| <input type="checkbox"/> Parking/security services | <input type="checkbox"/> Wheelchair training |
| <input type="checkbox"/> Scheduling | <input type="checkbox"/> Mandatory Education Safety quiz |
| <input type="checkbox"/> Professional ethics/structured channels of communications | |

I have been advised of all procedures listed above and understand my responsibility concerning the same. I understand my performance as a volunteer must reflect the mission and values of (Hospital Name).

Name – printed

Signature

Volunteer Services Staff Signature

Date

Section II. Administration Function



Volunteer Information Form

EXAMPLE

Please complete this form and return it to [REDACTED]. We need this information to enter you into the system and track your training as a volunteer. Thank you for your cooperation and your time with Wright Medical Center!

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____

BIRTH DATE: _____

START DATE: _____

TODAY'S DATE: _____

Section II. Administration Function



Wright Medical Center MISSION, VISION, VALUES, GUIDING PRINCIPLES

MISSION

Wright Medical Center is committed to providing an exceptional healthcare experience.

VISION

Wright Medical Center's vision is to challenge ourselves to consistently exceed expectations by providing the best healthcare based on a balanced pillar approach encompassing service, quality, finance, people, and growth. Through teamwork, increased profitability, targeted growth, and strong leadership, we will create a medical center that will be the new standard thus achieving the highest level of satisfaction for customers, providers, and employees.

VALUES

Wright Medical Center's core values of attitude, respect, communication, ownership, and accountability are defined by our Standards of Behavior.

- **Compassion:** We serve individuals of all ages with care and respect to maintain dignity and enhance quality of life.
- **Integrity:** We are honest and ethical in all that we do and say.
- **People:** We value each individual and strive to meet their needs.
- **Alliance:** We work with individual organizations and communities to build beneficial healthcare partnerships.
- **Quality:** We work to achieve excellence across all areas of our organization.

GUIDING PRINCIPLES

Customer Service

- Customers, internal and external, receive benefit from our efforts.
- We provide clean, safe, comfortable and attractive areas that are functional and efficient for all customers.
- We provide a professional work environment that is fun, friendly and promotes pride in the workplace.
- We are the healthcare employer of choice.
- Each customer is highly satisfied with our service. Customer needs and expectations are exceeded.
- Our employee recruitment is successful and retention rates are high.

Financial Health

- We are a leading and respected not-for-profit healthcare provider within the region and throughout the state.
- All excess revenues are reinvested in our employees, equipment, facilities, and the development of new services.
- We continually seek to improve efficiencies, providing resources for present needs and future growth.
- Employees explore and research opportunities for new services and revenue growth.
- We provide our employees security, compassion and professional growth in exchange for time, talent, and commitment.
- All members of our healthcare team contribute to and understand the financial needs and requirements of WMC.
- Resources are used appropriately and assets are treated with respect.

Section II. Administration Function



Wright Medical Center Volunteer Confidentiality Agreement

Each of us working at WMC has been entrusted with something extremely important—protecting the private lives of each of the patients/employees, and the personal nature of each patient employee's health and financial matters. WMC holds this personal trust in the highest regard. This trust applies to our time on- and off-duty, as well as on-duty, and to each and every board member, employee, volunteer and student.

Board Members, employees, volunteers, and students are not to engage in discussion of patients'/employees' health care information even if the information is obtained from a source outside the workplace. Essential discussion of pertinent information will be handled with discretion and not within hearing distance of patients or other unauthorized personnel.

Only authorized personnel shall have access to the contents of the patient/employee's health/financial records, and then only when review of the record is essential to accomplish their designated responsibilities.

Each board member, employee, volunteer, student, or other persons completing tasks on behalf of WMC, is required to read the confidentiality Policy, and sign the Confidentiality Agreement stating that he/she understand and agrees to abide by the WMC Confidentiality Policy. Violation of this policy may result in disciplinary action up to and including termination.

NAME _____ DATE _____

What you see and hear Here ~ Must stay Here ~ When you leave Here

Section II. Administration Function

SUBJECT: Volunteer Health Policy	REFERENCE C-0278
	PAGE: 1 OF: 3
DEPARTMENT: WRIGHT MEDICAL CENTER	EFFECTIVE:
SOURCE: Employee Health Department	REVISED:

PURPOSE:

Measures for assessing and identifying volunteers at risk for infections and communicable diseases. Measures for screening and evaluation of all volunteers for communicable diseases: and volunteers exposed to patients with non-treated communicable diseases

POLICY: All WMC Volunteers will have a health assessment completed on hire and every four years that will include blood pressure, pulse, respirations and TB testing to be done by the employee health nurse at the expense of WMC. Influenza vaccine will be available to all volunteers annually in the fall.

All volunteers will have Education regarding infections and communicable diseases, use and techniques for standard precautions.

Infection Control is the responsibility of everyone working in a hospital. All staff, including volunteers, needs to be concerned with the control of infections.

Policy and Procedure: To protect patients as well as volunteers from acquiring infection, there are certain practices that need to be followed when providing volunteer services. The following are meant to serve as guidelines for management of volunteer illnesses that could occur and recommendations to prevent transmission of infections between volunteers and patients. Volunteers need to stay home when they are ill with the following symptoms or communicable diseases.

- **Fever-** Volunteers should stay home if they develop a fever and should be without a fever for 24 hours before returning.
- **Streptococcal Pharyngitis (Strep Throat)**
- **Conjunctivitis-** red watery eyes or purulent drainage from their eyes must be evaluated by a physician for evidence of infection
- **Bacterial Skin Infection,** including impetigo, cutaneous abscesses and cellulitis related to contaminated wounds
- **Acute diarrhea**
- **Nausea and vomiting**
- **Acute Upper Respiratory Infection/Influenza**
- **Herpes Virus Infection/Herpes Simplex (cold sore)** - volunteers may come if the lesions are on the body or trunk and can be kept covered. Cold sores on the face must be crusted before the volunteer can return
- **Varicella/Zoster virus (Shingles)** - If lesions are on the body or trunk and can be covered, the volunteer may work but must avoid contact with infants and immunocompromised patients.

Section II. Administration Function

SUBJECT: Volunteer Health Policy	REFERENCE C-0278
	PAGE: 2 OF: 3
DEPARTMENT: WRIGHT MEDICAL CENTER	EFFECTIVE:
SOURCE: Employee Health Department	REVISED:

Volunteers who are sick with an infection or communicable disease should:

- Notify the Infection Control/Employee Health Nurse or Volunteer Coordinator. We are required to keep records of employee and volunteer illnesses and communicable diseases. This is required in order to track trends or outbreaks as infection.

In order for an infection to occur, there needs to be:

- A disease causing organism
- A place for the organism to grow
- A route of transmission
- A susceptible host

Hand washing is the single most effective way to prevent the spread of infection

It is a safety practice that protects patients, personnel, families and visitors from infection. The three components for hand washing are soap, water and friction.

Vigorous mechanical friction is an important aspect. The procedure should take 15-30 seconds (the length of time it takes to sing the "Happy Birthday" song)

- Wet hands with warm, running water
- Apply soap and lather well
- Use vigorous friction by rubbing hands together; pay special attention to between fingers, around fingernails and the backs of the hands
- Rinse hands thoroughly with water and leave the water running
- Dry hands with a paper towel
- Turn water off with a paper towel

Alcohol gel sanitizer may be used in place of soap and water to clean hands. Alcohol gel dispensers are located inside each patient room, and in various departments of the hospital.

Alcohol gel is used by:

- Placing a dime sized amount of gel in the palm of your hand
- Rub hands together, paying special attention to between fingers and around fingernails until dry (usually 10-15 Seconds)

When should you wash or sanitize your hands?

- At the beginning of your shift
- After using the rest room (use soap and water only)
- After blowing or wiping your nose
- After assisting patients to another area of the hospital, if you touch the patient or push them in a wheelchair.
- Before you go home

Section II. Administration Function

SUBJECT: Volunteer Health Policy	REFERENCE C-0278
DEPARTMENT: WRIGHT MEDICAL CENTER	PAGE: 3 OF: 3
SOURCE: Employee Health Department	EFFECTIVE:
	REVISED:

Volunteers should complete the "Volunteer Immunization and Disease Status and Agreement to remain home when ill with infection or communicable disease" and return to the Infection Control/Employee Health office. These will be reviewed and filed by the Infection control/Employee Health Nurse.

Infection control is everyone's responsibility. Volunteers are an important part of the WMC team. Please help control the spread of infection by:

- Practicing good personal hygiene
- Coming to work only when well and free of infection
- Performing hnd hygiene with soap and water or alcohol based hand sanitizers frequently while performing duties

EXAMPLE

Section II. Administration Function



Wright Medical Center Volunteer Standards of Behavior

The goal of WMC is to choose volunteers who exemplify an excellent standard of behavior. A set of performance standards have been developed by the volunteers at WMC to establish specific behaviors that all volunteers are expected to practice while serving WMC.

APPEARANCE

I am WMC I will strive to create a positive environment through my personal appearance and the appearance of the organization for which I volunteer.

Personal Appearance

Dress in a professional manner, wearing clothing that is neat, clean, and fits appropriately.

Practice good professional hygiene

Wear identification badge at all times

Facility Appearance

Pick up and dispose of litter properly

Keep work areas clean and free of clutter

ATTITUDE

I am WMC I am here to serve our guests with the utmost care and courtesy.

Acknowledge guests--Immediately greet people in the hallways, lobby, and gift shop in a friendly manner, with a warm attitude, and smile.

COMMUNICATION

I am WMC I listen attentively to guests and co-workers in order to fully understand their needs. Similarly, messages are delivered with courtesy, clarity and care.

Acknowledge guests, smile and maintain eye contact, escort a patient, visitor, or family member to their destination when they appear to need directions

RESPECT

I am WMC I recognize we treat our patients, guests, and co-workers with the utmost respect, dignity, courtesy, and confidentiality.

Treat Guests (patients, family member, and visitors) as I would want my family to be treated

Display kindness and offer help

Listen thoughtfully, empathetically, and respond appropriately

Respect guests' values, privacy, environment and confidentiality

Be punctual in meeting customer's requests and needs

Recognize and respect differing cultures, viewpoints and beliefs

Knock before entering a patient's room

OWNERSHIP/ACCOUNTABILITY

I am WMC I take pride in acting as an owner, accepting accountability for that ownership.

Report all safety hazards, accident/incidents immediately

Contribute to the safety and security of the working environment

Treat WMC property with care and respect

Represent WMC positively in the gift shop

Represent WMC positively in the community--Criticizing, condemning and complaining about WMC in public are not consistent with Standards of Behavior.

I have read and understand the WMC Standards of Behavior and I agree to comply with and practice the standards outlined.

Name _____

Date _____

Section II. Administration Function

EXAMPLE

Customer Service and Helpfulness

SOLUTION SHORT: Helpfulness

An important aspect of being helpful is the sharing of information. The customer explains his or her situation, concerns, and needs followed by the staff communicating what is going to happen from this point forward to help resolve the situation, assuage concerns, and meet the customer's needs. This initial person will explain exactly what is going to happen, who will do what, and when it will occur. The customer will evaluate the helpfulness of this person based upon whether these things happen as promised (e.g. truthfulness), whether they felt they were listened to and understood, and whether they feel treated fairly. Consider the customer who says: "I felt abandoned. I told the person at the desk my situation, and they treated me like a number and just moved on to the next person."

Improvement Tips:

- Offer the same service and welcoming spirit that customers receive when checking into a hotel. Valet parking, concierge, escort, professional and courteous staff who attend to the customer's needs.
- Be aware of facial expressions and nonverbal language. They convey easily perceptible emotions.
- Does the person helping ask if the customer has any questions or concerns prior to leaving him or her?
- Does the person ask if there is anything the customer needs right now in order to be more comfortable while they wait?
- Does the person remain available while the customer waits for the next step to occur? "I'm going to have you wait right over there until we have an exam room ready. But if you have any questions or concerns while you are waiting, I will be right over here. Just ask me, my name is Mary."
- Use every possible mode of communication to inform the patient/resident and family about how the department/unit functions, what they can expect, and what resources are available to them. Use brochures, booklets, posters, information videos, and trained volunteers with a scripted description.
- Offer the customer a blanket, pillow, or some other comfort-maker. If medically appropriate, offer a refreshment, water and/or snack.
- Volunteers specifically trained in customer service can round on patients in the waiting room and serve as "patient liaisons" - running small errands, meeting comfort needs, explaining department routines (e.g. why delays, why patients who came in later may be seen first, etc.). Some Emergency Departments have made these the function of full-time positions.

Section II. Administration Function

EXAMPLE

ALWAYS BEHAVIORS

Standard of Behavior	Top 10 "Always" Behaviors	What does "Always" Look Like?
Appearance	Always wear unobstructed nametag, above the waist.	Nametag does not have stickers, pins or anything that obstructs name. Nametag cannot hang anywhere below the waist.
Communication	Always introduce yourself giving name and role.	"Hello-my name is Annette and I am Director of Volunteer Services" or "Good morning - my name is Russ and I'm a volunteer escort."
Respect	Always knock before entering a room.	Knock on door & pause for 3-4 seconds before entering. This allows you time to present & the patient or family to respond to knock
Ownership/ Accountability	Always ask "Is there anything else I can do for you?"	Any time you have interacted with someone, ask "Is there anything else I can do for you?"
Communication	Always answer the phone by saying, "Thank you for calling (department/unit name). This is (State your first name)."	Every department should answer the phone as soon as possible using the stated script.
Respect, Attitude	Always thank customers for waiting & apologize for delays.	Every department should answer the phone as soon as possible using the stated script.
Respect, Communication Attitude	Always make eye contact & acknowledge anyone within 10 feet.	Look up & look everyone in the eye. A simple greeting of hello, good morning, good afternoon when you encounter others in the hallway, outside, or in your department. A smile goes a long way.
Attitude	Always be courteous, positive & optimistic with patients, customers & associates.	Smiling, eye contact, helpful.
Ownership/ Accountability	Always own the problem or hand off to someone who can accept it.	If you see it or hear it...you have to take care of it. You might not be the right person to even know where to start, but you must find someone to assist the customer.

Section II. Administration Function

NEVER BEHAVIORS

EXAMPLE

Standard of Behavior	"Never" Behaviors	What does "Never" Look Like?
Respect	Never carry on a conversation in the patient's presence that does not include him or her.	"He/she (referring to the patient) is not drinking enough."
Ownership/ Accountability	Never place blame on another department or individual. Do not display or use a "victim" mentality.	"I'm waiting on pharmacy to send your meds. They always take a long time" or "it's not my job."
Attitude	Never label or talk about the patient, family, physician or associate in a negative way.	"I don't know why she did that" or "X-ray is always behind."
Ownership/ Accountability	Never say "we are too busy or short-staffed."	"We are so short-staffed today. That's why your meds are late."

Section II. Administration Function

Greater Regional Medical Center Informational Guide Volunteer Responsibilities & Guidelines Confidentiality & Customer Service

Confidentiality:

Please remember that, even when the patients presenting to our facility are close friends, we need to refrain from asking about their conditions when acting in an official capacity. If you feel you would be remiss in not showing concern, please visit with the acquaintance AWAY from the Info Guide desk. We do not want other visitors or staff to get the impression that our Info Guides talk to patients about their health care status. Also, NEVER discuss patients or visitors that you have seen at the Medical Center outside the facility. No one else should know who you happened to see or hear about during your volunteer shift. (HIPPA violation)

Customer Service Suggestions

Ask customers open-ended questions like, "How can I best serve you?" rather than questions that lead to simple yes or no answers. You'll not only get a better perspective on the customer's specific needs, but you'll also encourage the two-way communication that's so critical to solid relationships.

~Eric Harvey

Add that extra step to your customer service skills: When you escort patients to specific departments, please either introduce them or connect them with check-in staff at that department or remind the patient to check in at the desk in each department when they arrive. We have had occasions when patients were escorted to a waiting area and left there; the patient sat in the waiting room thinking someone would come check on them. The patient needs to contact staff as soon as they arrive in any department so they are not overlooked. Thanks for the extra effort you provide!

Suggested Responses:

1. **Patient/Visitor states:** "It is so difficult to find your way around this place now," or, "It's so far to walk to get everywhere now."

Volunteer Response: "It's been challenging to get accustomed to the changes, but aren't fortunate to have the services we need right here in Creston?" or, "Would it be helpful for you to use a wheelchair while you are moving around the facility?"

Dealing with Complainers:

2. What do you say to individual who make negative comments? How do you deal with those who complain about things?
 - It's easy to become soured by negative behavior of others, but if we can somehow rise about those moments, our positive behavior will get us—and others—through the experience. Here are some techniques for dealing with negative individuals:
 - a. **Stay focused on the purpose of our involvement and mission.** What are you attempting to accomplish? Focusing on the results may diminish any negative comments or behavior.
 - b. **Rely on a healthy sense of humor.** Interjecting humor appropriately can lessen an individual's negative attitude while helping to avoid affirming such behavior.
 - c. **Talk it out with someone you can trust.** Simply talking about a negative experience can help overcome it. Don't keep it bottled up if it's bothering you. Get it out. (Just make sure to discuss it with the APPROPRIATE individual without compromising confidentiality.)
 - d. **Don't dwell on negative experiences.** Put them behind you and move ahead.
 - e. **Switch your focus to positive occurrences.** Rather than reliving the complaint or experience over and over again, consciously refocus your thoughts to accomplishments or exciting plans or other positive thoughts.

Section II. Administration Function

Greater Regional Medical Center

EXAMPLE

Key words used at key times with our patients, visitors and staff can improve their perceptions of our facility and services, and result in improved customer satisfaction. Consider:

What do our patients/visitors want to know?

What do you need for our patients/visitors to know?

How can we help patients/family feel more comfortable with our care/procedures?

Are we communicating clear messages to everyone, every time?

Outpatient:

“Please allow me to take you to your destination.”

“I am closing the door for your privacy.”

“I know having to schedule medical appointments can be inconvenient. How can we assist you in making your visit here as easy as possible?”

Inpatient:

“Hello, my name is _____. Please let me know the moment I can do something for you or do something better. My goal is to exceed your expectations and provide you with very good care.”

“I want to keep you informed”

“I am shutting the door for your privacy”

“The doctor wants to see how you are doing. I need to draw some blood now so that the results will be available for him/her when he/she will be looking in on you.”

Emergency:

“We are very committed to managing your pain.”

“We’ve got more pain medicine here than you have pain.”

“I know that when you come into the ER (bring a loved one to ER), you can be worried. Do you have any questions or concerns now that I can help you with?”

ASU (Ambulatory Surgery):

“We are concerned for your privacy. May we take you to a private area to discuss the results of the procedure today?”

“I know that when you are having a surgical procedure, you can be worried. Do you have any questions or concerns now that I can help you with?”


“I know families can be anxious while waiting for a loved one’s procedure to be done. Is there anything I can do to make your wait more comfortable?”

“I am giving you a warm blanket for your comfort.”

“Hello, my name is _____. My goal is to exceed your expectations and provide you with very good care while you are here. Please let me know the moment we can do something for you or make you more comfortable.”

Section II. Administration Function

Patient Confidentiality and HIPAA




Hear Nothing,
See Nothing, Say Nothing!

"No, it's not a female Hippopotamus, anyone who knows!"

Wave Sound

HIPAA

- Health Insurance Portability and Accountability Act of 1996.
- It's a federal rule covering the health-care and health insurance industries.



"I haven't heard of HIPAA, but I can hip hop."

Wave Sound

Section II. Administration Function

Why was HIPAA created?

- It was created to:
 - Protect the privacy of patient health care and personal information.
 - Assure privacy in the age of electronic records and other public health systems.
 - Insure accurate and complete medical history information without fear of discrimination or embarrassment.
 - Protect the patient/provider relationship by insuring confidentiality.



HIPAA Improving Health-Care

- To help improve health-care, HIPAA includes measures for:
 - Standardizing policy for health information privacy across healthcare facilities.
 - Providing guidelines for identifying and monitoring information breaches in electronic record environments.
 - Requiring on-going education and documenta-tion to insure information confidentiality.
 - Requiring EHR systems to meet certain qualifications that support data protection.



Section II. Administration Function

EXAMPLE

Patient Confidentiality

- It's keeping information about patient's health care **PRIVATE**.
- **EVERY** patient has a right to privacy and confidentiality.
- Protecting it is **EVERYONE'S** job!
 - Including medical staff **AND** support staff
 - This also includes our business associates who support us through such things as consulting, software, billing, and auditing.



Confidential Information

- It includes a wide variety of information (written/electronic/verbal/etc.) about a patient's health care.
- It may include, but is not limited to
 - Details about illnesses, conditions, or personal information.
 - Information about treatments.
 - Photographs or videos of a patient.
 - A healthcare provider's notes about a patient
 - Conversations between a patient and a provider.
- Disregard for handling of patient information may seem harmless to you, but for the patient, it is a breach of confidentiality expected in the hospital .



Section II. Administration Function

Who is authorized to see confidential information?

- Employees who need it for:
 - the patient's care.
 - quality assessment.
 - billing.
 - maintaining and distributing records.
- The patient
- Courts and law enforcement officials
 - With court order.
 - During mandatory reporting (gunshot wounds, suspected cases of abuse).



Who is authorized to see confidential information?

- Insurance providers
 - If patient releases information to insurance for payment.
 - If patient does not want insurance coverage, an insurer has no right to information.



Section II. Administration Function

Protecting Confidentiality

- Don't talk about patients in public, either in public areas of the hospital or out in public.
 - Discuss in private with only authorized people.
- Use care with phones and fax machines.
 - Confirm the other party's "need to know."
 - Double check all numbers before sending.
 - Use cover sheets for faxes, warning about misuse of confidential information.



Protecting Confidentiality

- Don't put your co-workers in an uncomfortable situation.
 - If you know you shouldn't ask, then DON'T ASK!
- Ignore gossip and rumors about patients' health care.
 - Pretend you don't know anything.
 - Do not participate in the conversation.
 - When asked by others, remind them of your obligation to protect privacy as an employee of a healthcare facility.



Section II. Administration Function

EXAMPLE

Repercussions

- If we fail to follow the HIPAA Privacy Rule, we could:
 - Be fined for each breach, up to \$25,000.00 a year.
 - See one of our staff be fined or go to prison.
 - Lose the public's trust.
 - Cause major impacts to the hospital in terms of additional compliance programs needed, additional training needed, changes to information systems and detection, and possible legal actions by patients.



Reporting Violations

- At WMC, we try to hold each other accountable.
- If you see a violation of the HIPAA Privacy Rule...
 - Remind the person involved of the importance of protecting patient information.
 - Report the violation to your leader.



Section II. Administration Function

EXAMPLE: Wheelchair Test

WHEELCHAIR COMPETENCY FOR VOLUNTEERS

VOLUNTEER: _____ DATE: _____

VOLUNTEER POSITION: _____

PERFORMANCE CRITERIA	YES	NO	COMMENTS
1. Determines proper size of wheelchair to use.			
2. Demonstrates proper sequence & safety: Correctly assists patient into chair, knowing proper assistance to use.			
★ Demonstrates how to adjust leg rests.			
★ Knows how to place foot plates in upright position.			
★ Demonstrates proper usage of wheel locks.			
★ Demonstrates going on & off an elevator.			
★ Is cognizant of patient comfort (arms resting inside, etc.)			
★ Ensures patient's feet are securely placed on footplates. Avoids jolting or jerking stops.			
3. Introduces himself or herself to the patient.			
4. Recognizes when repairs are needed and takes to maintenance and notifies staff.			
5. Returns wheelchairs to proper location.			
6. Maintain clean wheelchair - Let staff know when a wheelchair needs to be cleaned.			
7. Demonstrates proper body mechanics.			
8. Demonstrates ability to get help appropriately when needed.			
Evaluator: _____ Date: _____			

Section II. Administration Function

IV. REGULATIONS FOR CREATING VOLUNTEER POSITIONS

The following article outlines guidelines on volunteering in for-profit and non-profit organizations.

When it comes to “volunteer” workers, no good deed goes unpunished

- **Foley & Lardner LLP, Larry Perlman**
- January 5 2015

It is that fun time for New Year’s resolutions. Right up there with promises to go to the gym and to try to get along with one’s in-laws, many will make plans to do more volunteer work in 2015. From an employer’s point of view, a worker who willingly agrees to give his or her time and effort to the company without expectation of pay may seem like the perfect belated holiday gift. However, as we have previously discussed, in the context of [student interns](#) and [independent contractors](#), if an individual is a bona fide employee, he or she **cannot** waive the right to receive minimum wage under federal and state law. Accordingly, employers must carefully examine all the relevant circumstances (which will differ based on whether the employer is a for-profit or nonprofit entity) in considering an employee’s offer to volunteer.

For-Profit Companies – Employee Volunteering Is Prohibited

The U.S. Department of Labor (DOL) is clear on this issue — non-exempt employees may not volunteer services when the benefit of those services goes to for-profit, private sector employers. There are no exceptions, and such companies must refuse any non-exempt employee offer to spend some extra time working for the company without pay.

That said, there may be circumstances where the employer makes a New Year’s resolution of its own and decides to sponsor or participate in some sort of community or volunteer event, like helping out at a homeless shelter for a day or participating in a charity bike ride. Under such circumstances, employees may participate as long as:

- A. The event is unrelated to the company’s usual business and participation does not bring direct economic benefit to the company
- B. The event takes place outside of the employee’s regular working hours
- C. Participation is truly voluntary, meaning that employees who do participate should not be treated any more favorably than those who choose not to participate
- D. The company does not employ workers who are regularly paid for participating in the subject charity event, while permitting other employees to volunteer

Section II. Administration Function

Nonprofit Organizations — The Situation Is Much More Complicated

Unlike for-profit companies — which can never have volunteers to do the company's work for nonprofits, there is an exception for volunteers. This exception to the wage laws applies where the individual undertakes the activity for his or her own "personal, civic, charitable, humanitarian, religious, or public service reasons." To this end, the DOL has instructed that activities constituting "ordinary volunteerism" are not compensable. When determining whether an activity is "ordinary volunteerism," the DOL and courts consider the following factors, in addition to ensuring that the work is truly voluntary:

(A) Nature of the entity receiving the services — is the volunteer directly involved in commerce?

For example, if an individual volunteers in a part of a nonprofit which sells goods or services to the public — for example, working in a restaurant operated by a nonprofit — the DOL may not recognize them as volunteers for Fair Labor Standards Act (FLSA) purposes. On the other hand, if the individual is involved in non-sales duties, such as assisting the elderly, tutoring children, or planting at a community garden, it is more likely they will be deemed a true volunteer, rather than an employee.

(B) Nature of compensation of any sort (such as money, room and board, perks, etc.) — do you ever pay this person?

Volunteers should be true volunteers. Giving significant gifts or a monetary stipend less than minimum wage to a volunteer makes it more likely that the individual will be deemed an employee. Likewise, if a person already is a paid employee of a nonprofit, that individual can never offer the same or similar services, or services related to those for which she is paid. Likewise, an employee of a nonprofit must always be paid for volunteer work during their regular working hours or at the employer's request or direction.

(C) Are others being paid as employees for the same type of work?

This factor focuses on whether the volunteer is displacing a bona fide employee. If the services performed by the volunteer are the same or similar to those performed by paid workers, it is likely that your "volunteer" will be deemed an employee as well and entitled to minimum wage.

D) How much control does the company exert over the volunteers?

While any organization may have rules related to provision of services, the more restrictions placed on what volunteers may do and how they may do it, the more likely they may be considered an employee. On a similar note, an individual who volunteers on a part-time basis and chooses their hours freely is more likely to be deemed a true volunteer than one who is scheduled for forty hours a week and needs to go through a formal approval process before varying from that schedule.

None of these factors is a "sure thing" in determining whether someone is a true volunteer and, ultimately, whether an individual must be paid as an employee depends on the particular circumstances. In all circumstances, however, employers should tread cautiously when dealing with an individual who volunteers to do work for free.

Section II. Administration Function

V. POSITION DESCRIPTIONS

A position description is an attempt to delineate the duties, responsibilities, areas of service and procedures of a particular position. The development of a position description for each auxiliary position and each volunteer position is essential for effective management of an auxiliary and a volunteer department. A paid director of volunteer services in an institution may develop position descriptions for each individual volunteer service. If there is no paid director of volunteer services, the auxiliary becomes responsible for writing a position description for each volunteer position.

A position description is beneficial to each volunteer because it outlines specific duties and responsibilities of the volunteer position, details the required qualifications for doing the position, and gives the necessary time commitment. This adds to the satisfaction and security of the volunteer who then knows what they are doing what is asked of them and that they are not overstepping professional lines. Position descriptions also serve as a tool for the director or chairman of volunteer services in placing the right volunteer in the right position.

A position description should be developed specifically for a particular position in a particular institution. The following steps may be followed:

1. The person who directs the volunteer program and the department head should make a complete analysis of the job to be done.
2. The position should be identified with a position title, the location of the department, and the number of volunteers needed to do the job.
3. Performance requirements or skills necessary to do the position should be listed.
4. A complete, concise, thorough identification of each step of the position should be enumerated.
5. Results expected from the volunteer performance should be determined and listed.
6. Observe the pilot volunteers at work and check the analysis against your observations.
7. Review the data obtained with the department head and get their written approval.

Some examples of position descriptions follow. These do not follow the same format since they are from different auxiliaries; however, they may be beneficial as you progress with writing position descriptions.

Section II. Administration Function

XYZ Hospital Auxiliary POSITION DESCRIPTION

MEMBERSHIP RELATIONS COMMITTEE

- A. The Second Vice President may be the Membership Chairman or a separate chairperson may be selected.
- B. Skills
1. Must have ability to organize the committee.
 2. Must have ability to work with people in a harmonious manner.
 3. Must be able to delegate authority to committee members.
 4. Must be able to conduct a committee meeting in a business-like manner.
 5. Must be able to help members of the committee be more effective.
 6. Must be able to help the committee develop and implement its program.
 7. Must be able to provide ongoing reports to the board.
- C. Tasks
1. Recruit a vice chairman and have that person approved by the Board of Directors.
 2. See that each subcommittee has a vice chairman and that they are approved by the Board of Directors (volunteer, orientation, and hours).
 3. Meet with the committee once a month prior to the meeting of the Board of Directors. The committee includes:
 - (a) the vice chairman
 - (b) the volunteer chairman and vice chairman
 - (c) the orientation chairman and vice chairman
 - (d) the hours chairman and vice chairman

Section II. Administration Function

This committee is responsible for the following:

- Interviewing each new member to determine their talents, interests, and experience.
 - Making arrangements for orientation and assignment.
 - Making arrangements for new members to be properly trained for the service they have been assigned by notifying the In-service Chairman, who will give new members a position description and on-the-job training.
 - Reassessing the memberships' talents, interests, needs, etc. periodically by preparing and executing an appropriate questionnaire for each member to complete.
 - Keeping the individual information card on each member up to date.
 - Arranging for educational meetings, workshops, and reorientation for the general membership of the auxiliary.
 - Making certain all new members are escorted to the general membership meetings.
4. Attend the board of directors meeting each month and report on the activities of the membership relations committee.
- D. (List physical descriptions in compliance with the American Disabilities Act (ADA) regulations. Seek information from your Human Relations department.)
- E. Results expected:
1. Development of new leaders from the membership relations committee.
 2. Helping new members become dedicated volunteers.
 3. Retention of all members through continuing educational opportunities.

Section II. Administration Function

POSITION DESCRIPTION

SURGERY WAITING ROOM VOLUNTEER

Position Title: Surgery Waiting Room Volunteer

Agency: Department of Surgery

Supervisor: Ms. I. M. Well

Volunteer Coordinator: Mrs. I. Serve

Program: Public Relations - Volunteer In-service Program

Date: September 1, 2002

A. GENERAL DESCRIPTION

The volunteer will work under the direction of the volunteer coordinator to help alleviate the anxiety of the families of patients who are in the operating and recovery rooms by being a communication line between the hospital staff and the patient's family.

B. SKILLS

1. Can communicate effectively.
2. Has an awareness of the special needs of the waiting families at this particular time of stress.
3. Is sincere and kind and has a general desire to be of service.
4. Adhere and comply with confidentiality issues.

C. TASKS

1. Can work at an assigned time Monday through Friday from 8:00 a.m. to noon or until the Recovery Room nurses feel the volunteer is no longer needed.
2. Obtain key and surgery schedule from surgery area.
3. Make coffee following the instructions in the right hand drawer of the hostess desk. Always return instructions to drawer before locking desk.
 - a. Supplies are requisitioned from the dietary department.
 - b. Requisition forms may be found in the desk. If supplies are needed, the requisition should be completed and delivered to the dietary department before noon of that day.
4. Greet persons coming into the waiting room and serve them coffee or tea.

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5. Write the visitor's name and name of the patient on the registry form.
6. Be informed of where the visitor is going should they decide to leave the room.
7. When recovery room nurse calls to report patient is out of surgery:
 - a. Jot down "time" on form.
 - b. Inform relatives.
 - c. Phone floor nurse and inform her that patient is in recovery.
8. If patient's family becomes anxious about the length of time the patient is in recovery, you may inquire for a progress report from the head of the department.
9. When duties are completed, destroy the surgery schedule, return supplies and phone to the desk, return the key to surgery, and clean up coffee equipment.
10. When you cannot volunteer on your assigned day, please get your own substitute.
11. Record all working hours.

D. RESULTS EXPECTED

Through caring for the needs of the patient's family, the image of the hospital and the auxiliary will continue to improve.

E. SURGERY WAITING ROOM FIRE PROCEDURES

1. **R** Rescue persons in danger. Evacuate the area by sending people to the area of physical therapy and then have them take the stairs to first floor.

If unable to use hallway by CRVU and the holding area, escort SWR visitors into the surgery area. A surgery staff person from surgery area will escort visitors out of area.

2. **A** Activate alarm. Go to the nearest pull box and activate alarm by pulling inner lever down. Know where the nearest pull box is located. Go to nearest phone and dial (*insert hospital emergency phone number*) Identify yourself and report area of fire.
3. **C** Contain fire. Close all doors in the area. Close double doors to hallway if they have not already been closed automatically.
4. **E** Extinguish fire if possible. Know where to find the nearest fire extinguisher.

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Surgery Waiting Room volunteers should know the location of stairwells. Elevators are pulled down to the first floor and locked during a fire code. Please take it upon yourself to assist in directing guests to the stairwells.

F. INFECTION CONTROL

WASH HANDS:

- ◆ Before beginning work.
- ◆ Anytime you have direct patient contact, contact with patient's bedding, clothing, etc.
- ◆ When repeatedly using hospital equipment such as wheelchairs.
- ◆ Before and after a break taken during a shift.
- ◆ At the end of work shift.
- ◆ After using the restrooms.

Wash smock after each working shift. You do not want hospital germs contaminating your closets.

Blood/urine specimens- Wear a latex glove when delivering specimens to the lab. Dispose of gloves once specimen has been delivered-do not use a glove more than once. Gloves are available in the drawer of volunteer desk.

UNIVERSAL PRECAUTIONS

At no time is a volunteer to attempt to clean up any blood or body fluid spills (urine, blood, vomit, mucous, etc.) Call Environmental Services (7208 or 7284) and request an employee be sent to your area to clean up the spill.

Do not attempt to help a person who has visible blood on them. You should ask a staff person to attend to the individual.

SAFETY POLICIES

Blue Standby- possibility exists for severe thunderstorms or tornado watch

1. Close window shades and curtains.
2. Reassure patients and visitors that these are precautionary measures.
3. "Secure for Blue Standby" announcement indicates weather watch is over.

Blue Alert- tornado or severe thunderstorm warning has been issued.

1. Close window shades and curtains. Close doors to patient rooms and hallways.
2. All personnel and patient should move to the hallways away from the windows.
3. "Secure from Blue Alert" announcement indicates warning is over.

Code 4

1. Dial 7 9 1 1. Report your location and request the Code 4 team STAT.

Section II. Administration Function

Bomb Threat-Yellow Alert

1. Stay at your service station.
2. Close all doors, including fire doors.
3. Listen for further instructions.

CONFIDENTIALITY (HIPPA)

As a volunteer, you may, in the course of your volunteer service, have access to highly sensitive patient, personnel or financial information which must at all time be held in the strictest confidence.

Our patient must feel confident that information regarding their treatment will be handled professionally. Your association with the patient and the knowledge you gain regarding the patient must not be discussed indiscriminately with other employees, volunteers or with the public. You must assess and determine whether the person with whom you are interacting has a professional “need to know.”

You may also have the opportunity to view confidential information that pertains to patients or health center business. You should refrain from reading this information unless you have a professional “need to know.” If you have questions regarding the communication or viewing of what you believe is confidential information please talk to the volunteer director or staff supervisor.

Any breach in patient confidentiality may be considered grounds for disciplinary action including dismissal from the volunteer program.

INCIDENT REPORTING

Volunteers need to report the following incidents to the Volunteer Director, Volunteer Coordinator, Gift Shop Manager or nearest staff person:

- ◆ Falling or fainting of patients being delivered to a room or escorted to a hospital department.
- ◆ Falling or fainting of visitors anywhere on hospital campus.
- ◆ Complaints or concerns from visitors or patients
- ◆ Threats of any kind on anyone.
- ◆ Inappropriate employee or volunteer behavior.
- ◆ Personal injuries incurred while volunteering.
- ◆ Problems with equipment.

It is important to immediately report all injuries to the above-mentioned staff members. No matter how minor the injury, it must be reported. The injured person may need to be seen and treated in the Emergency Center and a written incident report must be filed.

NOTE: It is each volunteer’s responsibility to find a replacement when unable to work as scheduled (whether caused by illness, weather, or other). The chairperson is available to assist you, but is not expected to fill in or to find the replacement unless an emergency prevents you from doing so. Our patients, visitors, physicians and other volunteers depend on you. Thank you.

Section II. Administration Function

POSITION DESCRIPTION

AUXILIARY PRESIDENT

The key to successful auxiliary involvement in the hospital is an understanding by the auxiliary of the goals and objectives of the Board of Trustees. Furtherance of this understanding through open communication will ensure the auxiliary's support in helping to carry out the hospital goals.

QUALIFICATIONS

To provide for efficient management and to carry out the duties of the office, the president should:

1. Have a broad knowledge of the hospital, the community which it serves, the auxiliary and its purpose.
2. Have been an active member of the hospital auxiliary for at least five years and have served at least two years on the auxiliary board of directors.
3. Have demonstrated leadership skills through:
 - (a) participation in leadership workshop.
 - (b) service in an executive position.
 - (c) service as chairman of an organization or a drive.
 - (d) service as chairman of an active committee of the auxiliary.
4. Be capable of and willing to execute the duties detailed in this position description.

RESPONSIBILITIES

The president should draft goals and objectives for the auxiliary and present them to the board for disposition.

The auxiliary president has the following responsibilities:

A. Management

1. To uphold the bylaws by carrying out the duties of the president as outlined. ROBERTS RULES OF ORDER, Newly Revised, is recommended as a reference.
2. To be the liaison for the auxiliary to the chief executive officer, to all hospital departments, to the medical staff and to the board of trustees.
3. To provide for the orientation of committee chairman to their appointed tasks, and to support and evaluate their endeavors.
4. To provide for regular auxiliary performance evaluations.
5. To relay information regarding all meetings sponsored by the state hospital association.

Section II. Administration Function

6. To see that adequate space for meetings, storage of supplies, records and memorabilia is available at the hospital.
7. To provide for a review of the bylaws every two years.
8. To work with the director or chairman of volunteers to see that all hospital volunteer services are appropriately manned by competent volunteers at all times.
9. To provide an annual report of auxiliary activities for distribution to auxiliary membership, administration, board of trustees and the community.

B. Education

1. To attend appropriate meetings sponsored by the hospital association and other hospital and community organizations.
2. To be responsible for future leadership of the auxiliary through the continuing education of its membership.
3. To provide briefings by hospital department heads, medical and professional staff to the auxiliary board and to the membership with the approval of the chief executive officer.

C. Finance

1. To be aware that the president is ultimately responsible for the overall financial operation of the auxiliary subject to the approval of the board of trustees.
2. To keep an accurate record of all personal expenses incurred in performing the duties of the office of or auxiliary records, income tax or reimbursement purposes.

Section II. Administration Function

VI. LEGAL STATUS OF THE AUXILIARY

Overview

An auxiliary may be organized in one of the following ways:

1. As an integral part of its parent institution,
2. As an independent corporation, or
3. As an unincorporated association.

Each hospital board, administration, and auxiliary must decide on which type of organization the auxiliary should be. The auxiliary cannot be more than one type nor can it combine two choices. IT MUST CHOOSE ONLY ONE METHOD OF ORGANIZATION.

Past auxiliary surveys revealed that some Iowa Auxiliaries claimed to be an integral part of the hospital and, at the same time, they said they were an unincorporated association with a tax-exempt status and number. If you have your own tax-exempt number, you are a tax-exempt organization either an unincorporated association or a corporation. An auxiliary that is an integral part of a hospital is covered by that hospital's tax-exempt status.

Pros/Cons of the Different Types of Legal Statuses

Integral part of the parent organization: (preferable legal status)

- Pro The auxiliary and its members receive maximum benefits from the standpoint of tax liability and the availability of liability insurance coverage.
- Con The institution has ultimate control over the auxiliary's activities on behalf of the hospital.

Independent corporation: (less desirable)

- Pro The institution does not have direct authority over the auxiliary.
- Con It may create problems regarding the auxiliary's accountability to its institution.
- Con It destroys the sense of unified purpose that should exist in the auxiliary-institution relationship.

Unincorporated association: (least desirable)

- Con It may not be able to get liability insurance coverage.
- Con All auxiliary members could be considered legally responsible in case of a legal suit or legal problem.
- Con Revenue obtained from gift shops and other auxiliary activities may not be exempt from federal taxes.

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Legal Status: Integral Part

Guidelines for financial and tax information:

1. The auxiliary is covered in breadth and scope by the hospital bylaws.
2. The hospital governing board must pass a resolution authorizing the opening of bank accounts. This could restrict the types and number of accounts. The hospital's identification number will be required.
3. The tax-exempt status of the hospital covers the auxiliary. Donors should be advised that it is the hospital that has the tax-exempt status and checks should be made payable to the hospital auxiliary account. The IRS publishes a Cumulative Index, Publication #78, which lists the organizations that are bona fide tax-exempt organizations to which donors may make a contribution that is deductible to the donor. The hospital name will be listed--not the auxiliary's.
4. The hospital is responsible for filing the appropriate tax information returns and other returns that may be required by any agency.
5. Required licenses for the various activities are obtained by the hospital.
6. Insurance and bonding can be provided by the hospital.
7. All contracts are the responsibility of the hospital. The appropriate hospital representative signs the contracts.
8. For scholarships see IRS Publication 520. The recipient should be advised that the amount received has to be reported as income if the recipient is required, as a condition for receiving the scholarship, to agree to work for the granter. Another source of information regarding scholarships is IRS Publication 557, pages 22-23.
9. The hospital must approve the disposition of net earnings, i.e., net income from shops and fund-raising activities. (See Revenue Rulings 69-267, 69-268, and 69-269.) It is important to remember that the hospital has legal title to all the assets used by or generated by the auxiliary.
10. Should the governing body of the hospital request that funds be accumulated, like in a CD, the request should be in writing and state the purpose, the amount of funds, and the length of time for the accumulation. The CD should be in the hospital's name. Remember: All monies raised are legally the property of the hospital.
11. In all instances, the hospital's attorney, accountant and governing body should be consulted. The auxiliary is a part of the hospital's corporate structure and its governing body has the responsibility for the actions of the auxiliary.

* Note: all IRS forms and publications are available on the IRS website: www.irs.ustreas.gov

Section II. Administration Function

Legal Status: Separately Incorporated

Guidelines for financial and tax information:

1. In all instances, the hospital's attorney and accountant should be consulted. A meeting of the administrator, governing body, auxiliary, attorney and accountant should be held. The auxiliary that is separately incorporated is not only self-governing but autonomous and the hospital, as well as the auxiliary, should be protected.
2. The auxiliary must apply to the state for a charter as a nonprofit organization by submitting articles of incorporation and the necessary forms.
3. The auxiliary is responsible for filing Forms 1023 and 872-C to obtain a tax-exempt status from the IRS.
4. The auxiliary must obtain an identification number by filing form SS-4 with the IRS.
5. The auxiliary should review if they need to file Form 990 (tax information return) yearly.
6. The auxiliary is responsible for obtaining all required licenses and filing forms or returns as requested by any agency.
7. The auxiliary is responsible for providing insurance and bonding.
8. All monies raised for the hospital should be turned over to the hospital by the end of each fiscal year. Retaining funds in order to report large balances is considered a high risk.
9. Contributors may write a check payable to the auxiliary and take a deduction as a contribution provided the auxiliary has received its tax-exempt status (IRS publication #78).
10. The auxiliary must be governed by the IRS rules governing scholarships. See IRS Publication information regarding tax exempt organizations providing scholarships.
11. Whether or not funds raised by the auxiliary should be restricted or designated is a matter for the governing body of the hospital to decide. Due to the various laws governing reimbursement to hospitals, such as Medicare, Medicaid and rate-setting commissions, it is highly recommended that the auxiliary seek and follow the expert advice of the governing body of the hospital.
12. As stated in #1, in all instances, the hospital's attorney and accountant should be consulted. A meeting of the administrator, governing body, auxiliary, attorney and accountant should be held. The auxiliary that is separately incorporated is not only self-governing but autonomous and the hospital, as well as the auxiliary, should be protected.

NOTE

All IRS forms and publications are available on the IRS website:

www.irs.ustreas.gov

Section II. Administration Function

Legal Status: Unincorporated Institution

Guidelines for financial and tax information:

1. The auxiliary is responsible for filing Forms 1023 and 872-C to obtain a tax-exempt status from the IRS.
2. The auxiliary must obtain an identification number by filing Form SS-4 with the IRS.
3. The auxiliary must review to confirm they need to file a Form 990 yearly.
4. The auxiliary is responsible for obtaining all necessary licenses.
5. The auxiliary is responsible for providing insurance and bonding.
6. All monies raised should be turned over to the hospital by the end of each fiscal year. Retaining funds in order to report large balances is considered a high risk.
7. Contributors may write a check payable to the auxiliary and take a deduction as a contribution provided the auxiliary has received its tax-exempt status. All bona fide tax-exempt organizations are listed by the IRS cumulative Index Publication #78.
8. Whether or not funds raised by the auxiliary should be restricted or designated is a matter for the governing body of the hospital to decide. Due to the various laws governing reimbursement to hospitals, such as Medicare, Medicaid and rate setting commissions, it is highly recommended that the auxiliary seek and follow the expert advice of the governing body of the hospital.
9. The auxiliary must be governed by the IRS rules governing scholarships. See IRS Publication 520 and IRS Publication 557, pages 22-23 for information regarding tax exempt organizations providing scholarships.
10. In all instances, the auxiliary should consult with the hospital's attorney and accountant and work closely with the governing body of the hospital. The unincorporated association is the least desirable form of organizational structure as it does not provide protection for the members in case of lawsuits.

* Note: all IRS forms and publications are available on the IRS website: www.irs.ustreas.gov

VII. HOW TO BE DECLARED A NOT-FOR-PROFIT ORGANIZATION *For Tax Purposes and Mailing Rates*

- A. To apply for recognition by the IRS as a tax exempt organization under IRS Code § 501(c)(3), a qualified organization must do the following. Confirm:
 1. Obtain package 1023 and Form SS-4 from the IRS.
 2. Package 1023 and Form SS-4 may be obtained from the IRS in any of the following ways:
 - a. From the IRS website : www.irs.ustreas.gov

Section II. Administration Function

- b. Requested by phone: 1-800-829-3676
- 3. Complete the entire package 1023 and Form SS-4. For questions with the forms, call the IRS at 1-877-829-5500.
- 4. Be thorough and specific. It will save extra communication through the mail. Send samples of every category on the form, i.e., articles of organization, constitution and bylaws, scholarship program, financial aid programs, etc.
- 5. Return completed form to:
Internal Revenue Service
P.O. Box 12192
Covington, KY 41012-0192

The IRS will then determine if the auxiliary is eligible for tax-exempt status. If qualified, an employer identification number will be given to use in accepting donations, contributions, gifts of annuities, bequeaths, memorials, etc. The money given will then be tax deductible for the donor on their income tax or estate settlement.

- B. Under this declaration as a nonprofit organization, the auxiliary will:
 - 1. Be designated by IRS as a 501(c)(3) public organization and can receive tax-deductible contributions from individuals, corporations, foundations, and associations.
 - 2. Be able to hold any amount of money. Revenues from interest cannot be more than one-third of funds earned or collected. The tax-exempt organization must receive at least two-thirds of its funds from public support money, i.e., dues, general contributions and fund-raising.
 - 3. Be able to have a nonprofit organization mailing rate.
 - 4. Be able to establish a foundation or a fund development program within the auxiliary organization by adding the necessary amendments to the constitution and bylaws. (The necessary amendments are established by the IRS and samples are sent by them.)

Within five months after the auxiliary's fiscal year ends, Tax Form 990 must be filled out and returned to the IRS.

Auxiliary/Volunteer Leadership **MANUAL**

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**IOWA HOSPITAL
ASSOCIATION**

100 E. Grand Avenue, Suite 100 • Des Moines IA 50309
515.288.1955 • FAX 515.283.9366 • www.ihaonline.org

Section III: Financial Responsibilities

I. Bylaws Relating to Finances

The following is a sample of bylaws regarding the responsibility for the finances of the auxiliary. The bylaws should not be copied verbatim but should be adapted to fit local conditions and needs and should serve only as a guideline. The auxiliary will benefit by having the hospital CFO or legal council review legal documents and financials annually, as well as, be a resource while creating new documents.

Bylaws Sections:*

Article I: Duties of Officers

Section 1. Duties of the Treasurer

The treasurer shall be responsible for keeping an accurate records of all financial affairs of the auxiliary, shall render an audited report to the hospital's governing authority and to the auxiliary at the end of the fiscal year, shall report to the annual meeting of the auxiliary, and shall render such interim reports as may be requested by the board of directors. The treasurer, under the control and supervision of the board of directors, shall have charge of the auxiliary finances and shall receive and expend all monies or funds of the auxiliary in accordance with the provisions of Article I, Section 1, of these bylaws.

Note: The treasurer, and any others who handle monies for the auxiliary, should be bonded at the expense of the auxiliary. When there is bonding, the hospital's governing authority makes the decision and determines the amount of the bonds. Often the hospital bond can be extended to cover auxiliary officers if the auxiliary is an integral part of the hospital organization.

(CHECK TO CONFIRM FOR ACCURACY! It may be part of insurance policy.)

The treasurer's annual report should be audited by the hospital's certified public accountant or another independent auditor.

Section III: Financial Responsibilities

Section 2. Duties of the Assistant Treasurer

The assistant treasurer shall assist the treasurer and perform such duties as the treasurer may delegate.

Note: Some auxiliaries may need more than one assistant treasurer. However, regardless of the number, each assistant treasurer should be assigned specific functions and responsibilities as part of the assistant's training program, i.e., serving as treasurer for a fundraising activity of the auxiliary.

***Note to entire examples bylaws sections:** The written *example* bylaws section has been prepared for the guidance of an auxiliary that is legally established as an integral part of a voluntary not-for-profit health care institution. With some changes in language, they can be adapted to the needs of an incorporated auxiliary or an auxiliary that is an unincorporated association.

Article II: Finances

- Section 1. All monies or funds received or expended by the auxiliary should be duly entered in the treasurer's books.
- Section 2. All expenditures, other than those authorized in the annual operating budget, must be approved by the board of directors. Expenditure of proceeds from all fund-raising activities of the auxiliary shall be subject to the approval of the hospital's governing authority.
- Section 3. All contracts made, accepted, or executed by the auxiliary shall be signed by the auxiliary president or an authorized representative and countersigned by an appropriate official of the hospital.
- Section 4. All bank accounts of the auxiliary shall be established by resolution of the hospital governing authority.
- Section 5. All checks drawn against funds of the auxiliary shall be signed by the treasurer. In the absence of the treasurer, checks shall be signed by the auxiliary president to provide separation of duties.
- Section 6. Contributions given to the auxiliary for specifically named purposes (donor restricted) should be reflected in the operating budget.

Note: When drawing up the bylaws section on finances, consult the hospital attorney for comments. This section is particularly susceptible to attorney-recommended variations.

Section III: Financial Responsibilities

Finance Committee:

A finance committee should be described as a standing committee in the appropriate article of the bylaws, but its responsibilities should be delineated in the auxiliary's policies and procedures.

Committee responsibilities:

1. To keep informed of the financial status of the auxiliary.
2. To make recommendations to the board of directors in regard to the financial affairs of the auxiliary.
3. To know and understand the legal status of the auxiliary and to ensure that the auxiliary's financial practices conform to the regulations set forth in Section 501(c)(3) of the Internal Revenue Code.
4. To prepare two budgets each year--operating budget and financial contributions budget--using input from members of the auxiliary's board of directors.

II. Records Retention

Records should be disposed of as soon as they outlive their usefulness. The majority can be destroyed after three or four years. There is no single statute of limitations. The time period for each state varies depending on the particular law and state. Some guidelines are:

- 2 years: general correspondence
- 3 years: bank statements and deposit slips
- 4 years: insurance policies (all types--expired)
- 6 years: expense reports
- 7 years: general ledgers
journals and cash books
- 8 years: canceled checks and vouchers for payment to vendors

Permanent records:

- Auxiliary annual reports
- Treasurer's reports (usually part of minutes)
- Financial statements – audited annually
- Annual budgets
- Minutes from board and membership meetings
- Bylaws
- Bylaws amendments
- Charters
- Tax returns and working papers
- Auxiliary newsletters
- Reports to the community

Section III: Financial Responsibilities

III. Auxiliary Reporting Forms

Because of yearly changes made on reporting forms by the Internal Revenue Service and the Iowa Department of Revenue, copies of forms will not be included in the AUXILIARY PRESIDENT'S MANUAL. Listed below are forms which may be needed or used by an auxiliary.

Internal Revenue Service

- Form 990 - Tax return of organizations exempt from income tax under Section 501(c)(3) of the Internal Revenue Code (charitable organizations).
- Form 1023 - Application for recognition of exemption under Section 501(c)(3) of the Internal Revenue Code (used to obtain exempt status).
- Form SS-4 - Application for Employer Identification Number (must have an exempt number if you have exempt status).

<p>Note: If an auxiliary is an integral part of the hospital, it will not need to use any of these reporting forms.</p>
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- Form - Application for gambling license.
- Form - Application for Retail Sales Tax Permit (may be needed for reporting and remitting sales tax for social gambling activities).

IV. How to Get a Gambling License

Take the time to obtain all required licensing from the State before beginning any fund-raising projects involving chance. It is not worth the risk of possible legal ramifications. The most current information on how to get a gambling license is:

Iowans may now apply and pay for a Social and Charitable Gambling License using the Department's online licensing system at www.dia.iowa.gov/scg/. The system uses a simple "wizard" to walk the user through the application process. Once the application is completed, the user may purchase the license using a major credit card (Discover, MasterCard, or Visa).

Or contact:

Department of Inspection and Appeals
Lucas State Office Building, 2nd Floor
Des Moines, IA 50319
515/281-6848
Fax: 515/281-3291

<http://www.state.ia.us/government/dia/page5.html>

V. Tax Deductions for Volunteers

Contact the Internal Revenue Service for the most up-to-date information on tax deductions for volunteers.

Section III: Financial Responsibilities

VI. The Budgets

"Budgeting is telling your money where to go instead of wondering where it went."

--C. E. Hoover

The above quotation is true no matter where you are, no matter what kind or size of organization you are. As with everything else, you must consider your particular organization and circumstances before preparing the auxiliary's budget. But regardless of the size or yearly income and disbursements, one thing is true for each and every auxiliary:

EVERY AUXILIARY SHOULD PREPARE AND OPERATE UNDER A WRITTEN BUDGET(S)!!

The auxiliary's board of directors has a number of obligations. One obligation is to ensure the proper use of dues income and funds raised from the general public. The board of directors should delegate this specific responsibility to its finance committee; but, first, the board must distinguish between auxiliary funds and auxiliary earnings.

Auxiliary funds consist of membership dues, donor-restricted contributions and fees paid to attend auxiliary-sponsored educational meetings. These funds should all be allocated for the purpose of running the auxiliary.

Auxiliary earnings consist of all monies derived from publicly supported auxiliary activities, including auxiliary-operated shops. These monies should be expended in ways that can be justified to the contributing public and that are authorized by the institution, i.e., profits as well as equipment.

In summary, auxiliary funds and earnings differ in their sources, in the uses to which they may be properly channeled, and in the degree of control exercised by the board over their expenditure. The auxiliary funds which are necessary to the organization's self-maintenance and viability can be expended at the discretion of the auxiliary's board for purposes consistent with the objectives of the auxiliary. Auxiliary earnings, on the other hand, are handled differently as they are an aspect of the auxiliary's accountability (responsibility) to the community from which they come.

Section III: Financial Responsibilities

In order to maintain the proper distinction between these two monies, the easiest format to follow is delegating that the finance committee prepare two budgets:

1. An operating budget to maintain the auxiliary.
2. A financial contributions budget encompassing the fund-raising and related activities initiated by the auxiliary on behalf of the institution.

The finance committee should develop the budgets based on data gathered from the various committees. Each committee should be asked to fill out a budget request form which asks them to estimate and justify its expenses for the coming year and to estimate any earnings it expects its activities to produce.

Examples of budgets and budget request forms are given in this section on "FINANCIAL RESPONSIBILITIES."

Remember:

A budget is meant to serve as a flexible tool. It is an estimate of expected income and expenses and is a plan of operation based on that estimate for a given period of time. It should be approved by the auxiliary board and can be amended by them when unexpected disbursements arise. Not sticking to the budget to the penny does not constitute failure.

Section III: Financial Responsibilities

A. EXAMPLE

ANYWHERE HOSPITAL AUXILIARY BUDGETS FOR JUNE 1, 2001 TO MAY 31, 2002

OPERATING BUDGET

Income		
Membership dues (300 @ \$3.00)	\$900.00	
Contributions - Donor restricted	<u>100.00</u>	
TOTAL INCOME		\$1,000.00
Expenses		
Office supplies (postage, printing, stationery, etc.)	200.00	
Educational meetings		
Membership meetings (speakers, films, etc.)	70.00	
Special conferences (IHA, AHA, other)	550.00	
Subscriptions	30.00	
Membership recruitment and orientations	100.00	
Courtesy (cards, flowers, etc.)	30.00	
Guest lunches	<u>20.00</u>	
TOTAL EXPENSE		\$1,000.00

CONTRIBUTIONS BUDGET

Net Income		
Gift Cart	\$3,000.00	
Memorial Fund	300.00	
Bazaar (fall)	2,500.00	
House Tour (spring)	<u>4,000.00</u>	
TOTAL NET INCOME		\$9,800.00
Distribution of Net Income		
Pledge payment to institution	\$9,000.00	
Community Health Fair	200.00	
Christmas Party for Pediatric and Extended Care Patients	50.00	
New Health Education Project (to be announced)	300.00	
Open House and Tour of Institution for the Community	<u>250.00</u>	
TOTAL DISTRIBUTION OF NET INCOME		9,800.00

NOTE: Remember, a budget is simply a guideline for making the best use of anticipated income. It may be amended by the auxiliary's board of directors. Not sticking to the budget to the penny does not constitute failure!

Section III: Financial Responsibilities

B. EXAMPLE

REQUEST FOR EXPENSE REIMBURSEMENT

Submitted by: _____		Amount Due \$ _____	
Charge to _____			
Account _____			
Make Check Payable to: _____			
Itemize expenses and amounts: (Attach receipts when possible)			
<u>FOLLOWING LINES TO BE FILLED IN BY TREASURER</u>			
OPERATING ACCOUNT \$ _____		CONTRIBUTIONS ACCOUNT \$ _____	
AREA _____		AREA _____	
Check # _____	Date: _____	Check # _____	Date: _____
<u>DEPOSIT SLIP</u>		<u>GLOSSARY</u>	
TOTAL AMOUNT \$ _____		<p>BUDGET -- An estimate, often itemized, of expected income and expenses; a plan of operations based on that estimate; an itemized allotment of funds for a given period.</p> <p>AUXILIARY FUNDS -- Membership dues, donor restricted contributions, fees paid to attend auxiliary-sponsored educational meetings. Money used to run the auxiliary can be expended at the discretion of the auxiliary board for purposes consistent with the objectives of the auxiliary.</p> <p>AUXILIARY EARNINGS -- Money derived from <u>publicly</u> supported auxiliary activities, i.e., gift shops, snack shops, baby photos, TV rentals, bazaars, fashion shows, bridge-a-rama, gift care, craft cart, dances. Must be expended in ways that can be justified to the contributing public and that are authorized by the institution.</p>	
DEPOSIT TO:			
OPERATING ACCOUNT \$ _____			
CONTRIBUTIONS ACCOUNT \$ _____			
TOTAL CASH \$ _____			
TOTAL COIN \$ _____			
TOTAL CHECKS \$ _____			
TOTAL DEPOSIT \$ _____			
DEPOSITED BY \$ _____			
COMMITTEE \$ _____			

Section III: Financial Responsibilities

C. EXAMPLE

HOSPITAL AUXILIARY Treasurer's Report for Month Ended September 30, 2002

OPERATING ACCOUNT

Cash on Hand, September 1, 2002		\$ 250.00
Income:		
Dues	\$ 25.00	
Contributions (Donor-Restricted)	<u>150.00</u>	
Total Income		<u>175.00</u>
Total Cash Receipts and Beginning Balance		\$ 425.00
Expenses:		
Subscriptions	\$ 8.00	
Postage	9.00	
Office Supplies	15.00	
Printing	<u>45.00</u>	
Total Expenses		<u>77.00</u>
CASH ON HAND, SEPTEMBER 30, 2002		<u>\$ 348.00</u>

CONTRIBUTIONS ACCOUNT

Cash on Hand, September 1, 2002		\$ 980.00
Income:		
Gift Shop	\$1,500.00	
Memorial Fund	50.00	
Benefit Ball	1,000.00	
Interest on Savings Account	<u>125.00</u>	
Total Income		<u>2,675.00</u>
Total Cash Receipts and Beginning Balance		\$3,650.00
Expenses:		
Scholarship	\$ 500.00	
Pledge Payment	<u>2,000.00</u>	
Total Expenses		<u>2,500.00</u>
CASH ON HAND, SEPTEMBER 30, 2002		<u>\$1,150.00</u>

(Copies should be given to the auxiliary president, recording secretary, and the hospital administrator.)

Section III: Financial Responsibilities

D. EXAMPLE

MONTHLY TREASURER'S REPORT

ADMINISTRATIVE ACCOUNT - June 1, 2001-January 31, 2002

	<u>Month (6/1)</u>	<u>Year- to-Date</u>	<u>Budget</u>	
Beginning balance in checking account - June 1, 2001				590.00
<u>Income:</u>				
Membership dues	\$ 30.00	\$ 670.00	\$ 900.00	
Contributions	10.00	40.00	100.00	
Total Income				\$ 630.00
<u>Disbursements:</u>				
Office supplies	\$ 25.00	\$ 120.00	\$ 250.00	
Educational meetings	-	40.00	125.00	
Subscriptions	-	30.00	30.00	
Membership recruitment/orientation	15.00	40.00	100.00	
Courtesy	5.00	15.00	30.00	
Guest lunches	-	7.00	20.00	
Contingency fund	-	-	445.00	45.00
Checking account balance - January 31, 2002				\$ 585.00

(Continued)

Section III: Financial Responsibilities

CONTRIBUTIONS ACCOUNT - June 1, 2001-January 31, 2002

	Month (6/1)	Year- to-Date	Budget	
Beginning balance in checking account - June 1, 2001				\$3,700.00
<u>Income</u>				
Gift Cart	\$ 300.00	\$1,600.00	\$3,000.00	
Memorial fund	25.00	100.00	300.00	
Bazaar	-	2,800.00	2,500.00	
House tour	-	-	4,000.00	
				<u>325.00</u>
Total Income				\$4,025.00
<u>Disbursements:</u>				
Pledge payment to hospital	\$2,100.00	\$4,200.00	\$8,500.00	
Out-of-Town Educational meetings	-	100.00	500.00	
Community Health Fair	-	-	200.00	
Christmas party for Pediatrics and Extended Care	70.00	70.00	50.00	
Patients	125.00	175.00	300.00	
New health education project				
Open house and tour of the hospital for the community	-	-	250.00	
				<u>2,295.00</u>
Checking account balance - January 31, 2002				\$1,730.00

Note: This is another sample of a monthly treasurer's report which might be considered, especially if operating under a budget is something new to the auxiliary. It will help keep closer tabs on how well the auxiliary is doing in staying within its budget.

Section III: Financial Responsibilities

VII. Scholarships

Auxiliary scholarship programs are very helpful and important to hospitals and the health care industry. The key thing for hospital-based auxiliaries to remember regarding tax status is that so long as the programs offered by the auxiliary are related to business of the hospital, the tax-exempt status provided to the auxiliary under I.R.C. §501 (c)(3) will not be jeopardized. See Rev. Rul. 69-267. In other words, when considering the administration of a scholarship program, the auxiliary must be careful to offer and promote a program which furthers the hospital's business of providing care and comfort for its patients.

Some suggested guidelines include:

1. Establishing rules for eligibility. Individuals who are to be considered eligible should include members of the community at large as well as employees or employees' children or grandchildren. The auxiliary should proportionately award scholarships to both individuals already associated with the institution and those from the community so that no benefit or private inurement is bestowed upon a shareholder or individual.
2. Establishing criteria for selecting recipients. Bench marks such as academic achievement, career interests, past volunteer or community service participation, financial need and other pre-determined, measurable criteria are important. The criteria should be disclosed to all those applying at the time of application.
3. Establishing a selection committee to determine the recipients of the awards. The individuals who make up this committee should represent unbiased and impartial individuals to avoid any possibility of private inurement. Relatives of the selection committee members and large financial donors to the hospital or auxiliary programs should be deemed ineligible.
4. Establishing guidelines or criteria for determining how the awards will be paid out. For example, will the scholarship be paid directly to the educational institution or the recipient? Bearing in mind, if awards are paid out to the individual recipients, the individual may have to pay income tax on part of the award amount. See IRS Pub No. 520, page 3. The auxiliary will also want to establish a method to determine continuing eligibility i.e.; still attending educational institution and enrolled in health related field of study, minimum grade point average and other objective criteria and frequency of verification checks for continued eligibility. The auxiliary will also want to set guidelines for continued eligibility for relatives of employees should the employee discontinue employment.
5. Encouraging any parties interested in pursuing a career in health care to apply. Literature regarding the availability of the scholarship as well as criteria for selection of recipients should be widely distributed to local volunteer organizations, schools and religious groups.
6. Auxiliaries are encouraged to also support the IHERF Health Care Career Scholarship program through the Iowa Hospital Association.

Section III: Financial Responsibilities

While most hospital's auxiliaries will be deemed tax-exempt under IRC §501(c)(3) as an organization primarily for the convenience of its patients and employees, the auxiliary can help to avoid taxation of its scholarship program by following guidelines set out in the Internal Revenue Services' Publication 557. This publication provides that charitable organizations supporting education must submit to the Internal Revenue Service much of the information above outlining the program being offered and how the organization supports education. If the organization is planning to award scholarships, Schedule H of Form 1023 must be submitted to the IRS. A copy of the application form for scholarship as well as any literature describing the program must also be submitted.

See an EXAMPLE of a scholarship application on the next page.

VIII. IHERF Healthcare Career Scholarship

The Iowa Hospital Education and Research Foundation (IHERF) Healthcare Career Scholarship, through the Iowa Hospital Association, is a yearly scholarship program that on average awards thirty \$3,000 scholarships each year.

- Fills healthcare workforce shortage positions in Iowa hospitals.
- Recruits students to apply to help cover the costs of their healthcare education/training.
- In exchange for that financial support, each award recipient must be willing to commit to working one year in an Iowa hospital for each year a scholarship is award.
- Placement opportunities are in each of the seven geographic Iowa districts.
- Applications are due mid-March and awarded to recipients May 1.

See EXAMPLES of IHERF Scholarship "Forms" and "Scoring Guides" on the next few pages.

Section III: Financial Responsibilities

Scholarship Application Form

Scholarship Application Form		XYZ Hospital Auxiliary, Helpfulville, IA
1. Name: _____	Date: _____	
Age: _____	Social Security # _____	Telephone # _____ Cell # _____
2. Permanent Address (Street, City, Zip): _____		
3. Name/Address of Employer: _____		
4. Name of Parents/Guardian: _____		Address: _____
5. Number of Siblings and their ages: _____		
6. Number of Children and their ages: _____		
7. Occupations: Father _____		Mother _____
8. Name of Employer: _____		
9. Is it possible for you to obtain elsewhere the financial assistance necessary to secure your education? YES or NO If yes, explain: _____		
10. Have you applied for other scholarships? YES or NO If so, what and where? _____		
11. How do you expect to meet the balance of expenses if awarded a scholarship? _____		
12. Have you spend any time working or volunteering in health care programs? _____		
13. What is your career goal? _____		
14. What high school education do you have and when/where was it obtained? _____		
a. How many in your graduating class? _____ How did you rank in your class? _____		
b. If in school now, what school are you attending? _____		
15. What school or place or training do you wish to attend? _____		
16. Two written references must be submitted (these should be from a non-relative; such as high school principal, counselor, teacher, or employer).		
17. Please write a personal resume and include: 1. Why you have chosen this field; 2. Your personal 5-year goal plan; and 3. Specific information as to why you feel you financially need this scholarship. Also include a copy of your high school and/or college transcripts of grades.		
18. An XYZ Hospital employee <u>must</u> include at least one letter of reference from his/her department head.		
<p>This application must be completed in its entirety and should be typewritten.</p> <p>All information contained in this application is confidential and must be received by the Scholarship Committee by midnight, March 29, 2002.</p> <p>Return completed application to: XYZ Hospital Auxiliary, XYZ Hospital 1111 Volunteer Drive, Helpfulville, IA 55555</p>		

Section III: Financial Responsibilities

Scholarship Application Form – **EXAMPLE** (next 6 pages)



2011 IHERF Healthcare Career Scholarship Program Application Form

Application Form Deadline – Postmarked by Wednesday, March 16, 2011

NOTE: *The IHERF Healthcare Career Scholarship program is a competitive process and all eligible applications will be evaluated against a standardized scoring system. All eligible applications may not receive funding. It is the applicant's responsibility to ensure all components of the application are complete and originals. Please refer to the application checklist.*

Please type or print.

PROGRAM TYPE				
Indicate the program in which you are currently enrolled or to which you have been accepted.				
<input type="checkbox"/> Clinical Laboratory Scientist/ Medical Technologist	<input type="checkbox"/> Nursing (Masters-MSN) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Certified Nurse Anesthetist (CRNA) <input type="checkbox"/> Clinical Nurse Specialist (CNS) <input type="checkbox"/> Nurse Administrator <input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Social Worker (LISW) <input type="checkbox"/> Ultrasound Technician		
<input type="checkbox"/> Clinical Laboratory Technician/ Medical Lab Technician				
<input type="checkbox"/> Nursing (RN) <input type="checkbox"/> Nursing (BSN)				
<i>We will only be accepting these careers in 2011.</i>				
APPLICANT INFORMATION (please print)				
Name: (Last, First, Middle Initial)			Social Security Number:	
Maiden Name/Other Names Used			Telephone # ()	
Current Mailing Address (Street, Apt #)	City	State	Zip	
E-mail Address:			Cell Phone # ()	
Permanent Mailing Address (Street, Apt #)	City	State	Zip	
Where do you want scholarship correspondence sent (check all that apply)? <input type="checkbox"/> E-mail <input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address				
EDUCATION				
IMPORTANT: Please submit all <u>ORIGINAL</u> official transcripts (no copies) for each secondary and post-secondary academic institution attended. Note: If you have a GED, include the original transcript with signature. High School transcripts not needed if proof of 60 college credit hours with grades and GPA are sent. Transcripts received directly from the academic institution will be accepted if received by the application deadline.				
Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4				
High School Attended and Location:			Graduation Date:	
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
If additional space is needed, please attach a separate sheet.				

All information is confidential and for programmatic purposes only.
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Section III: Financial Responsibilities



2011 IHERF Healthcare Career Scholarship Program

Application Form

Application Form Deadline – Postmarked by Wednesday, March 16, 2011

ENROLLMENT			
<p><i>This section is to be completed, signed and stamped by a representative of the health profession program of acceptance.</i></p> <p>ORIGINALS ONLY – No faxes accepted.</p> <p>Original Enrollment/Application Information and Transcripts need to be mailed to IHERF, 100 E. College Avenue, Suite 100, Des Moines, IA 50309 and Postmarked by Wednesday, March 16, 2011 to be accepted.</p>			
Applicant Full Name:			
Name of Institution:		Address (Street, City, State, Zip):	
Name of Institution Contact Person:	Title of Contact Person:	Telephone: ()	
Degree Enrolled: Month/Date/Year / /	Program Start Date: Month/Date/Year / /	Projected Graduation Date: Month/Date/Year / / <small>Must be between 7/1/11-12/31/2013</small>	
<p><i>I certify that the applicant is <u>currently enrolled</u> and in good standing or <u>has been accepted for enrollment</u>. Additional information deemed necessary will be provided to the Iowa Hospital Education and Research Foundation upon request.</i></p>			
Signature of School Representative:		School or Notary Stamp:	
Title:	Date:	Application will be void without school stamp or notary	
CLOSEST LIVING RELATIVE RESIDING IN THE U.S. BUT NOT IN THE HOME (if none, a U.S. contact)			
Name (Last, First, Middle Initial):		Relationship:	Telephone: ()
Street, Apt. #		City	State Zip
EMPLOYMENT			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: Start Date:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Telephone: ()
If yes, name and address of employer.		Do you plan to remain with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMITMENT TO PRACTICE			
<p>Note: Scholarships will be selected for the districts indicated on the attached map. Some districts may receive more applications and be more competitive than other districts. You must apply for a scholarship within the Iowa district in which you intend to work upon graduation.</p>			
<p>In what district of Iowa do you intend to practice? See the attached map and circle below. (Circle only one district.)</p>			
Northwest District A	North Central District B	Northeast District C	Southwest District D
Polk/Warren County District E	Southeast District F	East Central District G	
Other (Must Specify) _____			

All information is confidential and for programmatic purposes only.
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Section III: Financial Responsibilities



2011 IHERF Healthcare Career Scholarship Program

Application Form

Application Form Deadline – Postmarked by Wednesday, March 16, 2011

PERSONAL STATEMENT AND ADDITIONAL INFORMATION	
Please attach a typewritten personal statement, not to exceed 300 words, reflecting career aspirations and goals. Also, indicate a personal reason(s) for choosing health care as a profession, including professional goals.	
Submit extracurricular, community or healthcare activities (volunteering, community involvement, membership in organizations, band, sports, etc.). Indicate the scope of each activity and your level of participation.	
Note: It is important for the selection committee to have this information from all applicants.	
Are you willing to relocate to another part of Iowa to meet the scholarship requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No, please specify why not. _____	
How did you learn about the IHERF Healthcare Career Scholarship Program? <input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Web <input type="checkbox"/> Newspaper <input type="checkbox"/> Other, please specify _____	
APPLICANT	
<p>Mail the original completed application to IHERF Scholarship Program, Iowa Hospital Education and Research Foundation (IHERF), 100 E. Grand Avenue, Suite 100, Des Moines, IA 50309. Applications must be postmarked by USPS or a parcel service by Wednesday, March 16, 2011 to be accepted. Completed applications, transcripts, enrollment information, or other scholarship information postmarked after March 16 will result in the application being deemed ineligible. Questions regarding the application and selection process should be directed to Pam Gridley (gridleyp@ihaonline.org) or Dennis White (whited@ihaonline.org) at 515/288-1955. Scholarship recipients will be announced after May 1, 2011.</p> <p>I certify the information contained in this application is true, complete and correct to the best of my knowledge and that all funds will be used for tuition expenses and academic fees in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past and any academic institution in which I am enrolled currently or may be enrolled as a future student to the IHERF Scholarship Program.</p> <p>I understand that if this scholarship from the Iowa Hospital Education and Research Foundation (IHERF) is accepted, that I agree to the following:</p> <ul style="list-style-type: none"> I agree to work for one year in an Iowa Hospital Association (IHA) member hospital. (Hospitals only - that does not include clinics or nursing homes.) That one year period will occur immediately upon completion of the degreed program for which the scholarship was awarded. Should a position in the agreed upon field and IHA District (as indicated on the application form – map enclosed) not be available, placement will be sought in an alternative IHA District as approved by IHERF. Should a placement be available upon completion of the above mentioned field and I do not agree to placement at that hospital, I agree to repay the amount awarded in full within 90 days of receipt of a notice from IHERF of my obligation to do so. As a recipient of this scholarship, I understand and have been advised by the IHERF that the scholarship is taxable compensation and that a 1099 will be issued for the calendar year in which I complete the service obligation under the scholarship. I agree to report the income on appropriate tax returns and to pay income and payroll taxes associated with the scholarship income. 	
Signature of Applicant:	Date:
I authorize _____ do not authorize _____ (check one) IHERF to release my name, hometown and course of study to Iowa Hospital Association-member facilities that may be interested in potential candidates in my chosen health profession.	
Signature of Applicant:	Date:

All information is confidential and for programmatic purposes only.
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Section III: Financial Responsibilities



2011 IHERF Healthcare Career Scholarship Program

Application Checklist

Application Deadline – Postmarked by Wednesday, March 16, 2011

NOTE: All documents submitted must be **ORIGINAL**. Faxed or e-mail documents will not be accepted. If you have requested an institution to submit a form on your behalf, it is your responsibility to ensure you are aware of the application deadline. It is recommended you retain a copy of the completed application including the attachments, for your files.

(✓) COMPLETE	COMPONENTS
	All sections of the three-page application completed (Originals Only) <ul style="list-style-type: none"> Enrollment section completed, signed and stamped/notarized by a school representative One district selected for commitment to practice Application signed and dated
	A typed personal statement, not to exceed 300 words, reflecting career aspirations, goals and personal reason(s) for choosing health care as a profession, including professional goals is enclosed
	Extracurricular, community or health care activities (healthcare-related volunteering, community volunteering, clubs, organizations, band, sports, etc.) indicating the scope of each activity and the level of participation is enclosed.
	Three two-page reference forms enclosed in sealed envelopes, with the envelope flap signed by the reference. <ul style="list-style-type: none"> Reference Form #1 – College instructor or high school if not in college Reference Form #2 – Employer/Supervisor (instructor if not employed) Reference Form #3 – Personal reference (other than friend/family).
	Check appropriate line and enclose if less than 60 college credit hours are attached. <ul style="list-style-type: none"> Original high school transcript enclosed <i>(not needed if proof of 60 college credit hours, grades and GPA are sent)</i> OR Original general equivalency diploma (GED) enclosed <i>(instead of high school transcript)</i> OR Institution has agreed to submit original or official stamped transcript in a separate mailing. <i>(Need to submit stamped college transcripts that are most current that show proof of over 60 college credit hours with grades and GPA. If grades are not listed, the transcript won't be accepted. If unsure – please submit all stamped college transcripts)</i>
	Check appropriate line. <ul style="list-style-type: none"> Original post-secondary transcript(s) enclosed OR Institution has agreed to submit original or official stamped transcript in a separate mailing OR Original post-secondary transcript(s) enclosed for a portion of the institutions, and the missing transcript(s) are being submitted by the institution. OR Not applicable.
<p>It is the applicant's responsibility to ensure all components of the IHERF Healthcare Career Scholarship application are complete. This checklist is provided to assist the applicant. Failure to submit a completed application may result in the application being deemed ineligible.</p> <p>Sign, date and return the completed checklist with the application.</p>	
<p>Printed Name of Applicant:</p>	
<p>Applicant Signature:</p>	<p>Date:</p>

Section III: Financial Responsibilities



2011 IHERF Healthcare Career Scholarship Program

Reference Form #1 – College Instructor or High School if not a college

Application Deadline – Postmarked by Wednesday, March 16, 2011

I. TO BE COMPLETED BY APPLICANT	
<p>Please use this form for submitting your references. <u>Three (3) references</u> (if possible, all are attached) are required, including at least one reference from an instructor or an employer/supervisor. References should not include family members or friends.</p> <p>Please remind your references to return this form to you or to mail the reference (in a sealed and signed envelope) to IHERF Scholarship, 100 E. Grand Avenue, Suite 100, Des Moines, IA 50309.</p> <p>To meet the deadline all documents have to be postmarked by Wednesday, March 16, 2011.</p> <p>Complete this portion of the form and then provide it to your reference for completion and return to you or directly to IHERF. You may want to provide your reference with a self-addressed envelope. Enclose the returned reference form in its sealed envelope with your application.</p>	
Printed Applicant Name	Social Security Number
Printed Name of Reference	
II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION	
<p>The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974).</p> <p><input type="checkbox"/> I waive my right to access this letter of recommendation.</p> <p><input type="checkbox"/> I do not waive my right to access this letter of recommendation.</p>	
Signature of Applicant	
III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE	
<p>Instructions for person making the recommendation:</p> <ul style="list-style-type: none">Review sections I and II to ensure the applicant has provided the necessary information.Complete the remainder of the form.Place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.	
<p>How well do you know the applicant?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Fairly well <input type="checkbox"/> Minimally <input type="checkbox"/> Unknown</p>	
<p>How long have you known the applicant? _____ (days, months, years)</p>	
<p>Identify the associations you've had with the applicant. References <u>should not</u> include family members or friends. Check all that apply.</p> <p><input type="checkbox"/> College Instructor <input type="checkbox"/> High School Instructor</p>	

Section III: Financial Responsibilities



2011 IHERF Healthcare Career Scholarship Program

Reference Form #1 – College Instructor or High School Teacher

Application Deadline – Postmarked by Wednesday, March 16, 2011

Name of Applicant _____

Please rate the applicant's achievement and potential by entering a number in the appropriate spaces below.					
Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability					
Organizational skills					
Communication skills:					
Written					
Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to:					
Goals					
Persons					
<p>In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>My recommendation is: <input type="checkbox"/> highly recommend <input type="checkbox"/> recommend <input type="checkbox"/> do not recommend</p>					
Signature of <u>College or High School Instructor</u> Making Recommendation			Date		
Printed Name			Business and Position (if applicable)		
Address					
Work Telephone Number ()			Home Telephone Number ()		

All information is confidential and for programmatic purposes only.
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Section III: Financial Responsibilities

EXAMPLE: Scoring Guide (Committee members use to score each application form)



IHERF Health Care Careers Scholarship Program 2011 SCORING GUIDE

Applicant: «First_Name» «Last_Name»		District: «District»	Career: «Career_Program_Type»
	Scoring Responsibility	Points Possible	Points Awarded
Education (30 percent)			
Grade point average (most recent two years): 3.76 - 4.0 (329-400) = 30 3.26 - 3.50 (301-309) = 22 2.76 - 3.0 (285-290) = 14 3.51 - 3.75 (310-328) = 26 3.01 - 3.25 (291-300) = 18 2.5 - 2.75 (270-284) = 10		IHA	30
Personal Statement (30 percent)			
Goals		Committee	25
<ul style="list-style-type: none"> Clarity of Content Grammar & Spelling 			
Additional Information (10 percent)		Committee	10
Extracurricular, community or health care activities			
Reference Letters (30 percent)			
Evaluation of applicant		Committee Committee Committee	15
<ul style="list-style-type: none"> Letter 1 Letter 2 Letter 3 			
Rating of applicant: no items less than above average = 3 1 - 2 items less than above average = 2 3 - 4 items less than above average = 1			
<ul style="list-style-type: none"> Letter 1 Letter 2 Letter 3 		IHA	3
		IHA	3
		IHA	3
Overall recommendation: Highly Recommend = 2 Recommend = 1 Do Not Recommend = 0			
<ul style="list-style-type: none"> Letter 1 Letter 2 Letter 3 		IHA	2
		IHA	2
		IHA	2
IHA Total			45
Committee Total			55
TOTAL			100
Reviewer Signature:			
Date:			

Auxiliary/Volunteer Leadership MANUAL

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April 2011



**IOWA HOSPITAL
ASSOCIATION**

100 E. Grand Avenue, Suite 100 • Des Moines IA 50309
515.288.1955 • FAX 515.283.9366 • www.ihaonline.org

Section IV: Communications

I. Personal Communications

Always use auxiliary letterhead stationery for all auxiliary correspondence. It serves as an indirect source of public relations. Seeing the name of the organization used in a businesslike and professional manner will enhance the public image. It is worth the investment to have auxiliary stationery available for the entire board to use at all times.

A. Communicating With the Administrator

The president of the auxiliary may be the chief liaison officer between the auxiliary and the institution's administration. They should be instrumental in developing and maintaining a strong relationship between the auxiliary and the administration through close communication and mutual respect.

The auxiliary president should speak with the chief executive officer (CEO) or representative to arrange for a regularly scheduled conference once a month prior to the auxiliary board or membership meeting. At that time, they should discuss plans which are being considered by the auxiliary, review projects already underway and to address potential problems before they become major concerns. It is not necessary to seek approval on small decisions. That could be a waste of time for both the CEO and the auxiliary president. It also weakens auxiliary leadership.

The CEO should be given notification of each auxiliary board meeting (written or verbal). The auxiliary president should provide the CEO with the following:

1. The monthly board meeting agenda. Indicate any items demanding their attention.
2. The minutes of the monthly board meetings and the general membership meetings.
3. The treasurer's monthly statement and quarterly statement of profit and loss.
4. A copy of all auxiliary newsletters and letters to the membership.
5. The auxiliary's annual report.

The following areas of concern may be a basis for discussion between the CEO and the auxiliary president:

1. How can the auxiliary improve its relationships with other members of the institution family, department heads, employees, medical staff, etc.?
2. How can the auxiliary help the hospital meet community health care needs?
3. What role can the auxiliary play in regard to health care legislation?
4. How can the auxiliary become involved in patient education?

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5. How can the hospital and the auxiliary improve their public image?
6. Are the programs of the auxiliary keeping pace with the institution's present and projected needs?
7. Ways that the institution's representatives, at various professional levels, can be requested to evaluate the auxiliary's programs formally, informally, written and verbal.
8. Is the auxiliary's fund-raising program meeting realistic financial goals? Is the auxiliary's concept of budgeting realistic in terms of needs?
9. How can the CEO share the institution's problems with the auxiliary and involve the auxiliary in long range planning?
10. How can communications be improved between the CEO and the auxiliary president so there is a free exchange of ideas?
11. Whether or not utilizing social media tools (i.e. Facebook, YouTube, Twitter) are in the best interests of that hospital's auxiliary and its communications/marketing strategy.

Remember to invite the president-elect to attend the regularly scheduled meetings with the CEO. The president-elect is constantly in training for the highest auxiliary position, the presidency. It will be a compliment to your leadership training ability if they begin their term as president with self-confidence and a desire to have a very productive administration.

B. Person to Person Communication

If you are interested in connecting effectively and positively with the other person, matching that person's style is important.

For example, if a person seems to prefer email, and uses short, matter-of-fact sentences, try using emails and keeping your thoughts concise. Conversely, if the person seems to prefer talking on the phone and likes to do some small talk before getting to business, then consider doing the same, even if that isn't your natural tendency.

In short, match the mode (vocal versus written) and the style (direct versus "soft"), even if it goes against your usual way of communicating. Connection will likely happen more quickly and strengthen sooner.

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C. Expressing Appreciation for Special Services

When trying to express one's gratitude for services rendered, keep these points in mind:

1. State the service rendered.
2. Tell how beneficial it was.
3. Acknowledge the sacrifices involved.
4. Give your own personal feelings of appreciation.
5. Encourage continuation.
6. Remind them their contribution will be long remembered.

D. Requesting an Appointment

Most executives operate on a tight schedule and like to plan their activities in advance. It is courteous and a good idea to request an appointment in advance either by telephone or e-mail.

As sometimes that isn't possible and a meeting is needed with the CEO without notice, it is still best to be prepared. Confirm they have adequate time available to discuss the topic at hand.

E. An Outline of a Letter to Send to Your Legislator

Body of the Letter (Also See Legislative Process, Section VI)

The following are suggested topics to include in a letter to your legislators to make it as effective as possible. Use your own phrasing or wording to express your feelings on the subject. Try to avoid copied correspondences. Handwritten or typed letters are the most effective and convincing.

State the Purpose of the Letter

Be persuasive--after all that is why you are writing the letter. Kindly ask your Senator or Representative to vote for (or against) the proposed legislative measure. Mention it by name and file number so there is no doubt to which legislation you are referring, such as Bill H.R. 2626.

State Your Opinions and Your Reasons

Clearly explain why you believe the proposed legislation should or should not be passed. Is it in the best interest of your community? To your hospital? To your personal welfare? State the facts as you see them and list the reasons for your concern on the subject. Use specific examples of how the legislation would affect your hospital.

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Express Appreciation

Express your appreciation for their continuing interest in your community, hospital and personal welfare. Remember to thank them for their dedication and personal sacrifices they make by holding a public office.

Sign the Letter Personally

Be sure you have included your address in the correspondence because every good legislator answers all mail.

Addresses of Current Legislators

The addresses and Web sites of the current state and national Senators and Representatives of Iowa can be obtained on the Iowa Hospital Association Website at www.ihonline.org or at <http://www.contactingthecongress.org>.

A sample letter can be found in the legislative section of the President's Manual.

- F. E-mails are also very effective. Keep e-mail concise and to the point. Be sure to include your name, address and phone number.**

II. Organizational Communications

A. Meetings

Although meetings are often joked about as necessary evils, it would be difficult--if not impossible--to run a business without them. Often meetings provide the only face-to-face opportunity for key people in an organization to communicate with each other.

A meeting can be any kind of get-together, from a conversation between two people to a convention attended by thousands. When executives refer to "those meetings," however, they are probably talking about meetings of committees they belong to, usually made up of six to twenty or more people.

Nearly every organization has several committees that meet frequently. These committees are of two types:


- *Standing committees* - Standing committees are permanent; the membership changes from time to time, but the committee stands.
- *Ad hoc committees* - Ad hoc committees are formed to do a specific job and are dissolved when that job is completed.

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B. Planning the Meeting

When meetings are unpopular with the people who attend them, the reason is probably poor planning. A meeting worth being called is worth being planned. Planning includes:

1. Keeping each participant informed about time and place of the meeting.
2. Preparing and distributing an agenda.
3. Arranging the meeting room and providing refreshments, if applicable.
4. Seeing that the necessary materials and equipment are provided.
5. Always keep this motto in mind:



*A good board member knows:
WHAT to say,
HOW to say it, and
WHEN to say it,
so that all concerned will respect and
think about what is said.*

C. Keeping Participants Informed

Everyone who is to attend a meeting must be informed about the time, place, and program or agenda. Those who have an assigned part in the program are given special attention. The effective chairman will discuss with each one in advance what will be presented, how long it is likely to take, whether discussion will follow the presentation and who will moderate it, the types of visuals and other audience aids that may be used, and how the meeting will run.

D. Using an Agenda

Every meeting held on a regular schedule should have an agenda, that is, a list of topics to be discussed and the names of those who are to present them. An agenda gives purpose and direction to a meeting and gives a meeting more importance in everyone's eyes. Agenda samples can be found in the leadership section of this manual.

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III. Written Communications

A. Request Letters

Requesting free materials

Requests are often made for current catalogs, price lists, distributors, suppliers and manufacturer lists of available merchandise and/or equipment. Letters written by a potential customer asking suppliers for free materials, information or routine service are among the easiest to write. Obviously, you are in a position to receive what you are asking for since it is to the supplier's advantage to provide it.

Even so, approach the task as though you were on the receiving end and think about the kind of letter you would like to receive if the situation were reversed. Make the request clear and courteous. Give all the information the supplier will need to be helpful, keeping the letter as brief as possible. That way you won't be wasting the writer's or reader's time.

After a rough draft of the letter has been written, check the following list of possible errors:

1. Incorrect grammar and punctuation.
2. Misspelled words.
3. Poor sentence structure.
4. Trite expressions.
5. Unnecessary words.
6. Irrelevant details.

B. Writing a Cover Letter

A cover letter is used to explain or introduce a new concept, document or piece of legislation and is attached to the front of the manuscript before it is sent.

A cover letter should include:

1. The identification of the author, resource and/or sponsor of content.
2. The intent.
3. The expected results or conclusion.
4. A request for a reply or response, if one is desired.
5. The name and address of the person expecting a reply or an enclosed pre-addressed stamped envelope.
6. Express your appreciation.

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C. Inviting and Thanking a Speaker

Inviting a Speaker

Letters asking someone to give a speech, write an article, or perform some other special service are usually written by the program chairman for the event. Outstanding speakers usually receive a fee for their work. Often they are very busy or the fee or honorarium offered is so low they can't afford to take on the assignment. In writing such a letter, emphasize the importance of the engagement and make the acceptance of it seem worthwhile. Things to consider when inviting a featured speaker:

1. Does the letter supply all the information necessary for the recipient to understand the reason, theme, and location of the planned event?
2. Will the speaker feel an important contribution can be made by their participation in the program?
3. Promise further details if the invitation is accepted.
4. Give the telephone number and/or address for immediate contact.
5. Be friendly and personable.
6. Give the estimated number of attendees and from where they will be coming.
7. Mention the accommodations in brief.
8. State the honorarium or fee you are prepared to give.

Thanking a Speaker

The quality of the speech given will, of course, determine the content of the "thank you." The letter should be courteous, sincere, and appreciative. Let all complimentary remarks be honestly stated.

D. Internet and E-mail

You may also request catalogs, etc. via the Internet or e-mail. Follow the instructions on the vendor's Web site.

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IV. Newsletters

A regularly published newsletter is one of the most direct methods of communication an organization has for providing information of activities and upcoming events to its members and community, regardless of size. It is an efficient way to educate members in health care matters, making each member a vital part of the hospital's public relations force.

In starting a newsletter, one of the first things to consider is the cost factor and how much to budget for it. This depends on what there is to work with and what is available for printing needs. Some auxiliaries are fortunate enough to have the high school office education department type and print their newsletter. The money budgeted for the newsletter should come out of the membership dues because a newsletter is a benefit to members. Also to be considered is which mailing rate to use. Either the bulk mailing rate or the nonprofit organization rate is the most economical. If you wish to be declared a not-for-profit organization, you must acquire an identification number from the IRS.

A good newsletter check list:

1. Accuracy
2. Appeal
3. Appropriateness

Accuracy

Be sure all information is correct and credited to the right source. Check for typographical errors, they could be embarrassing. Double check the information to be sure all the facts and figures are correct. Ask someone else to proofread it. Fresh eyes may catch any errors more easily.

Appeal

If the newsletter is appealing, readers will want to read the contents. Be creative! Add little touches here and there to highlight the pages. Don't have it look like just another document but rather a fresh creation, ready to be discovered. Use imagination and ingenuity, you could be surprised with what you come up with. Dare to be bold and different. Insert photos of interest or clip art whenever possible. Remember, the media is the message.

Appropriateness

Be careful not to fill the pages with just words, but with current NEWS--news that everyone will want to read. Proofread the articles to be sure they contain all the information necessary for the reader to fully understand the contents without any pre-knowledge of its existence. Try to make the reader feel that they have just read something important, clever, or exciting and are better informed. Regular features or spotlights are appealing to the readers.

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Some appropriate fillers: a trivia column, a volunteer of the month article, recipes, historical facts about the hospital or the auxiliary, current facts about the hospital, a crossword or quiz about health, cartoons with a message about health-related subjects. Be sure to include future news not all old news.

A. Distribution

Send copies of your auxiliary newsletter to all members. At membership renewal time, send a recent newsletter to members of previous years. Receiving a newsletter may be all they need to be reminded to renew their membership.

Send copies to members of the hospital governing board to keep them informed of the auxiliary and its accomplishments.

Include department heads and the communications director at the hospital on the distribution list to demonstrate that you are all part of the same team. Place copies in reading areas where patients and visitors will see them.

Send copies to other community organizations that might be called on to cooperate in an auxiliary activity, e.g., the nurses association (local or countrywide), high school counselors, school nurse, business groups, sororities, parent/teacher organizations, local newspaper office.

Send a copy of each issue to the Chairperson of the Iowa Hospital Association Auxiliary/Volunteer Board and to the IHA office in Des Moines so they can be kept informed of your auxiliary's activities and accomplishments which could be included in "Around the State" section of the auxiliary newsletter, IHA Auxiliary/Volunteer Chair Letter.

B. How to Prepare for Mass Mailing

If your auxiliary is interested in using mass and/or bulk mailing, the first item you need to do is to contact your local U.S. Postal Service to get all the cost information, get the specific step-by-step procedures on how to prepare a mass mailing, and the cost of getting a permit imprint if desired. You may also go to USPS.com and click on mailing and shipping guidelines for businesses.

C. Form of Newsletter

A newsletter may take many forms. The size, shape, number of pages, and color of paper should be determined by the method of printing and the most economical use of it, whether it is photocopied, commercially printed, or sent electronically.

Each newsletter should have the following information at the top of the first page: a masthead and a picture of the hospital if possible, the name of the auxiliary, name of the hospital with logo, the town, the month and year, and the issue number.

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D. Frequency

The frequency of publication should be determined by the needs of the auxiliary. It can be yearly, quarterly, bimonthly or monthly.

Regular publication dates are best regardless of how many times a year it's printed. Try and coincide the release with general meetings, special projects, or the annual meeting so members will have one more reminder.

E. Content

1. The editor of the newsletter should be in close touch with the president and other board members for news of interest to be shared from all committees.
2. Include information on subjects such as health education, health legislation, or feature a department of the hospital.
3. Include new services, agenda of an upcoming meeting, introduce a new fund-raiser or tell about future projects.
4. Include information about all regular activities of the auxiliary, news of the regional and state meetings and Conferences. Many hospital auxiliary newsletters use information (and are encouraged to use) from the "IHA Chair Newsletter" since most members do not have any opportunity to read it and learn about the state promotions and projects.
5. Encourage the hospital administrator to have a column or an article in every issue. It is a good way to maintain open communications.
6. Use the newsletter to recruit new members and to get volunteers for services and activities. One channel could be the local "Welcome Wagon." Request Volunteer Director or Coordinator to have an article for each issue.
7. Encourage members to participate in community health projects and clinics and take care of themselves and their families by getting an annual physical.
8. Schedule for workers in various services at the hospital.
9. A list of new members. Maybe include a photo of new members.
10. A current list of officers and board members, with phone numbers, so members will know who to contact regarding various services and auxiliary activities.
11. News from selected departments of the hospital (a different one each issue).
12. Highlights from the hospital annual report.

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13. Information on new developments at the hospital (services, plans, department staffing) and other related news.
14. The year's calendar of events at the beginning of the fiscal year.
15. Annual reports of board members and ad hoc committees.
16. Delegate reports from auxiliary members who attend regional and state meetings and conferences.
17. Names and addresses of local legislators and information concerning pending health care legislation when the administrator wants members to write their legislator.
18. Recognition of service given by auxiliaries. This is an excellent way to promote how hard volunteers work.
19. Safety, Customer Service, Infection Control articles or tips.
20. Newsletter expense can sometimes be offset by local business support when proper acknowledgment is given.
21. Be sure to keep a file of the auxiliary newsletter for the past several years and copies of newsletters from other auxiliaries and clubs.

REMEMBER:

If the hospital has a newsletter,
inquire about a column for hospital auxiliary news.

V. A Checklist for Public Relations Chairperson

Hospital auxiliaries want and need all the good publicity they can get. What they want to avoid is publicity which will detract from their image of an organization which wins friends for its hospital. The following is a checklist of "do's" for public relations Chairperson.

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A. Organizational Structure

Organization will vary from auxiliary to auxiliary. Your auxiliary may not fit the norm but still have a good working program. This checklist may offer an idea or two.

- _____ 1. Is there a public relations committee consisting of the following?
 - _____ a. A chairperson for publicity
 - _____ b. A newsletter chairperson
 - _____ c. A program chairperson
 - _____ d. A member-at-large
- _____ 2. Is the auxiliary president an ex-officio member of the publicity committee?
- _____ 3. Is there a budget for publicity expense?
- _____ 4. Do you use your influence to educate?
 - _____ a. Members
 - _____ b. Public
 - _____ c. Hospital personnel
 - _____ d. Hospital patients
 - _____ e. School children
- _____ 5. Consider pictures and articles in the local newspaper about auxiliary projects and activities.
- _____ 6. Is there a speaker's bureau listing persons who can speak for the hospital at programs throughout the hospital's service area?
- _____ 7. Consider coordinating programs with the schools.
- _____ 8. Conduct hospital tours. Be proud to show off the facility.
- _____ 9. Make reports annually to the membership and the public on auxiliary accomplishments.
- _____ 10. Train members to present the best image possible of the hospital auxiliary.
- _____ 11. Consider utilizing local radio station and cable companies to get the word out on special events, etc.
- _____ 12. Set up displays at health fairs, senior fairs and career fairs. Work with hospital for resource.
- _____ 14. Consider placing a gift shop section on the hospital Web site.

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B. News Releases to the Newspapers, Radio and TV

The press and other news media will be more willing to cooperate if news is presented in a way which is acceptable to them.

- _____ 1. Are the news releases prepared correctly?
- _____ 2. One person should be in charge of contacting newspapers. Many times this is the hospital PR staff.
- _____ 3. An article should be written rather than oral.
- _____ 4. Have radio or TV interviews arranged for members. This too can be done through hospital PR person.
- _____ 5. Consider purchasing newspaper or radio advertisements to promote their goals.
- _____ 6. Appreciation should be expressed for newspaper coverage.
- _____ 7. Honor all deadlines.
- _____ 8. Give credit where credit is due.
- _____ 9. Information should be concise and to the point, using a minimum of words.
- _____ 10. It should be professional.
- _____ 11. Do not take advantage of friendship to get publicity.
- _____ 12. Keep the facts accurate. It takes extra space to print retractions.
- _____ 13. Meet with the editors about what is considered newsworthy.
- _____ 14. Keep a list of contacts so that all fronts are covered when news is released.
- _____ 15. Have the newsletter or article proofed by the public relations director or the hospital administrator before sending out. After all the auxiliary represents the hospital.

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C. The "Do's" and "Don'ts" of Preparing Publicity Releases

Work with your hospital's public relations department to assist you with publicity in your community.

"Do"

Begin each page by typing a name, telephone number, release date and the title of the story in the upper left-hand corner of the page. Start one-third down on the page. Use 8-1/2 x 11 inch paper and type on one side only. Keep a copy so the story can be checked if an inquiry is made.

- Use a computer and/or typewriter. Legible photocopies are acceptable.
- Double or triple space all copy. Allow at least one-inch margins.
- Put important facts first. Give "who, what, when, where and why" in the first, or lead, paragraph.
- Be accurate with names, addresses and titles. Use full names. Double check everything.
- Use simple, short sentences. Write in third person except in quotes. Limit paragraphs to five to eight lines.
- End each page with a full paragraph. Type "more" at the bottom of the page if there is additional copy. Begin each page same as first.
- Use specific dates, as "Tuesday, January 15," not just "Tuesday."
- When telephoning a newspaper office, ask the name of the person to whom you are speaking. When calling a second time on the same subject matter, you then can ask for that person by name. This is especially important if the person has expressed interest in the story and suggested that you call back at a later date.
- Always proof releases thoroughly before submitting them to avoid errors in name spellings, dates, etc.

"Don't"

- Do not ask for special consideration of position or length in handling the story. Policy and news value govern all contributions fairly.
- Do not use "fine" writing, flowery language, triviality or over-enthusiasm. Avoid nicknames and abbreviations. Omit adjectives.

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"Don't"

- Do not telephone stories. In case of emergency, query editor on important news.
- Do not send more than one advance story on an event. Have all the facts contained in that one story.
- Do not send information on the same event to different departments or persons at one newspaper.

For Radio

"Do"

- Double space typewritten copy on separate sheets of paper. They may be photocopied. Keep a copy in your files.
- Submit releases at least fourteen days in advance.
- Limit copy to 50 words, giving all facts, without adjectives.
- Give release date and name and phone number of the publicity chairman.
- Consult with the broadcaster as to what the station might do.
- Think in terms of radio ideas usable in connection with programs currently on the air.

"Don't"

- Do not submit copy on a postcard (unless that format is specifically requested).
- Do not wait until the last minute.
- Do not write lengthy releases.
- Do not omit essential information.
- Do not tell the broadcaster what should be done.
- Do not plan big radio productions impossible to achieve.

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For Television

"Do"

- For spot announcements, query station on its requirements for printed slides.
- Be on time for guest interviews.
- Have prepared in advance information on name (how to pronounce it if a difficult one), title, and pertinent facts for introduction. Submit at least ten days in advance.
- Have some key questions prepared for the host.
- Be sure the idea contains action of interest to TV viewers.
- If pictures are available from hospital sources, obtain either in advance or on the day when the story happens. Most television news departments get so many requests to cover civic affairs; they can't possibly send their own staff members to shoot pictures of them all.

"Don't"

- Do not depend on straight conversation to carry a TV interview.
- Do not talk while on a TV set if in the studio while someone is taping.
- Do not read information, talk extemporaneously.
- Do not run over the time allotted you by the host.

There are two types of publicity wanted from the average radio or television station. One is commonly called a "plug" and is a free, advance announcement of the event, usually carried somewhere in the regular program schedule and delivered by an announcer. The other is a news item, used either in advance or as coverage of the actual event when it happens and is contained within the body of a newscast which, at many stations, will be prepared and delivered by a news staff member. Therefore, if both kinds of coverage are wanted, copies of the material should go to both the station manager and program director and to the news director.

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Internet/E-mail

A Web site dedicated to auxiliary information and activities can be an efficient and cost-effective means for communicating with both members and the public. The contents of the Web site can vary, depending on a variety of factors, including budget. In general, the Web site's information should reflect the organization's newsletter, as well as the newsletter guidelines regarding accuracy, appeal, and appropriateness (see page IV.9).

The principles listed below are also applicable to the use of social media tools (i.e. Facebook, YouTube, Twitter), which should be treated like individual websites that require regular upkeep as well as an agreement between the auxiliary and the hospital administration on the content being offered through these channels.

"Do"

- Keep the Web site up-to-date. Unlike a newsletter, a Web site is always "live," so it's important to not let it become stagnant with outdated information.
- Design a Web site that is easy to navigate so users can find information easily and quickly (or be a section of the hospital's Web site).
- Consider going beyond what is in your newsletter, such as including links to other useful Web sites and a member directory (you may want to make this area accessible only to members).
- Some items to cover on a Web site:
 - Newsletters.
 - Application to Volunteer.
 - Gift Shop Information.
 - Upcoming event or fundraisers.
 - Dues and general information of volunteer position.

"Don't"

- Don't create a Web site unless the organization is fully committed to maintaining it. A poorly kept Web site reflects poorly on the organization.

Section IV: Communications

D. Letter Form for Release



News Release

100 East Grand • Suite 100 • Des Moines • Iowa • 50309 • 515/288-1955 • Fax 515/283-9366

FOR IMMEDIATE RELEASE: (Date)

For further information:
(Name), (Title)

Start the release at one-third down from the top of the page. The first paragraph is called the lead and should contain all the important information concerning WHO, WHAT, WHERE, WHEN and HOW. The release should be typed and double or triple spaced.

The rest of the story should give fuller details, based on the information in the lead. The more important information always is presented first.

Write simple, direct copy. Avoid technical terms, opinions, and flowery adjectives. Be absolutely accurate with all names, dates and locations.

When pictures are included with releases, provide 5 x 7 or 8 x 10 inch glossy prints. Type the caption, identifying people and specifying the occasion, and paste it under the bottom of the picture. Do not write on the back.

If the release takes more than one page, indicate that by using "more" at the bottom of the page. When you reach the end, indicate such with: THE END.

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Auxiliary/Volunteer Leadership

MANUAL

Membership Section V

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**IOWA HOSPITAL
ASSOCIATION**

100 E. Grand Avenue, Suite 100 • Des Moines IA 50309
515.288.1955 • FAX 515.283.9366 • www.ihaonline.org

Section V: Membership

I. Membership

The auxiliary and hospital volunteer departments are no longer the "only game in town." In order to increase membership and to fill volunteer positions, potential volunteers have to be convinced the opportunities afforded by auxiliaries and hospitals are for them, that their talents will be used, and that they are needed.

This section will provide many specifics on the types of memberships available, how to recruit volunteers, obligations to members, etc. Read and answer the following questions from an auxiliary's perspective.

1. When was the last time the auxiliary evaluated a long-standing fund-raising activity and determined that time expended on the planning and implementation of the activity was not worth the end result in profit and the decision was made not to continue sponsoring the activity?
2. When a friend who is not involved in hospital volunteerism asks, "What do you do at the hospital all of the time?" How do you answer? Do you say, "I'm *just* a volunteer?" Or do you say, "I'm a volunteer, and I love it."
3. When the auxiliary is recruiting new members, is it communicated to potential members the importance of the auxiliary volunteer's role in the health care team? As volunteers in or for a hospital, they are providing the human element which is an essential component of patient care.
4. Does the auxiliary provide opportunities for its members in the following roles: change agents, catalysts, lobbyists, decision makers and policy makers on boards, para-professionals, administrator/executives?
5. Are new members encouraged to attend the IHA Auxiliary/Volunteer Conferences (Annual Meeting, Spring Conference, Summer Gatherings, Leadership Conference, Gift Shop Conference, etc.) and other special seminars? Or do the same people end up going to these educational meetings year after year?
6. Have the auxiliary leaders recently evaluated why they are involved as auxiliary volunteers? What motivates them to continue? What does volunteer involvement add to their personal development?
7. Are volunteers given a good orientation and overview?

There are no right answers to these questions. Time should be taken to evaluate programs and activities and make the necessary changes to ensure that the auxiliary is answering the needs of the community and the membership. The importance of auxiliary volunteers as a part of the health care team must be communicated to potential members and current members. There must be an awareness of trends which are affecting voluntarism today so auxiliaries can deal with them and be ready for the changes they will cause. But, most of all, know that it is about involvement in health care volunteerism that "turns people on" so that message can be communicated enthusiastically to potential members and volunteers.

Section V: Membership

II. Membership Practices

An integral part of an auxiliary is a membership committee. The responsibilities are:

1. To recruit members.
2. To retain all members, both new and renewing.
3. To maintain the active interest of all members.

Before forging ahead into communities to recruit new members, a few questions should be asked. If the answers are not known, do some searching.

A. Why do people join an auxiliary or offer to volunteer?

1. Are they lonely?
2. Have family illnesses created an interest in the area of prevention and cure?
3. Does the individual want to increase knowledge about hospitals and their activities?
4. Are they thinking of a career in the health field?
5. Did friends tell them how their experiences as an auxilian were so fulfilling?
6. Do they enjoy being around people and have empathy for others less fortunate?
7. Do they see an opportunity to use their various skills?

B. Why did you join the auxiliary and/or offer to volunteer?

1. Each person should be able to articulate why they became a volunteer.
2. It is very important to realize one's importance as a volunteer and to be able to communicate this to others.

C. Who should be recruited?

1. Everyone is welcome!

After answering the above questions, it is time to address the next set of facts which deal with the main responsibilities of the membership relations committee

D. How to recruit new auxiliary/volunteer members--methods fall into three main categories.

1. Individual or word-of-mouth recruiting is the most effective and, generally, the most satisfying approach. A well-informed and satisfied member is the best recruiter.
 - a. Family members and friends accompanying a patient to the hospital or visiting have contact with auxiliaries/volunteers. This contact, when of a positive nature, can be an effective means of recruiting.

Section V: Membership

- b. Patients, family members and friends can be made aware of the auxiliary/volunteer programs through brochures and handbooks left at the bedside of a patient or through posters displayed in waiting rooms.
 - c. Individual and group tours through the health care institution by auxiliaries/volunteers provide another opportunity.
 - d. Members telling the hospital story to friends and neighbors in a positive way can encourage a desire to volunteer and/or become a member of the auxiliary.
 - e. Have a good youth or teen volunteer program so they learn the volunteer aspect young and they continue.
2. Mass recruitment is designed to reach a large number of potential auxiliary members/volunteers.
- A. Some methods of mass recruiting:
- (1) Speak before community groups, service clubs and religious organizations.
 - (2) Use Welcome Wagon and/or Newcomers Clubs to distribute applications to new residents.
 - (3) Present a program, i.e., slide presentation, to senior citizens' groups.
 - (4) Prepare a program which can be presented to local industries and businesses where employees are urged to volunteer and are possibly given "release time" for such activity.
 - (5) Place displays and posters in store windows, Laundromats and on public bulletin boards. They should be simple but eye-catching and give the address and telephone number of where more information can be obtained.
 - (6) Use newspaper space which is often available for public service editorials and news items promoting recruitment or the auxiliary may purchase advertising space. Explore all other possibilities before purchasing advertising space for this purpose.
 - (7) Obtain free radio and television time for interviews and public service spot announcements. Volunteering for a health care institution is a public service.
 - (8) Work with the public relations/community relations/hospital information services department of the hospital to develop proper channels of communication with the media and community organizations. If a hospital does not have a specific department for this purpose, work directly with administration.
 - (9) Have a special event such as tea or an open house.

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3. Outside sources for recruiting:
 - a. Use the services of a volunteer bureau, volunteer center or other community organizations whose purpose it is to recruit volunteers on a community wide basis.
 - b. When using an outside source for recruiting, furnish them with:
 - (1) A current list of available openings.
 - (2) A brief description of the skills of person needed.
 - (3) Publications which give a general description of the institution and the volunteer program.

Section V: Membership

III. Membership and Recruitment Flier

At St. Luke's volunteers are essential pieces to our success

What will I do as a volunteer?
Your assignments as a St. Luke's Volunteer will vary depending on your interests, availability, skills and experience. Some of the volunteer assignments you may specialize in include:

- Public Contact:**
 - Greeter/escort
 - Tour guide
 - Waiting area host
- Clerical:**
 - Filing
 - Chart assembling
 - Data entry
- Patient Contact:**
 - Patient visitor
 - Flower/mail delivery
 - Outpatient & admission escort





EXAMPLE

Who volunteers?

- High school and college students
- Adults of all ages
- Couples
- Families
- People seeking on-the-job experience
- People seeking careers in healthcare
- Retirees



How do I get started?

If you're interested in becoming a St. Luke's Volunteer or would like more information, contact us at 319/369-7213. You can also visit us on-line at stlukes.org and fill out an application. Once you have filled out an application we will schedule an interview to discuss your experience, interests and availability.

Why volunteer?

Volunteering at St. Luke's is fun and rewarding. Being a St. Luke's volunteer you will meet new people, make new friends and learn a variety of skills. You will have the opportunity to celebrate your successes and receive recognition for the work you do. Volunteering at a hospital, you also have the opportunity to stay up-to-date with the latest healthcare advancements and explore a variety of careers in the field. Volunteering is a personally satisfying experience that not only helps others, but you as well!

For more than 60 years, St. Luke's Hospital has attracted volunteers from all walks of life. St. Luke's Volunteer Services provides a selection of opportunities that fit today's busy lifestyles and also fill important needs in providing services for our patients, families and the community we serve.

Be an essential piece to St. Luke's success.

Join our team.



St. Luke's Volunteer Services

Essential Pieces







ST. LUKE'S HOSPITAL
IOWA HEALTH SYSTEM

A better place to be

Volunteer Services
St. Luke's Hospital
1026 A Avenue NE
Cedar Rapids, IA 52406-3026
319/369-7213 • Fax 319/369-8505
crstlukes.com



ST. LUKE'S HOSPITAL
IOWA HEALTH SYSTEM

A better place to be

Section V: Membership

IV. Membership Dues or Annual Giving Campaigns

Most auxiliaries are nonprofit organization whose purpose is to raise funds to help support better health care services for their local communities. The dollars raised goes towards new equipment purchase or to provide scholarships for local students who plan to work in a health-related field.

Hospital auxiliaries welcome all members of the community to become members. Dues and contributions play a major role in achieving fundraising goals, as well as, documents auxiliary/guild membership numbers.

See example on next few pages.

“We have found that we actually end up with more money from donations than we did when collecting dues. In our by-laws we simply removed the section regarding dues and left a statement that Auxiliary Membership was open to anyone interested in supporting the work of the Auxiliary.

Dawn Gielau, Clinton

Section V: Membership

V. Annual Giving Campaign Letter Example

AUXILIARY
LETTERHEAD

- EXAMPLE -
Annual Giving Campaign Letter
instead of Dues

June 15, 2010

«First» «Last»
«Address»

Dear «First»,

XYZ Auxiliary and our Volunteer Services Department extends heartfelt thanks for the time and talent you so generously share with us. As XYZ Auxiliary Volunteers, we give over 45,000 hours of service each year!

As you know, our Auxiliary is also a fundraising arm for XYZ Hospital, supporting many projects and services that help to advance quality healthcare in our communities

This fundraising is generated through the gift shops, snack bars, thrift shop, special sales and events. As you know, the Auxiliary Board has decided to take a new direction. The traditional annual collection of dues has been replaced with an Annual Giving Campaign, providing you the **option to contribute**. Your tax-deductible gift will help ensure our continued role in providing compassionate, high quality care to the communities we serve.

Through your generosity, you will be making a significant positive impact on current and future care that will benefit the citizens of Clinton and surrounding communities. Please join us and help the Auxiliary meet the continued needs of our community and our community hospitals by filling out the enclosed form and making your gift today. Your support will make a difference!

Sincerely,

First and Last Name
Auxiliary President

First and Last Name
Director Volunteer & Guest Relations

Enclosure

Section V: Membership

XYZ Auxiliary
First Annual Giving Campaign ~ 2013

EXAMPLE

____ Yes, I would like to support the continued good work of the Mercy Auxiliary.

I prefer to pay by:

____ **Check:** Make checks payable to **XYZ Auxiliary**.

____ **Credit card:** Please charge my:

_____ VISA _____ MasterCard

____ -- ____ -- ____ --

Exp. Date _____ Signature _____

Amount I would like to donate:

\$ _____

Name: (Please Print) _____

Address: _____

City/State/ZIP: _____

Return to the Volunteer Services Office or mail to:
XYZ Auxiliary, 11111 N 1st, Anywhere, IA 50000

Section V: Membership

VI. Categories of membership to consider:

1. Active Member – Pays dues (example \$10/year) or makes contribution each year to auxiliary depending on the organization structure. Active members regularly participate in active service programs of the Auxiliary and serve a minimum of 100 hours yearly.
2. Regular - There should be no differentiation between active, inactive, sustaining or associate. All members should be members; some are just more active than others.

(Possible exception: If a dues increase is being considered to meet rising administrative expenses, a special dues amount for senior citizens at a lower rate might be considered.)
3. Part-time Seasonal Member – Pays additional dues rate. (Example: \$15 per year) – Active seasonal members, serving 50 or more hours yearly.
4. Associate Member – Pays an extensively higher dues fee (Example: \$50 per year). Associate members are interested in the purpose of the Auxiliary and may participate in all events and services of the Auxiliary, but are not required to serve a specific number of hours.
5. Life Member - Persons making a lifelong commitment to the auxiliary and a major financial contribution of not less than \$100.
6. Honorary - Recognizes outstanding service performed by individuals.
- 7.
8. Group - Membership held in the name of another organization in the community thus indicating their support for the institution and the auxiliary. Couple memberships can be encouraged.
9. Liaison - Permits another organization in the community to send a representative to auxiliary meetings which opens up channels of communication within the community. They do not pay dues and do not have the right to vote.
10. Youth College – This encourages young people to begin volunteering and helping the community at an early age.

A. Obligations to all members.

Auxiliaries have an obligation to assess and use the talents, expertise, interests and abilities of all members, both new and renewing. If this is accomplished, memberships will be maintained and continue to grow.

1. After joining the auxiliary, each new member should have an initial interview to determine:
 - a. Their talents, expertise, interests and abilities.
 - b. Their desires for involvement in the auxiliary/volunteer program.
 - c. Their expectations for personal growth in the program.

Section V: Membership

2. Each year, as members renew their membership, they should be given the opportunity to communicate. This can be done by using a form for renewing members to fill out (see example V.9) or by a personal interview with a member of the membership relations committee, asking for:
 - a. Their talents, expertise, interests and abilities may have changed from their initial interview as new members.
 - b. Their current desires for involvement in the auxiliary/volunteer program.
 - c. Their renewed expectations for continued personal growth as a part of the auxiliary/volunteer program.
3. Proper tools should be provided for each member.
 - a. Orientation of new members and reorientation for renewing members.
 - b. A copy of the constitution and bylaws of the organization, administrative policies and procedures, and appropriate position descriptions.
 - c. The opportunity to attend informative membership meetings, workshops, conferences and programs both locally and at the state and national level.
 - d. Have access to reference material published by national and state hospital associations as well as other publications which apply to activities of the auxiliary/volunteers.
4. All members should be offered a voice in decision making.
5. Members should be offered opportunities for participation, starting with proper placement in the volunteer service program and/or the auxiliary's programs/projects. These opportunities should be followed by adequate training so they feel at ease in performing their responsibilities.
6. All members should have the opportunity for advancement, increased responsibility through committee assignment, chairmanship, board position or elected office.
7. All members should be properly recognized for service given. Some possible ways to provide this recognition:
 - a. Traditional pin, plaque or certificate.
 - b. Recognition teas and dinners.
 - c. Election to an office.
 - d. Appointment to a committee or chairmanship.
 - e. Publicity with local media--community recognition.
 - f. **MOST IMPORTANT**--being told of appreciation expressed by patients, personnel and

Section V: Membership

auxiliary/volunteer department leadership, the simple pat on the back and "You're doing a SUPER job!" comment.

- B. Membership orientation has a three-fold purpose. To instill in members the realization that they are representatives of the institution and that their actions in their role as auxilian/volunteer reflect on the institution; to acquaint new members with their environment; and to ensure all regulatory standards are upheld.
 - 1. The initial orientation should be held informally to put new members at ease, i.e., coffee, tea, luncheon. The orientation should cover:
 - a. Institution's history.
 - b. Auxiliary history and record of service to the institution.
 - c. Auxiliary bylaws thoroughly explained so that all members understand their rights and responsibilities.
 - d. Description of auxiliary/volunteer services, both in the hospital and in the community.
 - e. Types of fund-raising projects and a brief summary of how profits are spent.
 - f. Federal and state income tax deductions available to volunteers--uniform cost, transportation expense, donations of merchandise, financial contributions.
 - g. Uniform regulations, parking information, sign-in procedures, and receipt of official name tags or other identification.
 - h. What to do in case of absence.
 - i. HIPAA rules and confidentiality of information regarding patients.
 - j. Types of recognition for service.
 - k. Safety rules and practices.
- C. Reorientation should be provided on a yearly basis for all auxilians/volunteers regardless of length of membership.
 - 1. To acquaint members with new staff members and new services in the institution.
 - 2. To inform members of changes in auxiliary structure. Redefine these changes and explain all operational changes.
 - 3. To inform members of new developments in health care with an educational program such as:
 - a. A program on a health education project.
 - b. A program updating members on pending health care legislation.

Section V: Membership

- c. A tour of other health and educational institutions within the community who are involved in cooperative teaching programs with the institution.
- 4. Reorientation should include updates on new regulations and review safety policies.
- D. Auxiliaries should reassess their members' talents, expertise, interests and abilities on a yearly basis by maintaining a skills bank and/or interest file. (See sample p. V.12)
 - 1. This survey practice can be handled through the mail or by a personal interview.
 - 2. Questions must be directed at determining a member's talents, areas of expertise, interests and abilities.
 - 3. Space could be provided for the member to comment on their past volunteer experiences. This data could be used by the auxiliary board in the evaluation process.
 - 4. If the survey is conducted by mail, a definite deadline for return of the completed survey should be set. A method should be established for contacting members who do not respond.
 - 5. Information on each member can be transferred to a file card (or other chosen method) which can be duplicated and filed alphabetically under the headings of Talents, Expertise, Interests and Abilities.
 - 6. Information should be kept in the auxiliary office for easy access for making recommendations to project chairperson, committee chairperson, nominating committee and the auxiliary's board of directors.

Members are definitely the most valuable resource. If they are to be retained, know what areas are of special interest to them and in which areas they have had valuable experience. The purpose of the following sample form is to aid in this very important responsibility.

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VII. Membership Application Form

IT'S MEMBERSHIP TIME AGAIN!!
WE INVITE YOU TO RENEW YOUR MEMBERSHIP OR TO TAKE
THIS OPPORTUNITY TO JOIN US AS A NEW MEMBER

Please fill out and return this entire form. Indicate the activities which are of special interest to you. Note that the activity list has been updated so that you will find something to fit your special talents and interests.

DUES: General-\$10.00 Life-\$100.00 Senior Citizen (Over 60 years)-\$6.00

NAME (Mr./Mrs./Miss/Ms.) _____

ADDRESS _____

TELEPHONE (home) _____ (work) _____

E-MAIL ADDRESS _____

Any health problems to be aware of _____

NAME OF SPOUSE _____

MEMBERSHIP: ☐ General ☐ New Member ☐ Life ☐ Senior Citizen

Activity List: Circle those you would like to be involved with.

- A. Arrangements - hostesses at auxiliary/volunteer activities.
- B. Art Exhibits - hanging and taking down art works.
- C. Fund-raising.
- D. Finance Committee - responsible for preparing budget and future financials.
- E. Infant Photo - explaining the picture program to new mothers.
- F. Flower Shop - planting, arranging and/or sales.
- G. Gift Shop - stock work, sales and/or display.
- H. In-service volunteering.
- I. Legislation - researching and educating membership.
- J. Membership Relations Committee - recruiting and orienting members, determining member interests, talents, etc.; communicating member talents and interests to appropriate committee chairperson.
- K. Pediatric orientation - weekly presentations to first graders about hospital procedures.
- L. Poison control and child safety.
- M. Health fair.
- N. Other community health education projects.
- O. Public relations/auxiliary newsletter.
- P. Sewing and/or crafts.
- Q. Telephone - making calls to membership during year.
- R. Any other areas you would like to see the auxiliary become involved in:

If you know of someone who would like to become an auxilian, please list his/her name below along with telephone number and address and we will invite them to become a part of this exciting organization.

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VIII. Skills/Interest Survey

ANYWHERE IOWA HOSPITAL AUXILIARY SKILLS - INTEREST OR EXPERIENCE

(Check [X] the areas where you have interest and/or experience)

PUBLIC CONTACT

- ☐ advertising
- ☐ fund-raising
- ☐ grantsmanship
- ☐ interviewing
- ☐ lobbying
- ☐ meeting people
- ☐ public relations
- ☐ public speaking
- ☐ soliciting
- ☐ surveying
- ☐ ticket selling
- ☐ tour guide
- ☐ _____
- ☐ _____

ARTISTIC

- ☐ acting
- ☐ artistic writing
- ☐ calligraphy
- ☐ commercial art
- ☐ cosmetology
- ☐ costume design
- ☐ dance
- ☐ design
- ☐ directing
- ☐ display
- ☐ drawing
- ☐ handicraft
- ☐ layout
- ☐ lettering
- ☐ musical - brass
- ☐ musical - drum
- ☐ musical - guitar
- ☐ musical - percussion
- ☐ musical - piano
- ☐ musical strings
- ☐ musical woodwinds
- ☐ needlepoint, crocheting, knitting, etc.
- ☐ painting
- ☐ props
- ☐ sewing
- ☐ singing
- ☐ _____

CLERICAL - OFFICE

- ☐ accounting
- ☐ bookkeeping
- ☐ budgeting
- ☐ computer
- ☐ office management
- ☐ shorthand
- ☐ telephone survey
- ☐ typing
- ☐ _____
- ☐ _____

COMMUNICATIONS

- ☐ advertising
- ☐ audiovisual
- ☐ broadcasting - radio
- ☐ broadcasting - TV
- ☐ photography
- ☐ writing - creative
- ☐ writing - reporting
- ☐ _____
- ☐ _____

ORGANIZATIONAL

- ☐ analyzing
- ☐ coordinating
- ☐ delegating
- ☐ developing projects
- ☐ facilitating
- ☐ future planning
- ☐ implementing
- ☐ interpreting
- ☐ motivating
- ☐ organizing ideas
- ☐ organizing people
- ☐ parliamentary knowledge
- ☐ planning
- ☐ problem solving
- ☐ recruiting
- ☐ researching
- ☐ supervising
- ☐ training/teaching
- ☐ _____

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SPECIAL KNOWLEDGE AREAS

Check [X] the areas in which you have experience:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Landscaping - Gardening |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Law |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Legal Research |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Library Science |
| <input type="checkbox"/> Business | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Medical Research |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Merchandising |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Parliamentary Procedure |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Foreign Language - French | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Foreign Language - German | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Foreign Language - Italian | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Foreign Language - Russian | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Foreign Language - Spanish | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> History | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Interior Design | <input type="checkbox"/> _____ |

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SPECIAL INTEREST AREAS

Check [X] the areas in which you have a special interest:

- [] Crafts
- [] Environment
- [] Flower Arranging
- [] Gardening
- [] Historical Preservation
- [] Hospitality - entertaining
- [] Politics
- [] Public Education
- [] Restoration
- [] Sports
- [] Transportation
- [] Working with Children
- [] Working with Government
- [] Working with Minorities
- [] Working with the Elderly
- [] _____
- [] _____
- [] _____

Section V: Membership

EXAMPLE



IT'S THAT TIME OF YEAR!

Gibson Area Hospital Auxiliary Membership Dues 2010 – 2011

Membership Dues:

Dues are \$10.00 per year or you may become a lifetime member for a onetime payment of \$250.00. According to Auxiliary Bylaws all dues are due by November 1st.
(Hospital Auxiliary year runs from November to November)

On the back of this form, please check any committees you are now serving on or would like to serve on. Your time and effort is greatly appreciated.

We need this committee information so that we can keep the Auxiliary Membership Book up to date.

THE GAHHS AUXILIARY THRIVES ON MEMBERS LIKE YOU DEDICATING YOUR TIME! THANK YOU!

MEMBER INFORMATION

Name _____

Address _____

City _____ St. _____ Zip _____

Telephone (day) _____ (evening) _____

E-Mail _____ Recruiter's name _____

ACTIVE MEMBER \$10 LIFETIME MEMBER \$250

Please return this form with your 2010 – 2011 dues to:

Jimmie Lange
Membership Chairperson
414 S. Wood Street
Gibson City, Illinois 60936

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EXAMPLE

Check Committees You Wish To Serve On This Year

- ___ Annex Cakes - Members take turns baking birthday cakes for the annex residents once or twice a month.
- ___ Annex Christmas Decorations - Members will put up and take down Christmas Trees and decorations in the Annex. Also will be sure the outdoor lights are taken care of by the GAH groundskeeper.
- ___ Annex Gardens - Throughout the spring, summer, and fall, members will plant and tend to the garden area at the Annex. GAH groundskeeper will water flowers weekly.
- ___ Annex Tray Favors - Many groups in town contribute to this project. It may be necessary for a group of members to pitch in and create favors for the Annex Residents from time to time.
- ___ Art Work - Children's artwork displayed in the M&S floor is gathered and hung by this committee.
- ___ Bloodmobile - Members help make arrangements by calling volunteers to donate blood, set up appointments, and help plan and promote the donor days.
- ___ Bridge Marathon - These individuals play bridge with a partner throughout the year. A yearly donation of \$10 per player is donated to the Auxiliary to help with projects.
- ___ Gala - This fund raiser for the Gibson Area Hospital Foundation needs Auxiliary volunteers in many areas to make this evening of fine food, auctions, and dancing a success. The Foundation donates money to the Auxiliary to help with their yearly projects.
- ___ Gift Shop - The gift shop is a huge service to the hospital. Members are the workers and staff who man the cash register and stock the shelves.
- ___ Golf Outing - Members will help with lunch, coordinating outings, tee prizes, and act as hosts for the day.
- ___ Historian/Scrapbook - Members will memorialize the activities of the Auxiliary in scrapbooks. Plus, every 10 years we publish a history book about ourselves and the group will keep track of our activities.
- ___ Information Desk - Info desk workers are liaisons between the patients and families and the various departments in the hospital. Training is available with a mandatory education annually.
- ___ Juice Cart - Members provide the Annex and hospital residents with juice and snacks daily. Training is available.
- ___ Magazines - The members distribute donated magazines to the various waiting areas in the hospital. Address labels are removed.
- ___ Mail Delivery - Sort and deliver mail to those in the residents and patients in the Annex and hospital.
- ___ Nominations - This committee consists of two members of the board and three from the general membership. They are responsible for preparing a slate of nominees for officers.
- ___ Public Relations - This committee will lead the way to promoting the activities of the Auxiliary and services of the hospital. Activities will include writing articles for the Vital Signs Newsletter, arranging photo ops and writing articles for local newspapers, and other activities to help promote GAH and the Auxiliary.
- ___ School Tour Guides - Children from area schools tour the hospital each Spring and learn about the services it has to offer. Tour guides lead groups of 10 children and a chaperone to the various departments in the hospital to hear short speeches.
- ___ Showers of Flowers - Once a year in February, the employees buy each other flowers to say thank you to one another for a job well done. Volunteers for this morning activity are needed to coordinate sales, wrap and deliver the flowers to the recipients.
- ___ Scholarships - Each year the Auxiliary provides two \$1500 scholarships to individuals pursuing a healthcare related degree. We also administrate two other scholarships for the Hospital Board. This group distributes applications, reviews them, and selects the winners.
- ___ Telephone Committee - Members of this committee will call other members when volunteers are needed or when there is an upcoming event.

Section V: Membership

IX. Membership Confirmation and Benefits Letter Example



EXAMPLE

CONGRATULATIONS!

_____ has given you a gift membership to the Iowa Lutheran Hospital Auxiliary. Our auxiliary is the largest in the State of Iowa. Your membership is effective from January 1 to December 31, 2011. We are pleased to have you as a member of our Iowa Lutheran Hospital Auxiliary.

Enclosed you will find your membership card for 2011. As a member, you can look forward to receiving two issues of our newsletter, the *AuxVol*, and other special mailings throughout the year that will keep you informed about Iowa Lutheran Hospital. You will be invited to attend the spring and fall general meetings along with educational workshops. Your membership also entitles you to a discount at our ILH Auxiliary Gift Shop.

If you are a new member, we would like to encourage you to become involved in the ILH Volunteer Program. There are many volunteer service opportunities for volunteers. We always appreciate having more volunteers. Perhaps you and a friend would enjoy working together on some projects. If you are a current member and someone has given you a gift membership, we want you to know that we appreciate your continued involvement.

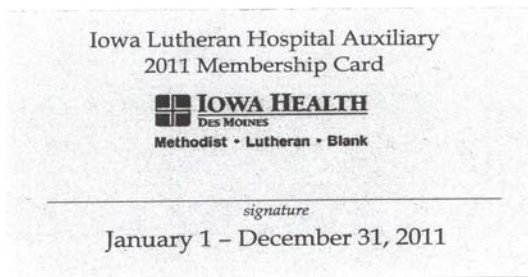
Please call the Volunteer Services department at ILH (263-5227) to visit with one of the staff if you are interested in becoming a volunteer, but volunteering is not a requirement for membership in the Auxiliary.

Welcome to the Iowa Lutheran Hospital family!

Sincerely,

EXAMPLE

Enclosure



Membership Benefits	
Discounts: <ul style="list-style-type: none">• Gift Shop—10 percent (with membership card or sticker)	Events: <ul style="list-style-type: none">• Spring and Fall general meetings• Educational workshops
Information: <ul style="list-style-type: none">• Newsletter• Mailings	
Volunteer Opportunities—call 263-5227	

Section V: Membership

X. Recognition

Recognition of volunteers is important for the maintenance of positive attitudes and the desire to continue. Without the revival effects of recognition, volunteer burnout occurs quickly.

Recognition of volunteers serves to keep the hospital's name in front of the public as well as giving the recognition due volunteers by using the same source as used for recruitment and public relations. Whether it is through pictures of auxiliary activities, selection of a volunteer of the month/year, articles about the auxiliary's purpose and goals or a multitude of other topics using the television, radio and newspaper media is the way to keep the community and service area informed of what's happening.

Newsletters, both hospital in-house and membership oriented are a vital part of the recognition process. What better way to let everyone know who's doing what, as well as the appropriate thank you's being issued. Don't be shy. Distribute the newsletter widely so the entire community knows what you are doing.

Keeping track of volunteer hours is a big job. However, it's well worth the time and organization it takes to properly reward those who have given so much of their time and talents. During the annual membership meeting the appropriate awards, pins, and certificates can be presented acknowledging the efforts of all. Once again, make sure the media is aware of the awards and that the newsletter(s) includes coverage.

XI. Installation

Installations should be special. They present to the membership the goals and ideals of the organization and challenge new officers to lead the members toward these objectives. In addition, these ceremonies provide the opportunity to express appreciation and pledge support to the new leaders. After being honored in a beautiful ceremony, any officer will be inspired to do a better job.

The suggested scripts can easily be adapted to fit the needs of an organization. It may be necessary to borrow from one and add to another.

When installing each officer, keep remarks as brief as possible. Avoid a long dissertation on each officer's duties. It is better to present responsibilities symbolically, to inspire and challenge the new leaders. Whenever possible, present each officer with a remembrance of the occasion.

Whether planned with expensive presentation pieces or merely a verbal pledge, installation ceremonies should be as impressive as possible.

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XII. Installation Examples

SHARING OF THE ROSE BOUQUET

Needed: Small bouquet or vase of roses made up separately in the following colors:

- ★ White Roses
- ★ Yellow Roses
- ★ Pink Roses
- ★ Red Rose Bouquet/Vase has one red rose and then all others add their roses to it.

Will the officers for the coming year please come to the front of the room. Each officer is receiving a bouquet of flowers, representing her office. As she is installed, she will take one of her flowers & give it to the Chairman, as a pledge to work together for the XYZ Hospital Auxiliary.

Treasurer, (NAME). The white rose represents truthfulness & honesty, two qualities essential to the duties of your office. You will make deposits, collect dues & disperse the Auxiliary's funds as well as keep an accurate record of all financial transactions & give a monthly financial report to the Steering Committee.

Secretary, (NAME). The yellow rose represents loyalty & concentration. As secretary, you will accurately & impartially record all important decisions of meetings. It is also your responsibility to distribute copies of the minutes to Board members following monthly meetings & to make the minutes accessible to the general membership as requested.

Co-Chair, (NAME). The pink rose represents love & faithfulness, necessary qualities for your duties. You will assist the Chair whenever possible and be ready to lead the organization in her absence.

Chair, (NAME). The red rose represents dignity, steadfastness & fidelity. You are the guiding light of our organization. You will preside at all meetings, appoint committees and represent our organization as needed. The officers, steering committee & membership are ready and willing to support you as you begin your year as Chair.

Section V: Membership

SHARING OF THE CARNATION BOUQUET

Needed: Small bouquet or vase of carnations made up separately in the following colors:

- | | |
|---------------------|--------------------|
| ★ Yellow Carnations | ★ White Carnations |
| ★ Pink Carnations | ★ Red Carnations |

Flowers are a symbol of love, support and thanks. We will use flowers to express our thanks and pledge our support to those devoted ones who will serve XYZ Hospital in (years). I like to think of volunteers as flowers each contributing their own natural beauty and talents to enrich the entire garden.

Treasurer: (Name) – the yellow carnation is your flower – representing truth and trust. You have a true regard for the financial structure of this auxiliary. You are the guardian of our wealth, a position of trust. You are the recipient of Auxiliary monies and will have the responsibility of dispensing money. With your help, the assets of the Auxiliary will flourish like this beautiful flower. (Name) will you accept this office and these responsibilities? I declare you duly installed as Treasurer of the XYZ Hospital Auxiliary for (year).

Secretary: (NAME) – The white carnation represents truth, thoughtfulness and accuracy. A good secretary records what is done not said. Your minutes should be accurate and complete. The minutes are a permanent history of the Auxiliary and can be referred to when questions arise. They must be true and approved. You also handle all correspondence. (Name) do you accept this office and these responsibilities? I declare you duly installed as secretary of the XYZ Hospital Auxiliary for 1999-2000.

Vice President: (NAME) – Your flower is the pink carnation. It is the symbol of love and faithfulness of duty. You assist the President whenever possible and make her term of office a pleasant one. Be aware of the Auxiliary's plans and activities so that in her absence, you will be able to perform her duties and represent her. (Name) do you accept this office and these responsibilities? I declare you duly installed as vice president of the XYZ Hospital Auxiliary for (year).

President: (NAME) Red roses represent dignity, steadfastness and fidelity. In nautical terms, the rose means a compass card, to these lovely flowers are also indicative of the true direction which you, as President, will give to XYZ Hospital's Auxiliary during your term. You are the guiding light of the Auxiliary. You will work closely with the Administrator of XYZ Hospital, and will appoint various committees during your term of office as needed. (Name), do you accept these responsibilities? It is with great pleasure that I officially declare you duly installed as president of the XYZ Hospital Auxiliary for (year).

Each officer please pass one of your flowers to the president. This symbolizes your support of her as a leader and your willingness to cooperate with her and the other officers. See what a beautiful, harmonious bouquet is created when several single flowers are combined!

To the group: PLEASE STAND – In your own minds and hearts all of you as volunteers should have a flower of dedication and purpose to which you pledge your best efforts for the coming year. During (year) let us all make a giant bouquet for XYZ Hospital so that all our efforts and endeavors for the coming year blossom into a beautiful bouquet of accomplishments.

To these installed officers we offer you our support and congratulations.

ART AND ARTISTS

President - (Name), our President, you are the artist. Your gentle, loving hand will guide us through our many successes and occasional failures. You will use your creative vision to develop innovative ways to help us reach our goals and your dedication and devotion to the service of others is an inspiration to us all.

Section V: Membership

CANDLES AND CANDELABRUM

Needed: A five-place candelabrum.
Four dark rose candles-one for each officer to be installed (President, Vice President or President Elect, Treasurer and Secretary) and one white candle.
If your organization has several vice presidents or other officers, use a larger candelabrum, or set individual candle holders around the main candelabrum.

(The outgoing officers will stand to the left of the candelabrum with the President first in line and the rest following in order. The incoming officers will stand in the same order on the right side of the candelabrum. The rose candles will be placed in front of the outgoing officers.)

For many years, the candle flame has been the symbol of volunteer service to mankind-a flicker of hope for the sick and needy.

(Place white candle in top most holder.)

The color white symbolizes the hospital we serve. (Name of Hospital) is the true heart of the community, a haven for all who need medical care.

(Light the white candle.)

The hospital is the apex of all medical service. Our volunteer auxiliary joins forces with the other professional teams to provide the best care possible to the hospital's patients.

When we think of hospital volunteers, we think of hands and hearts in service to others in need. And so, it is fitting that those who have been chosen to lead (Name of Organization) in 20__, should receive as a symbol of their office, a candle lit at the apex of care by the hand of service of the predecessor in this office.

(The President, followed in turn by the other officers, will choose a candle and light it as the title of their office is called, then hand the lighted candle to her successor as a brief description of duties is read. The incoming officer will symbolize her acceptance of the office by placing her candle into a holder on the candelabrum.)

Section V: Membership

CANDLES - SYMBOL OF LIGHT AND HOPE

Needed: One large candle, representing the organization.
A smaller candle for each new officer.

The flame is universally known as the symbol of light and hope. As we gather together today to install our 20__ officers, we will use the candle to signify our expectations for the coming year and our faith in these dedicated, hard-working (men and) women.

(As the names of the new officers are called, they will light a candle from the large candle.)

(Name), our President, will light a candle to pledge loyalty to the President and (Name of Organization).

(Name), our 1st Vice President, lights a candle to pledge loyalty to the President and (Name of Organization).

(Name), our 2nd Vice President, lights a candle to symbolize faith in the officers and members of (Name of Organization).

(Name), our Treasurer, lights a candle to signify the wisdom needed for the duties of her office.

(Name), our Secretary, lights a candle to symbolize the need for vision to carry on the work of (Name of Organization) during the coming year.

Optional-

Place small candles before each member at their tables and, as a final gesture, ask members to light their own candles and pledge support to the organization and its new officers.

Section V: Membership

VOLUNTEER SERVICE TO MANKIND

Needed: One large candle to represent the organization.
A smaller candle for each officer.

Since the time of Florence Nightingale, the flame of the candle has been the symbol of volunteer service to mankind, a sign of help and hope for the sick and needy. In keeping with this tradition, we will use the candle flame today to symbolize the installation of our 20____ officers.

(The installing officer lights the large organization candle.)

This candle flame represents our dedication to serve (Name of Organization). Besides our pledge of service to others, the candle constitutes the passing of the flame of light and loyalty from one set of officers to another. During their year of service, each retiring officer has contributed knowledge, experience and understanding to the organizational flame.

(As each new officer is introduced, the outgoing officer lights a candle from the organization candle and presents it to the new officer.)

Secretary - (Name), as Secretary, you shall give notice of all meetings and activities of (Name of Organization), and shall carry on the correspondence of our organization. You will also keep an accurate record of the proceedings of all meetings.

Treasurer - (Name), as Treasurer, you are the fiscal officer of (Name of Organization). You will receive all funds, pay all bills promptly and keep accurate records. These records will be kept up-to-date and available if needed.

2nd Vice President - (Name), as 2nd Vice President, you will perform all duties and exercise all powers of the 1st Vice President in his/her absence. You will also be official hostess at our auxiliary functions. May your planning be a joy to you and a joyous experience to each of us who attend.

President - (Name), you have been selected by the membership of (Name of Organization) to serve as our leader for 20____. You will use your talents and abilities to organize the year's work, motivate our volunteers, and lead and work with enthusiasm. You are charged to preside with dignity, fairness and impartiality. To place the well being of (Name of Organization) and our auxiliary is of first consideration in all your actions as president.

(Name), I am very happy to install you as president of (Name of Organization). I know that you will fill this office with dignity and understanding. Never hesitate to ask for assistance from your officers and board. We are here to help you.

Section V: Membership

COLORS FOR OFFICERS

(These colors could be presented in the form of flowers or colored ribbon around candles. Colors can also be used for the paper on which bylaw duties have been typed, or the ribbon tying scrolls that outline bylaw duties.)

Throughout the ages, colors have been used to reflect moods, denote countries and organizations and signify important events. Today, we will use color to welcome and honor our 20____ officers.

Secretary - (Name), our Secretary. Your color is red, a symbol of vigilance and alertness. Both of these qualities will help you record the important events and decisions of (Name of Organization) accurately.

Treasurer - (Name), our Treasurer. Your color is white, which denotes complete truthfulness and honesty. You have the most trustworthy position in our organization. You are the keeper of our funds and assets.

2nd Vice President - (Name), our 2nd Vice President. Your color is green, a sign of creation and growth. You will welcome and orient the new members in our organization who will help us to grow and prosper in the coming future.

1st Vice President - (Name), our 1st Vice President. Your color is orange, which signifies loyalty. You are the right hand of our president and will help whenever necessary. In the President's absence, you will be acting President.

President - (Name), our President. For you, we have the colors purple and gold. Purple is the color of royalty. It symbolizes leadership and power. You are the leader of (Name of Organization), and have the power to carry out the business of the auxiliary. Gold signifies unity. Your members are united to help you achieve the goals of our organization during the coming year. Remember to rely on us when you need help.

(Other colors for additional officers: Blue--truth and wisdom. Silver--purity and valor.)

Section V: Membership

BASKETS OF FLOWERS

Needed: Baskets of the following flower arrangements:

Daisies (for outgoing officers)	Yellow Carnations
White	Pink Carnations
Golden Mums	Red Roses

A flower garden that is tended with loving care responds with an abundance of bloom. With your help as members of (Name of Organization), we will have a productive, bountiful year. Protect and help your garden grow healthy by keeping out the smog of dissent, the pestilence of apathy and the weeds of personal ugliness. Give your garden the extra support needed for nourishment and enrichment, the necessary rain of financial support and best of all, the blooms of friendliness as new members are welcomed into our auxiliary.

(Ask outgoing officers to stand and present each with a basket of daisies.)

Daisies are a symbol of meditation and memories. May you have beautiful memories of this past year of service to (Name of Organization). Accept these daisies and our most hearty thanks.

Secretary - Our Secretary (Name). The white mum represents truth, thoughtfulness and accuracy. A good secretary records what is done and not what is said. Your minutes should be an accurate and correct account of business accomplished at the auxiliary and board meetings. You will also handle all correspondence.

Treasurer - Our Treasurer (Name). The golden mum represents truth and trust, a true regard for the financial structure of your auxiliary. You are the guardian of our wealth, a position of trust. You are the recipient of auxiliary monies and will have the pleasure of dispensing money.

2nd Vice President - Our 2nd Vice President (Name). Your flower is the yellow carnation which symbolizes joy. May your planning of events and activities be a joy to you and a joyous experience to each of us who attend auxiliary functions.

1st Vice President - Our 1st Vice President (Name). Your flower, the pink carnation, is the symbol of love and faithfulness to duty. These essential qualities will help you carry out your numerous tasks during the year. You will also assist the president whenever possible and assume those duties in the event of absence.

President - Our President (Name). Red roses represent dignity, steadfastness and fidelity. In nautical terms, the rose means a compass card, so these lovely flowers are also indicative of the true direction which you, as our President, will give to (Name of Organization) during your term. You are the guiding light of your auxiliary. You will preside at all board and regular meetings, appoint all committees and represent (Name of Organization) whenever called upon to do so. We, the members of (Name of Organization), pledge our support to you throughout the coming year.

Section V: Membership

XIII. Teen or Junior Volunteer Programs

A teen volunteer service program will fulfill its purpose only if it adheres to certain high standards which must be met by both the young volunteer and the institution. Concern for the patient, legal implications and the educational nature of the program are the prime factors to be considered in establishing standards. Some restrictions and the requirements which would appear to be almost mandatory are:

1. Teen volunteers should not be assigned duties which require the exercise of mature judgment or place too great a responsibility on young shoulders.
2. Teen volunteers never participate in medication and treatment of patients.
3. Teen volunteers should be enrolled for service in the institution only with written consent of their parent. The request for parental consent should be accompanied by a copy of the institution's handbook for teenage volunteers.
4. The institution should establish standards of health requirements for the acceptance and assignment of the teen.
5. Each teen volunteer should have assignments for which they are specifically oriented and trained.
6. The volunteer should be expected to be punctual, loyal and regular. A trial period before the final acceptance is recommended to be sure that both the institution and the volunteer are satisfied.
7. The amount of time which the teen volunteer should be allowed to give in service to the institution should have a minimum and maximum limit. The minimum limit should be based on a concern for maintaining the volunteer's interest and continuity of service; the maximum should be set so as to assure that the volunteer does not become bored with the job nor too attached to it and that the volunteer service does not interfere with balanced extracurricular activity.
8. All teen volunteers should wear a prescribed and identifying uniform; name tags serve to give the young volunteer a sense of identity with the institution.
9. The Institution should establish standards for recognition of service. Recognition is essential to the success of any volunteer service program and is especially important to a young person. It may take tangible form in awards for specified amounts of service; however, a daily attitude of acceptance and appreciation on the part of the administration and staff form the basis for the true recognition of their services.

The same records are maintained for the teenager as for the adult volunteer. Each teenager should receive a special handbook which sets forth the purpose of the service and the special rules, regulations, and policies under which the program operates. A copy of this handbook should be sent to the parents of each volunteer so that they will understand the responsibilities and obligations which the volunteer has assumed and the benefits which may derive to the youngster.

Section V: Membership

AUXILIARY JUNIOR/TEEN VOLUNTEERS

A. Structure

Auxiliary President
Auxiliary Co-Chairperson
Teen Volunteers for limited selected assignments

B. Purpose

To utilize the enthusiasm and leisure time of teens that have shown an interest in hospital volunteer work in a manner helpful to the hospital and to the volunteer program.

1. Hospitals are short of workers and teenagers can be great "step savers."
2. Summer substitutes for staff members on vacation (in limited service, such as supervising children's play, feeding patients, etc.) and for adult volunteers home with children, on vacation, etc.
3. Program serves to interest many young men and women in a desire for hospital careers.

C. Position Description - Chairperson

1. To secure and correlate the names and pertinent information concerning youth/teens (not recommended for under 14 years of age) who wish to work as volunteers at the hospital.
2. To supply the chairperson of various projects with the names of people best suited to their activity.
3. To give general and individual orientation to every teen volunteer as to hospital policy, auxiliary regulations, deportment, neatness and uniform requirements.
4. To keep records of hours served by all teenagers, for proper recognition of their service. Pins are awarded, annually, for hours served in one year. These records are given to the Hours Chairperson for permanent record as of August 13, December 31, and April 30 of each year.

Position Description - Teen Volunteers

1. Generally, assignments are given to the teen volunteer on the basis of age.
2. Teen volunteers first report for duty to the volunteer on duty in the project to secure uniform, sign the time book so hours can be recorded, and to receive their assignments. At the end of tour of duty, which averages three hours, they return to the office to return uniform and check out.

Section V: Membership

3. Teen volunteers will familiarize themselves with and be guided by the rules and regulations of the particular service in which they are working, plus the following important reminders:
 - a. Any teen volunteer absent without a legitimate reason twice from an assignment will be removed from the rolls. If it is impossible to keep an assignment, contact the chairperson of the teen volunteers as early as possible. If you know a qualified replacement, give their name to the chairperson.
 - b. Teen volunteers are not allowed in certain sections of the hospital, so please do not stray from your assignment. Remain with the adult volunteer or the volunteer assigned with you. Never gather in groups to chat while on duty.

D. Orientation

1. At the time of individual orientation, all teen volunteers are given a typed list of procedures concerning uniform and general service requirements and the regulations of the department to which they are assigned. Special rules are given to those working in the snack bar and other projects.
2. Teen volunteers wear prescribed teen volunteer uniforms. Jewelry and chewing gum are not permissible while on duty.
3. A general orientation meeting to review auxiliary policy and hospital regulations is mandatory for teen volunteers at the beginning of their service. The orientation chairperson will conduct the meeting and the junior/teen volunteer chairperson will discuss any particular questions or problems of the group.
4. The orientation chairperson should stress the fact that teen volunteers represent the hospital while in uniform and should be courteous, dignified and quietly efficient in their work; never repeat anything concerning the hospital; and discuss any complaints they may have only with the chairperson of the volunteers.
5. Teen/Junior volunteers should be commended for their volunteer service. They are in the nation's newest contribution to better patient care in hospitals and should know that their assistance is very much appreciated.

E. Policy

1. Teen/Junior volunteer service concerned with patient care (such as flower service, television, tray service) must be limited strictly in accord with hospital policy as to age, health requirements, patient contact, etc.

Section V: Membership

AUXILIARY RULES APPLYING TO JUNIOR/TEEN VOLUNTEERS

Uniform:

1. Clean, carefully pressed prescribed uniform.
2. Low heel shoes (rubber heels preferable).
3. Hair neat and secure.
4. No excess jewelry and makeup.
5. No gum chewing, please.

Service Requirements:

1. Be punctual in reporting to the project volunteer for your assignment.
2. Any teen volunteer who is absent without a legitimate reason twice from an assignment will be removed from the rolls. If you find it impossible to fill your assignment, please contact the teen volunteer chairperson or project chairperson as early as possible. If you know a qualified replacement, give the name to one of the above so they can make arrangements for a substitution.
3. Be sure to sign time book and card so that your volunteer hours may be recorded.
4. Teen volunteers are not allowed in certain sections of the hospital so please do not stray from your assignment. During your assignment stay with the volunteer assigned with you or the adult volunteer you are assisting. Never gather in groups in the halls or other areas to chat while on duty.
5. When your duties are completed, check out at the office. Do not overstay your time unless asked to do so by the adult volunteer or the chairperson of your program.
6. After your duty assignment, if you wish refreshments you may go to the snack bar and purchase them. No eating while on duty.
7. Please use caution on leaving the hospital if your assignment carries over after dark. Wait in the lobby if you are to be picked up until you identify your ride.
8. Please do not change the procedures of your job. If you have a suggestion for improvement, present it to your chairperson of the teen volunteer chairperson.

Please remember, you represent the hospital while in your teen volunteer uniform; therefore be courteous, dignified and quietly efficient. Never repeat anything concerning the hospital or its policies. If you have a complaint, discuss it with the teen volunteer chairperson or the chairperson of the program.

Section V: Membership

JUNIOR/TEEN VOLUNTEER APPLICATION FORM

Name _____

Address _____

Telephone Number _____ Birthday: Month and Year _____

Date of Application _____ School _____

Group Affiliation, if any _____ Transportation _____

Hours Available _____ Days Available _____

Parent's or Guardian's Name _____ Phone _____

E-Mail _____

Listed below are the projects available to the Teen Volunteer. The maximum age for a Teen Volunteer is 18; after that he/she may volunteer as an adult. Please remember each project requires about three hours.

Projects

Snack bar
Hostess desk
Book and gift carts (Saturdays)
Flowers
Pediatrics

Please list three references (Name, Address, City, State, Zip, Phone, E-mail):

1. _____
2. _____
3. _____

For Your Parent or Guardian to Sign:

I hereby give my permission for child (or ward) to work as a Teen Volunteer for the

_____ Auxiliary.

Signed _____

Auxiliary/Volunteer Leadership **MANUAL**

Legislative Process Section VI

- | | |
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| II. The Role of the Auxiliary Legislative Representative | VI.2 |
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**IOWA HOSPITAL
ASSOCIATION**

100 E. Grand Avenue, Suite 100 • Des Moines IA 50309
515.288.1955 • FAX 515.283.9366 • www.ihaonline.org

Section VI: Legislative Process

Participating in the Legislative Process

Guidelines for Auxilians/Volunteers

Introduction

As state government becomes more complex and more issues are referred from the federal branch of government, legislators must depend to a greater extent on information provided by knowledgeable sources on diverse subject areas. As health care has become a political as well as a community affair, hospital leaders from throughout the state must be the source of information on health policy if a quality hospital network is to continue its service to Iowans. Hospital auxiliaries/volunteers must assume a participating role in the legislative process if availability, accessibility and quality are to be balanced with cost issues and if care to the uninsured poor and others in the community is to be provided.

I. Why Auxilians/Volunteers should become involved in the Legislative Process

Auxilians/Volunteers should become involved in the legislative process because auxiliaries/volunteers are:

- ◆ Men and women with a cause.
- ◆ Intelligent and concerned citizens.
- ◆ Becoming aware of the influence they can exert in the political arenas at the state and federal levels of government.
- ◆ Constituents, therefore, the most important in the representative's or senator's life.

The "Iowa Hospital Association Auxiliary/Volunteer Board" are primarily concerned with presenting enough factual information to enable auxiliaries/volunteers to better understand the issues and their importance to health institutions. An important goal of IHA is to generate enthusiasm and disseminate information among auxiliaries/volunteers to promote their participation in legislative activities, in general, and to solicit public support, in particular, on behalf of local health institutions.

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II. The Role of the Auxiliary Legislative Representative

- Study and learn the legislative process.
- Encourage members to attend IHA Legislative Day annually.
- Regular contacts with the hospital CEOs to review the hospital's viewpoint on current legislative issues.
- Report at each auxiliary meeting with emphasis on developments or concerns of legislation in the health care field, by sharing information taken from IHA Legislative Bulletin.
- Establish a telephone chain among the auxiliary members in order that quick action may be taken on urgent and critical legislative matters.
- Submit current legislative listing (names and addresses) in hospital newsletter.
- Encourage the members of the auxiliary to:
 1. Write letters to their representative or senator.
 2. Call upon legislators if in Des Moines during the time the General Assembly is in session.
 3. Schedule a personal visit with your to legislator's local office during the time they are home or attend one of their local round-table sessions.
 4. And, in general, make known to the legislators the interest and position of the people back home.
 5. Review and share the auxiliary information from the weekly IHA Legislative Bulletin (during legislative term) to keep auxiliaries/volunteers informed of all critical issues.

IMPORTANT:

If there is an issue which IHA supports and is asking for your help and you find your personal view differs, then **STOP**. It is your choice to disagree, but please do so on a personal level, not as a representative of your hospital auxiliary.

Section VI: Legislative Process

III. The IHA Hospital Advocates Network

The IHA Hospital Advocates Network is made up of IHA staff, IHA Board, Organization of Auxilians/Volunteers, Auxiliary Legislative Chairpersons, hospital CEOs, hospital trustees and legislative key people. The legislative agenda of IHA is reviewed by the Council on Representation and Advocacy which makes recommendations to the IHA Board of Officers and Trustees for final approval and adoption. The legislative agenda is then presented to hospital representatives and state legislators in legislative meetings scheduled in each of IHA's seven hospital districts throughout the state.

Join the IHA voterVoice program and encourage others to join. Together we can make a difference. When an issue arises at the Statehouse, IHA will send you an e-mail action alert which contains information about the legislation as well as a sample letter (written by IHA Advocacy Staff) to send to your individual elected officials. voterVoice system will automatically target your elected officials based on your zip code. You can then personalize the letter, click send to your legislators.

To join along with your friends, hospital staff, Auxilians and volunteers, go to www.ihaonline.org/voterVoice. There is a place to click to register with voterVoice.

The Hospital Advocates Network is the initiation of action between hospital representatives (including auxilians) and their legislators when a health care issue has reached a point in the legislative process where immediate contact is essential.

Section VI: Legislative Process

IV. Communicating With Legislators (Also See Communication Section IV)

To intelligently communicate with legislators, make sure you understand the issue under consideration.

Personal contact is the most effective method of communicating; therefore, get to know the person you are seeking to influence. There are numerous situations which require immediate contact with a legislator. In those situations, the personal recognition of constituents and their opinions can carry added weight. If your lawmaker already knows you, valuable time can be saved if you need to communicate quickly.

Personal political communications are:

Telephone Call: If used correctly, this can be a very effective action tool. It is necessary to be well prepared, well informed, and advisable to place a call at a strategic time—just before a vote, for instance. If the legislator is not available, speak with the legislative assistant; the message will still get across. If voice mail is available, leave a detailed message.

Fax Machine: Concise interpretation that is immediate and effective when sent at a strategic time.

Personal Meetings or Contacts: It is always best to arrange in advance to meet with your legislators; however, they usually are happy when a constituent drops in unannounced, particularly if the visit is just to say "hello." After the hellos, courteously make your points and urge their assistance.

Post card: To some degree, this has become acceptable in the busy lives of legislators, but space limits the content of the communication.

E-Mail: E-mail is a very popular communication device to contact legislators (legislative e-mail address can be found on the IHA website, www.ihaonline.org). However, be sure to include your address in the message so your legislator knows that you live in the district.

Section VI: Legislative Process

WHAT AND HOW TO WRITE

- ✓ Write on your personal or business letterhead; both type and sign your name at the end.
- ✓ Be sure your complete return address is on the letter, not on just the envelope which may get thrown away before the letter is answered.
- ✓ Avoid stereotyped phrases and sentences which give the impression of form letters. They tend to identify your message as part of an organized pressure campaign and will produce little or no impact.
- ✓ Ask your legislator for a statement of position on the issue. As a constituent, you're entitled to know. You should not settle for an unresponsive reply. A second letter asking the legislator for a clear statement of position is appropriate. The alternative: a follow-up letter, when the vote is close at hand, asking "How are you going to vote?"
- ✓ Consider the vital factor of timing. Try to write first while the bill is in committee. If you are urging changes in the bill, your senators and representatives usually can be more responsive to your appeal at that time rather than later on when the bill has been approved by the committee. If you are expressing simple support or opposition, write at each stage of the legislative process. Your legislator may reserve judgment until constituent sentiment has crystallized. IHA alerts will help guide you in timing your contacts.
- ✓ Thank your legislator for votes that please you. Everybody appreciates a complimentary letter—and remembers it. On the other hand, if the vote is contrary to your position, don't hesitate to register your objections and ask for an explanation. That will be remembered, too. At all times, be tactful and courteous.
- ✓ If you are writing about specific legislation, identify it in the first paragraph of your letter by bill number, the name of the legislator who introduced it and a brief statement of its purpose. For example:

*"I am writing in regard to Senate File _____, introduced by
Senator _____ to impose limits on spending for..."*

Then in your own words, state your position on the proposal, supporting your statement wherever possible, with facts and figures documenting how the proposal would affect your institution:

*"I believe this proposal would not accomplish the intended
objective because...At Home Town Hospital, it would result in..."*

Section VI: Legislative Process

If you oppose a proposed piece of legislation and can suggest a positive alternative, do so. Again, support your suggestion with facts and figures if you can.

Be sure to conclude your position by stating specifically the action you wish the legislator to take:

"I urge you to vote for (or against or to amend) this bill."

Don't misrepresent the facts. Don't threaten. Don't flex your financial or political muscle. These approaches are likely to do more harm than good.

DO communicate with your political decision makers—State Representatives and State Senators.

V. Methods of Making the Message Meaningful

1. Develop a bonding relationship. The "bonding relationship" is nothing mystical or difficult to attain, but it does take time. Your role of adviser means that you cannot be condescending. Don't underestimate public officials. With rare exception, they are honest, intelligent, and want to do the right thing.
2. Be understanding. Put yourself in the public official's place. Try to understand their problems, their outlooks, their aims. Then you are more likely to persuade them to do the same in understanding yours.
3. Be friendly. Don't contact public officials only when you want their help. Keep in touch with them throughout the year—every year.
4. Be reasonable. Recognize that there are legitimate differences of opinion. Never indulge in threats or recriminations. Such tactics are confessions of weakness.
5. Be thoughtful. Commend the right things public officials do. Public officials will tell you they get dozens of letters asking them to do something, but very few thanking them for what they have done.
6. Be practical. Recognize that each legislator has commitments and that a certain amount of vote-trading goes on in a legislature. Don't chastise legislators who normally support you if they happen to vote against one bill. This doesn't necessarily mean they have deserted your whole program. Give legislators the benefit of the doubt; they will appreciate it and remember that you did.

And, remember, that while some votes may be firmly committed, there will be others that can be swayed on the basis of sound arguments, properly presented.

Section VI: Legislative Process

7. Be a good opponent. Fight issues—not people. Be ready with alternatives or solutions as well as with criticisms. This is constructive opposition.

IMPORTANT:

If there is an issue which IHA supports and is asking for your help and you find your personal view differs, then **STOP.**

It is your choice to disagree, but please do so on a personal level, not as a representative of your hospital auxiliary.

VI. Keeping in Touch With Your Legislators

The following are some guidelines to observe when keeping in touch:

- ◆ Ask legislators if you may include them on mailing lists for hospital publications. Why should you ask? Because asking puts you at a psychological advantage. If the official says yes, there is a subtle obligation to read the publication when it is received.
- ◆ Keep office holders up-to-date on any improvements within your hospital—new services, cost savings efforts, shared services arrangements.
- ◆ Keep your communications personal. Let your representative know how a piece of legislation affects your hospital. In this way, you are localizing your concern—letting your legislator know how the issue directly affects the constituents. The Association also will make its views known on the issue, as will other hospitals.
- ◆ When using telephone calls, always send a follow-up letter so your views are detailed in writing. This serves two purposes: (1) it is a reference for your legislator rather than relying on memory; (2) it affords you the opportunity to communicate twice on one issue.
- ◆ Visit your lawmakers on their own grounds from time to time. We suggest that you write or call ahead so your legislator can set aside some time to spend with you. Again, provide this official with written information (fact sheet) about the subject of your discussion. This serves as a reminder of your visit and expresses your opinion on a particular subject.

Section VI: Legislative Process

- ♦ Invite your legislators to an auxiliary meeting, a coffee or a “town hall” type of meeting.

The key to all this is involvement—both yours and your legislator's. Remember, in issue politics, you must deal with the office holder because of the impact he or she has on the issues, regardless of party affiliation, personal likes or dislikes, etc. Don't let your politics get in the way of legislators' politics. You need to do what is best for your hospital and put aside personal prejudices. When dealing with incumbent legislators, "they're the only game in town." It is important that they know you, they understand you, and they listen to you when the future of your hospital—in your community—is an issue.

VII. Who Are Your Legislators?

Proper name and address forms to follow:

(See the IHA website, www.ihaonline.org, for current legislative contact names and addresses.)

FEDERAL GOVERNMENT:	STATE GOVERNMENT:
President of U.S.A: Term (4 years)	Governor: Term (4 years)
Name _____ The President The White House Washington, D.C. 20501 Dear Mr. President:	Name: _____ The Honorable _____ State Capitol Des Moines, IA 50319 Dear Governor _____:
U.S. Senators: Term (6 years)	State Senator: Term (4 years)
(Two from each state) Name _____ The Honorable _____ United States Senator Senate Office Building Washington, D.C. 20510 Dear Senator _____ :	(One from each Senatorial District) Name _____ The Honorable _____ United States Senator Capitol Building Des Moines, IA 50319 Dear Senator _____:
U.S. Congressmen: Term (2 years)	State Representative: Term (2 years)
(One from each Congressional District) Name _____ The Honorable _____ Chairman, The _____ Committee Senate (Or House) Office Building Washington, D.C. 20510 (Senate) 20515 (House) Dear Chairman:	(One from each State Representative District) Name _____ The Honorable _____ Chairman, The _____ Committee Senate or House State Capitol Des Moines, IA 50319 Dear Chairman:

Auxiliary/Volunteer Leadership **MANUAL**

Gift Shops Section VII

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II. What Are the “Must Knows” of Your Shop	VII.1
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April 2011



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Section VII: Gift Shops

Hospital Gift Shops are the #1 fundraiser for hospital auxiliaries and volunteer programs. The single most important aspect of a gift shop is its merchandise. The quality and range of your products will begin your shop's reputation. For the most part, the hospital gift shop client base is hospital employees, visitors, and patients. However, your key customer is the hospital employee; therefore it is imperative that the shop merchandise excite and meet the needs of the customer.

Knowing the customer is crucial. A thorough understanding of the customer base involves thorough research and constantly monitoring to see the changes and adjusting the merchandise accordingly.

A shop truly is successful because of customer service and knowing the merchandise. Volunteers and managers working in retail should be sociable and enjoy meeting members of the public. A gift shop volunteer will be more interactive as the customer may often need ideas or encouragement about what to buy. Volunteers should be familiar with the merchandise and be excited about selling the products.

Commercial skills are essential when running a gift shop. The basic understanding of marketing, merchandising, accounting and management will be crucial.

This chapter will address the basics of starting and maintaining a successful hospital gift shop.

I. Make your Gift Shop unique with unlimited possibilities

- ♦ Think BIG when it comes to your shop! Never minimize the business you do and the impact it makes on your facility and community.
- ♦ Know the facts of your shop!
- ♦ These are the things you MUST know and consider when assessing your success.

II. What are the “must knows” of your shop?

A. Do you have...?

- ♦ Position Description, evaluations and competency checklists for volunteer staff?
- ♦ Position Description, evaluations and competency checklists for paid staff?
- ♦ If not, get them!

B. Spread the Word:

- ♦ Gift Shop Newsletter
 - ★ Consider styles and formats...maybe consider an electronic version.
 - ★ Content:
 - 25% “BMW” (Bitch, Moan, Whine)
 - 75% Inspiration, educational, updates

Section VII: Gift Shops

C. Supervision & Disciplinary Process

- ♦ Policies and Procedures for disciplinary process – should mirror organizational policies.
- ♦ Responsibility of Gift Shop Manager and role of DVS.
- ♦ Document, Document, Document!
- ♦ Volunteer Deficiency Report

D. Recognition, Motivation & Retention...Ideas

- ♦ Special discounts for Gift Shop Volunteers
- ♦ Special incentives for Gift Shop volunteers: select merchandise at a discount
- ♦ Incentives for who sells the most in one shift
- ♦ Meaningful recognition events
- ♦ Holiday events
- ♦ Preview parties
- ♦ Volunteer of the Month

III. Buying

- ♦ Have criteria for buyers...who buys what, when, where, and how?
- ♦ Research when and where you should buy
- ♦ Network with others on the Pros and Cons of Attending Markets vs. Catalogs vs. Sales Reps
- ♦ Develop a Buying Plan and Budget
- ♦ Attend a class on "Markets 101"
- ♦ Start Vendor Relations – ask questions, know vendor structures, minimums
- ♦ Learn the terminology

A. Criteria for buyers...Establish clear guidelines and responsibilities

- ♦ Time commitment in shop & attending market/buying
- ♦ Inventory management
- ♦ Buying plan and budget
- ♦ Travel and buying guidelines
- ♦ Physical requirements
- ♦ Presentation Appearance Demeanor
- ♦ Interpersonal relation skills
- ♦ Succession plan –term limits
- ♦ Availability following market
- ♦ Learn the trend "intelligence"
- ♦ Understand retail terminology

B. A good buyer ...

- ♦ Demonstrates previous commitment & interest in the shop
- ♦ Has previous retail experience
- ♦ Is open minded – buys what sells, not what they like
- ♦ Recognizes and distinguishes between trends and fads
- ♦ Makes decisions with confidence and efficiency
- ♦ Adheres to/understands budgets, buying plans

Section VII: Gift Shops

C. When and where you buy (Major and Regional Markets)

- ♦ **January**
 - ★ Christmas, Easter, Mother/Father's Day, Graduation, July 4th, Fall
- ♦ **July**
 - ★ Valentine's Day, start Easter, finish Christmas, finish Fall, check for new lines & products

D. Pros & Cons - Market vs. Catalogs vs. Reps

- ♦ **MARKET** (*On the surface this may seem like the most expensive option – it's NOT!*)
 - ★ Comparative shopping
 - ★ Emerging trends
 - ★ Market specials, Early Buy, dating, free freight, smaller minimums
 - ★ Get the jump
- ♦ **REPS**
 - ★ Fast information
 - ★ Damages, defects invoice issues
 - ★ Personalized info re: your specific area
- ♦ **CATALOGS – when to use**
 - ★ Only when merchandise has already been seen or re-ordering
 - ★ Newest releases between or before Market
 - ★ Use for balloons, greeting cards, paper
 - ★ Ship catalogs w/orders

E. Buying Plans & Budgets – THINGS YOU NEED TO KNOW:

- ♦ Past sales – dollars & merchandise
- ♦ Money available to spend (minus payables!)
- ♦ Predictions of future sales (based on past sales and expected future sales)
- ♦ Categories and Category goals
- ♦ Buying plan based on past sales and new trend research

Section VII: Gift Shops

IV. Attending Market

A. Preparing

- ♦ Choose your market
- ♦ Plan ahead
- ♦ Pre-register
- ♦ Do your homework
- ♦ Develop a budget
- ♦ Make appointments with key vendors
- ♦ Update credit sheets, business cards
- ♦ Bring the right show tools (show & tell)
- ♦ Pack for comfort & professional look
- ♦ Keep your trip a secret
- ♦ Check out seminars
- ♦ Start in the temporaries
- ♦ Plan to see the ENTIRE market
- ♦ Develop a display plan as you buy
- ♦ Pay attention to sales techniques

B. What to bring to Market

- ♦ A bag that is comfortable to carry or pull.
- ♦ Labeled folders with the following:
 - Address labels – save time in writing and verifies accuracy.
 - Credit References – copy for each vendor
 - Shopping List
 - Vendors you want to visit
 - Purchase Record – A log to keep track of what was purchased, who you purchased it from and how much you spent.
 - Debit/Credit Card – Verify with bank on daily limit. May need to increase.

C. Before you buy anything at Market, ask yourself:

- ♦ Who will buy this?
- ♦ Where and how will I display it?
- ♦ What will the merchandise be displayed with?
- ♦ Does this coordinate w/existing mdse?
- ♦ How will we sell this to customers?
- ♦ Does this sell itself or need explaining? How will I educate volunteers and customers?
- ♦ Does the perceived value of this meet or exceed the actual retail price?

D. With every order ask...

- ♦ When is a realistic shipping date?
- ♦ What happens to backorders? Is there free freight on backorders?
- ♦ About market specials, dating, freight specials & special allowances. Document this on the pending order!
- ♦ What are opening/minimum order requirements?
- ♦ What about re-orders?

E. Back at home

- ♦ Check all new invoices against the pending order
- ♦ Follow up on pending orders
- ♦ Disseminate product information to ALL gift shop personnel

Section VII: Gift Shops

F. Vendor Relations

Profile of a good rep...

- ♦ Follows up, follows through and handles your orders and complaints with equal passion!
- ♦ Keeps you updated on new products
- ♦ Advises you what's selling and (most importantly) NOT selling
- ♦ Offers guaranteed sales

V. Gift Shop Financial Management

A. GOOD Financial Management comes from understanding the following!

- ♦ Financial Forecasting -- Budget
- ♦ Bookkeeping System
- ♦ Inventory Control / POS System
- ♦ Real Time Management
- ♦ Accountability / Safeguards

B. Current Budget & Responsibility Reports:

- ♦ **Format:**
 - Actual, Budgeted, Budget Variance, Budget Variance %
 - YTD -- Actual, Budgeted, Budget Variance, Budget Variance %
- ♦ **Areas:**
 - Income
 - Cost of Goods Sold
 - Other Income
 - Operating Expenses
 - Net Profit
 - Net Profit %
- ♦ **Accountability Structure... Who is responsible for what??**
 - ♦ Who is your leadership team...auxiliary, volunteer department, paid manager, miscellaneous hospital personnel (accounting, business office)
 - ♦ Is the shop run by a committee?? What say/ownership does the committee have?
 - ♦ Who is responsible for what...and reporting timeline?
 - ♦ Do you have everyone's buy-in?
 - ♦ Become familiar with the following resources:
 - ★ Gift Beat
 - ★ Gift Ware News
 - ★ Cindy Jones
 - ★ Purchasing Power Plus
 - ★ IHA and/or ASDVS Gift Shop List serves
 - ★ California Hospital Association (CAAHS)

Section VII: Gift Shops

VI. Gift Shop Finances

- ♦ Know your current merchandise inventory, where is the gift shop headed, and how are you going to get there!
- ♦ Put the right tools in place to achieve the goals
- ♦ Stay with your goal and continue to set out what you planned to do!

A. Bookkeeping Systems

- ♦ QuickBooks
- ♦ Quicken
- ♦ Peachtree
- ♦ So many...how do you decide???

It is important to use a system you understand, and one that is compatible with your hospital!

QuickBooks:

- It's inexpensive
- Recommended by our POS Vendor for compatibility
- Auxiliary Treasurer uses QuickBooks
- Reports are easy to generate and understandable

B. Importance of having the bookkeeping system sync-up with the POS system

- ♦ Accuracy
- ♦ Efficiency
- ♦ Accountability

There are lots of different kinds of POS Systems. Be sure to ask colleagues in the state what they are using...what they like about it and what they wish they would have asked before purchasing the system.

POS systems to check out!

- ♦ ARBO Pro
- ♦ Smart Register
- ♦ CBord
- ♦ NBE Solutions

What a POS System helps you track...

- ♦ Daily Sales Report
- ♦ Inventory Management
- ♦ Control Pricing, Sales & Promotions
- ♦ Loss/Theft
- ♦ Payroll Deduction
- ♦ Generating Reports

Section VII: Gift Shops

VII. Payroll Deduction

- ♦ IT IS A MUST!
- ♦ If you don't have it, YOU need to get it!!! Even if that means you start with a manual process, before going electronic!

VIII. Gift Shop Promotion

Customers expect sales, so the key is to surprise them with different sales at different times of the year. Keep them guessing! Sales will be higher if the customers doesn't wait for things to go on sale, as the merchandise may not be available. If they like the merchandise, they will buy.

- ♦ Keep shelves well-stocked. Replace items immediately to fill holes.
- ♦ Change window displays often. New items in the window will catch customer's eyes.
- ♦ Display your merchandise well. Don't line items on a shelf. Put like colors together and mix up your merchandise often. Use eye catching props and display units.

A. Promotional Ideas

- ♦ Issue a coupon to each new auxiliary member for 10 percent off one item in the Gift Shop.
- ♦ Give a discount to employees for purchases on their birthday.
- ♦ Have a 'yard sale' of merchandise that has been slow moving
- ♦ Have a 'Midnight Madness' sale – Discount on purchases made between 9:00 p.m. – midnight.
- ♦ Have a 'tea party' with tea and cookies one special day.
- ♦ Community announcements of the gift shop hours and specialty merchandise.
- ♦ Sell gift certificates.

IX. Fraud & Theft Protection

- ♦ It's EVERYONES business!!!
- ♦ What safeguards do you have in place?

A. RED FLAGS/Things you should watch for:

- ♦ Empty wrappers and boxes
- ♦ Volunteers/staff who always ring themselves up
- ♦ Big purses and/or bags
- ♦ Oversized heavy coat
- ♦ Baby strollers
- ♦ Discrepancies on what you ordered & what is in the system
- ♦ Cash Register Shortages
- ♦ Volunteers/staff always requesting to work alone
- ♦ Cash register errors
- ♦ Watch for people who are lingering. Often times they appear nervous and/or keep looking at you to see if you are watching them
- ♦ Be mindful of where you display small & expensive items

Auxiliary/Volunteer Leadership **MANUAL**

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Section VIII: Fundraisers

Bazaars/Craft Show Fundraisers

■ Bazaar.

The Wayne County Hospital Auxiliary in Corydon has held a bazaar at the United Methodist Church the Thursday before Thanksgiving for a number of years and is enjoyed not only by the auxiliary members, but the whole community.

Auxiliary members donate a variety of handmade items ranging in value from \$1.00 – 50.00 (we discourage white elephant items). Items are brought to the church the morning of the bazaar and a group of members price the items and display them on tables. Homemade food items are also donated and priced ranging from pies, cookies, cakes, breads, and candies to munchies and jams and jellies. The bazaar opens at 5:00 p.m. and a line of people is always awaiting the opening of the door.

A raffle of 4 – 5 donated items (value \$100 per item) is also held. We begin selling tickets a month prior to the bazaar and the drawing is held that evening.

There are other activities going on at the same time. A local photographer takes pictures of children with Santa and each child receives a free 5 x 7 picture donated by the photographer. A cake walk is also held at a cost of .25 cents per chance. Most of the cakes and cupcakes are donated by children.

The Chamber of Commerce teamed with the auxiliary a few years ago and joined us which added an extra boost to the celebration. They hand out a bag of free “goodies” and coupons from area businesses to each person attending which can be used the following weekend during the community’s open houses. They also have drawings throughout the evening for “Corydon Bucks”.

A meal is also for sale during the event which consists of beef burgers, a choice of 5 or 6 different soups, homemade desserts and drinks.

Shopping, eating, picture taking and conversations take place until 6:30 p.m. Everything that hasn’t sold at the bazaar is organized and we have a local auctioneer auction the remaining items including any extra food that is left in the kitchen from the meal. An addition to the auction the past three years have been themed baskets that are donated by the departments in the hospital (i.e. baby, garden, tool, movie, etc.). These baskets range in value of \$50 – \$300.00. It has almost become a contest between the departments to see who can outdo each other!

It’s a great day and a great way for the community to give back to the hospital.

How many volunteers needed? **30**

What was the cost to implement? **\$500 – \$800**

What does the program net (not gross)? **\$8,000 – \$12,000**

Is it an annual event? **Yes**

**Wayne County Hospital Auxiliary
Corydon**

Section VIII: Fundraisers

■ **October Bazaar.**

This features a turkey and noodle luncheon with salad bar, homemade pies and beverage; a quilt raffle, gift shop display, “country store” which features baked goods, jelly and jams, produce and miscellaneous items. Additional activities may vary such as style show, health fair, craft shows, and quilt show.

In July, a booth is set up at the Harrison County Fair and in September a booth is available at the Western Iowa Applefest which is held at Woodbine, Iowa. This booth usually brings in approximately \$500-\$1,000. We always display our quilt there and also many items from our gift shop including our RADA cutlery – which is always a “hot” item.

Our planning committee plans for all of our activities and then presents plans at the regular meetings for all members to approve and/or discuss. It takes about 2-3 hours of planning for the Fall Festival and again for the Spring Salad Luncheon and card party. Set up time for Festival is approximately 3-6 hours. Meal preparation and clean up takes about 8-10 hours. All this involves at least 8-10 volunteers and approximately 25 people to donate salads and pies. Expenses vary year to year—this year our expenses were approximately \$726. Our profit this year from the Bazaar was \$1,337.30.

***Alegent Health Community Memorial Hospital Auxiliary
Missouri Valley***

Food Fundraisers

■ **Bake Sale.**

Each year a Bake Sale is organized and offered the day of the Christmas Luncheon. November 2010 marked our 52nd annual bake sale. Generous donations of every kind of cookies, bars, breads, and pies imaginable are brought in by Auxiliary volunteer bakers and sold throughout the day.

***Mercy Medical Center Auxiliary
Cedar Rapids***

■ **Breakfast/Lunch.**

In June during Primghar’s “Cobblestone Days,” named for our brick streets around the square, the Friday of the weekend of the celebration, we serve homemade rolls and coffee at 9:00 a.m. and taverns (sloppy joes) and pie from 11:00 a.m.-1:00 p.m. We have a committee of four that plan the food needed and solicit our active and inactive members and find workers. Everyone seems willing to furnish and work for this annual event which has been successful for many years. It doesn’t take long to plan; it just takes faithful and willing workers.

How many volunteers needed? 60

What was the cost to implement? \$190.10

What did the program net (not gross) in 2010? \$987.40

Is it an annual event? Yes

***Baum-Harmon Mercy Hospital Auxiliary
Primghar***

Section VIII: Fundraisers

■ **Bakeless Bake Sale.**

Something a little different and can be rewritten for any group.

A bit of news we have today,
A **Bakeless Bake Sale** is on the way.
You'd be surprised if you counted the cost
Of materials, heat and time you lost.

So we've thought of a plan that's really grand
And feel quite sure you'll understand.
In this little envelope, please put the price,
Of a pie, or cake or something nice.

Without fuss or bother, you've done your part.
We're sure you'll give with a loving heart.
This is the end of our little tale.
Wishing success for our **Bakeless Bake Sale!**

How many volunteers needed? 1

What was the cost to implement? **Postage and printing**

What did the program net (not gross) in 2010? \$

Is it an annual event? **Yes**

**Lucas County Health Center Auxiliary
Chariton**

■ **May Breakfast.**

The May Breakfast is an annual event held the second Tuesday in May, usually during Hospital Week from 6:00-10:00 a.m. in a local church. We serve a menu of scrambled eggs, sausage links, homemade coffeecakes, juice and coffee, which is prepared and served by volunteers. Homemade coffeecakes are provided by our auxiliary members. We usually serve over 1,000 people. We have 24 round tables and assign 48 waiters or waitresses (volunteers) to each, they work a 2-hour shift to individually serve each table. The tables are usually decorated with geraniums that we also sell that day. We also sell leftover coffeecakes and sausages.

There are two chairpersons and several committees who take care of set up, calling to solicit coffeecakes, serving, purchasing, cooking and clean-up. We have a local business that has sponsored this event for several years. We have also begun to sale table sponsorships. 2011 is the 75th May Breakfast.

How many volunteers needed? **75**

What was the cost to implement?

What did the program net (not gross) in 2010? **\$10,000**

Is it an annual event? **Yes**

**Sartori Memorial Hospital Auxiliary
Cedar Falls**

Section VIII: Fundraisers

■ Pancake Breakfast.

In August. This raises a lot of funds---Free Will. We have a committee of 5 and solicit for workers from the active and inactive members.

***Baum-Harmon Mercy Hospital Auxiliary
Primghar***

■ Luncheon.

Each year a "Spring" and a "Christmas" Luncheon are presented. A committee is formed months in advance of the event and a unique theme is developed for each luncheon. Everything from a Garden Show to the Runway of Paris has been a well-received luncheon topic. Generally a style show is held in conjunction with the luncheon with local vendors bringing in a wide assortment of fashions for every occasion. Community sponsorship in the form of raffle and door prizes brings much appreciated support to our event. A special shopping boutique hosted by Mercy Flowers and Gifts is offered for lunch patrons and the general public on the day of the luncheon.

***Mercy Medical Center Auxiliary
Cedar Rapids***

■ May Luncheon.

The auxiliary sponsors an annual May Luncheon the first Tuesday every May. It is a well-known and anticipated event in the community. It involves many, many volunteers (who donate salads or bars) or work in serving or cleaning up. Centerpieces are given away as door prizes.

How many volunteers needed? 15 per shift, around 30 in food donors

What was the cost to implement? \$483.72

What did the program net (not gross) in 2004? \$2,621.28

Is it an annual event? Yes

***Loring Hospital Auxiliary
Sac City***

■ Salad Luncheon.

An annual salad luncheon is open to the public. Each member receives tickets to sell and many are asked to donate food. Planning is well detailed so it only takes a few hours now. Estimate that it takes participation of up to 100 people in some way.

How many volunteers needed? 75-100

What was the cost to implement? \$150

What did the program net (not gross) in 2010? \$1893

Is it an annual event? Yes

***Shenandoah Medical Center Auxiliary
Shenandoah***

Section VIII: Fundraisers

■ **Salad Luncheon.**

Being the eighth year annual salad luncheon for FGH Auxiliary in Hampton, all planning has been simplified and documented for the Chair and Co-Chairman. It is held in September with “fall” decorations. Sixteen other volunteers serve as chairmen for various committees.

The cost is minimal with a small fee paid to reserve the church for the luncheon. Free advertising is used as much as possible—local newspaper, radio station and poster displays in local businesses.

A committee of ten coordinates ticket sales. Goal is to sell 450-500 tickets, which is the max to serve the public in a 2-hour period. Committee of 8-10 begins work late summer to make approx. 22 table centerpieces, which are sold the day of the luncheon. Most materials are donated, but some are purchased.

Menu consists of ham balls, assorted salads, breads and desert bars. Fifteen volunteers donate ham balls. Sixty-four volunteers donate assorted salads. A recipe file is kept and chairman of the committee decides which salads will be solicited. We use two salad bar tables, which is filled with ice and beautifully decorated in fall décor when salads are placed in the bar. Twenty-nine volunteers furnish desert bars.

Each year the number on the committees varies depending on number of tickets sold. These ladies sign up for these committees during our membership drive. A committee of 9-10 men and women sets up/takes down. Seventeen gals are waitresses. The salad luncheon nets \$3,000-\$3,500 in a couple of hours. Table centerpieces are usually sold for approximately \$15 apiece.

Detailed records are kept over the years to assist incoming chairman. A new co-chair volunteers each year that shadows the chair and moves up to chair the following year. With approximately 240 auxiliary members, at least half of the volunteers help in some way to make the event successful.

How many volunteers needed? **120**

What was the cost to implement? **Minimal**

What did the program net (not gross) in 2010? **\$3,000-\$3,500**

Is it an annual event? **Yes**

***Franklin General Hospital Auxiliary
Hampton***

■ **Salad Luncheon.**

All members donate food or money. The town supports this very well.

***Baum-Harmon Mercy Hospital Auxiliary
Primghar***

Section VIII: Fundraisers

■ **Table Talk.**

Organizations or businesses purchase tables and purchase tickets for the table. They decorate the table in a theme and provide salad for 16 and dessert for 8 (salad goes on potluck table and dessert stays on decorated table). Auxiliary provides beverages, rolls and extra salads. 35-40 tables. "Star" sponsorships are also received. A silent auction of donated items and some from our gift shop was added. 350-400 people attend

How many volunteers needed? **30**

What was the cost to implement? **\$200**

What did the program net (not gross) in 2010 - **\$6,000**

Is it an annual event? **Yes**

**Greene County Medical Center Auxiliary
Jefferson**

■ **Spring Salad Luncheon.**

Spring brings to mind the Mitchell County Hospital Auxilian the Annual Spring Salad Luncheon. Over the years the themes have included "Bonnets, Flowers and Lace," "A Mother's Healing Touch" and "Hopping into Spring." Tables are decorated with borrowed items from local stores, fresh flowers or décor from the Auxiliary Gift Shop. The menu is salads, dinner rolls and coffee and lemonade. Meal tickets are \$5 and raffle tickets are \$1 each or 6 for \$5.

The Auxiliary Board decides on the theme, which then is followed through on marketing materials and décor. The entire board is also responsible for the duties of this project with assigned jobs of calling members for salad donations, decorating, and set-up as well as membership and kitchen tasks the day of the event. In years past and hopefully for years to come, the local American Legion Post has been gracious in waiving their rental fee for this event. Also, Thrivent Financial for Lutherans has repeatedly donated \$500 with the understanding we raise enough to match the donated funds. In conjunction with the salad lunch, a bake sale takes place during the course of the event. Items are donated from auxiliary members. Additionally, new auxiliary memberships are sold and renewal dues are collected during the event.

Ads are also placed in the three county papers, fliers are distributed throughout the community and advertisements are placed on two local cable channels offering community event listings for free. An announcement of the event is also included in the hospital's direct email marketing newsletter and on our intranet and internet pages.

The community continually supports the salad luncheon and those working each year thoroughly enjoy preparing for and attending the luncheon.

How many volunteers needed? **60 to make salads, 12 board members to organize and make calls, 25 members to help serve, clean-up, etc.**

What was the cost to implement? **\$200 for ads**

What did the program net (not gross) in 2010? **\$1,232**

Is it an annual event? **Yes**

**Mitchell County Regional Health Center Auxiliary
Osage**

Section VIII: Fundraisers

■ Tea for All Seasons.

Tea held at hospital with members of Auxiliary and friends of hospital setting a table of four with place settings of their china or other dishes. Some of the food is prepared by hospital (which we reimburse them for) and some is prepared by Auxiliary members or donated by community businesses. Event is held on a Saturday in April from 11 am to 1 pm. High School students will serve 80 guests. Tickets sell for \$15.00 each and include two servings of food --one to be a soup and sandwich followed by a dessert--all food presented very attractively. The event begins with a viewing of the place settings of dishes and then the tea begins a 1/2 hour later. A musical program is presented by local students. Door prizes, of donated items from businesses in the community, are given. Tea is very enjoyable and does bring Auxiliary members working together. Event brings excitement to our Auxiliary, as it is talked about among our Auxiliary members and at the hospital.

*How many volunteers needed? **Tea committee of 4, 6 to 7. Students to serve tea and 6 Auxiliary members to help with food preparation and supervising servers the day of the tea. Also, 20 Auxiliary members and friends to set 20 tables with four place settings of their dishes.***

*What was the cost to implement? **\$0***

*What did the program net (not gross) in 2010? **In past years, \$700 to \$800***

*Is it an annual event? **This is the fourth tea our Auxiliary has held. We have not had them yearly, however.***

**Fort Madison Community Hospital Auxiliary
Fort Madison**

■ Goodie and Candy (Caramel Gram Orders) Sale.

For the Candy Sale order forms are distributed about 1-2 months prior to candy making. Ingredients are ordered or donations requested enough ahead of time. Then in November, 9-12 people meet in a kitchen with 6-10 stove burners and a microwave to make the candy over 3-4 days. Cutting and wrapping caramels takes 24-36 people. Packaging and weighing takes 4-8 people. Our Goodie Sale is the first Saturday in December, so the candy making begins the Monday before and finishes on Thursday. In 2010, an extra 4 days of making, wrapping and distributing candy was added to the week before Thanksgiving. Orders are prepaid and any extra candy is sold at our annual one day goodie sale on a Saturday morning, where we sell other donated homemade goodies and have gift shop items for sale plus coffee and rolls. Setup for the Goodie Sale day is the day before from about 1-6 pm.

*How many volunteers needed? **Goodie Sale - 108 hours & 22 people***

- **Candy Sale - 24-36 (about 375 hours) for 4 days of candy making**
- **Double for 8 days/2 weeks.**

*What was the cost to implement? **\$300 - Goodie Sale***

- **\$1,000-\$1,500 - Candy Sale (Some supplies donated)**

*What did the program net (not gross) in 2010? **Over \$6,000 for both events***

*Is it an annual event? **Yes***

**Floyd Valley Hospital Auxiliary
LeMars**

Section VIII: Fundraisers

■ **Style Show & Luncheon.**

Annual fundraiser held in September. Organized by a volunteer committee of ten, the style show features fashions from area stores & boutiques, numerous door prizes, and a luncheon. Proceeds benefit the Auxiliary's yearly focus project.

***St. Luke's Hospital Auxiliary
Cedar Rapids***

■ **Pot Pies.**

Director of Food Service orders the ingredients for us. Five-inch and nine-inch chicken pot pies are made in the hospital kitchen. A committee sets up a schedule of workers which consists of 20 -22 workers (volunteers) a shift with 3 - 2 hour shifts for 2 1/2 days. We have an assembly line from start to finish. The pies are frozen in the hospital freezers and then put into boxes after frozen. Pies are distributed to buyers by setting up a pick up schedule for 3 days for them to come to the hospital lobby to pick them up. Those buyers who have not picked up the pies the first 2 days receive a reminder call. If they then do not pick them up they are sold to others. Before making pies ads are put in the paper and other places with a number to call to order pies. Auxiliary members also call persons who have ordered the previous the previous year. We make about 4,700 pies.

How many volunteers needed? **80-100**

What was the cost to implement?

What did the program net (not gross) in 2010? **\$12,000**

Is it an annual event? **Yes**

***Marshalltown Medical and Surgical Center Auxiliary
Marshalltown***

■ **Bake & Craft Sale.**

We now have a bake and craft sale in December instead of Cookie Walk. Members are asked to bring either baked goods or some craft items they have made. We made \$697.00 and spent \$77.00 for advertising. The fundraising committee, of three, set up the tables and manned the sale. At the same time our Gift Shop had a rummage sale and sold left over merchandise for a reduced price. Their receipts were about \$500.00

How many volunteers needed? **5-6**

What was the cost to implement? **\$77 for advertising**

What did the program net (not gross) in 2010? **\$697**

Is it an annual event? **Yes**

***Lakes Regional Healthcare Auxiliary
Spirit Lake***

Section VIII: Fundraisers

■ Popcorn @ the O'Brien County Fair.

The Hospital shares a booth with us in the commercial building at the fair and Auxiliary members pop and sell to fair goers. The aroma of the popcorn is enticing. About 12 of the active members take turns with the popping.

***Baum-Harmon Mercy Hospital Auxiliary
Primghar***

■ Autumn Artistry Pie Sale.

Autumn Artistry is an Osage community event held annually in September. The daylong event features artisans, food vendors, local business sidewalk sales and entertainment. The Auxiliary sets up a pie sale booth with a range of 60-125 pies depending upon the level of donations. Auxiliary members donate all of the pies; therefore, the only expense the auxiliary incurs is the booth rental. Time involved in planning is minimal at 3-4 hours primarily spent calling on auxiliary members to donate a pie and distribution of marketing materials. Each year the Auxiliary has participated in this event, pies have sold out by noon.

How many volunteers needed? ***Between 40-50 members to bake pies***

5-6 volunteers the day of the event

What was the cost to implement? ***Booth fee \$25***

What did the program net (not gross) in 2010? ***\$721***

Is it an annual event? ***Yes***

***Mitchell County Regional Health Center Auxiliary
Osage***

■ Cookies for Surgery Days.

Monday thru Wednesday, Auxiliary members volunteer to bake cookies. Visitors enjoy this very much and offer a free will donation to the Auxiliary while enjoying the goodies and coffee.

***Baum-Harmon Mercy Hospital Auxiliary
Primghar***

Section VIII: Fundraisers

Gift and Flower Shop Fundraisers

■ Flowers and Gift Shop.

Located at the 10th street entrance of Mercy Medical Center the shop provides unique gifts, purses, and jewelry as well as essential items like magazines, books, and candies. One unique feature of our shop is the fresh flowers arrangements both pre-made and custom orders. Our florist is on site insuring our arrangements are fresh and beautiful and that special requests can be accommodated. Merchandise, from clever seasonal items to unique one-of-a kind pieces, is constantly changing in the shop, which is open seven days a week.

***Mercy Medical Center Auxiliary
Cedar Rapids***

Holiday Event Fundraisers

■ Holiday of Lights.

Silent auction of Christmas trees and wreaths. Auxiliary provides the trees and wreaths to hospital departments and organizations that provide the themed decorations. This year we also added a doll house that had been donated and decorated for the holidays.

How many volunteers needed? **6**

What was the cost to implement? **\$700 (supplies media ads)**

What did the program net (not gross) in 2010? **\$3360**

Is it an annual event? **Yes**

***Greene County Medical Center Auxiliary
Jefferson***

■ Hope Tree.

Solicit \$5 per light in "honor of" or "in memory of" a loved one. A large evergreen tree is strung with lights at the hospital entrance, and is lit the eve after Thanksgiving Day.

How many volunteers needed? **4**

What was the cost to implement? **Advertising and cost of replacing burned out lights**

What did the program net (not gross) in 2004? **\$1,520.92**

Is it an annual event? **Yes**

***Franklin General Hospital Auxiliary
Hampton***

Section VIII: Fundraisers

■ Festival of Trees.

This is another annual event held from Thursday thru Sunday in mid-November. The 14th annual was held in the Performing Arts Center on the INI campus. Prior to this, it was held at the Cedar Falls Holiday Inn. In 2010 we held the Festival of Trees at several locations in Cedar Falls. Sponsors are solicited for the various events such as the Dueling Pianos, Teddy Bear Tea (children's event), Style Show and Luncheon, a Brunch, as well as the Gala/Auction. These are ticketed events. The Gallery of Trees and Wreaths, Gingerbread House Display or other displays, Place Setting Display and Silent Auction is open to the public for free viewing.

The trees are all sponsored and most are professionally decorated. Some of the sponsors donate the tree back to the Festival and these are placed in live and/or silent auction. There is a "Taste of the Season Bake Sale" with items baked by the Auxiliary on Saturday morning as well as a free Santa's Workshop for children where they make a craft, have refreshments and a visit from Mr. & Mrs. Santa Claus.

How many volunteers needed? **100**

What was the cost to implement?

What did the program net (not gross) in 2010? **\$72,000**

Is it an annual event? **Yes**

***Sartori Memorial Hospital Auxiliary
Cedar Falls***

■ Tree of Love.

During December we have a joint project with the Voluntary Action Center—the "Tree of Love." For \$5 a light will be placed on an outdoor tree and a heart on an indoor tree in memory of someone or as a greeting. The hearts are cut out of plywood and donated. Several local artists decide on a design and paint. An area pastor speaks to the gathering the evening the outdoor tree is lit. The list of donors and donees are placed at the visitor's entrance to the hospital. After January 1, donors may pick up their hearts.

How many volunteers needed? **A committee of 4 from both LRHV and Vac. Planit**

What was the cost to implement? **\$45.16**

What did the program net (not gross) in 2010? **\$598**

Is it an annual event? **Yes**

***Lakes Regional Healthcare Auxiliary
Spirit Lake***

■ Annual Holiday Gift Show.

We feature our gift shop Christmas decorations and gifts displayed in a large meeting room and runs for four days. Our gift shop is our major source of fundraising.

How many volunteers needed? **30**

What was the cost to implement? **\$0**

What did the program net (not gross) in 2010? **\$19,000**

Is it an annual event? **Yes**

Mercy Medical Center-Sioux City Auxiliary

Section VIII: Fundraisers

Sioux City

■ **Valentine Candy Sale.**

The Mercy Medical Center-Centerville Auxiliary has held an annual Valentine's Day candy sale for more than 20 years. Proceeds are used for scholarships for healthcare career students. The day before the candy sale, all Auxiliary members bring homemade candy including divinity, fudge, chocolate covered nuts and others to the hospital for packaging.

All of the supplies needed for packaging are donated by local grocery stores. Advertising is donated by local radio and newspapers.

The day of the sale volunteers set up tables at various business locations displaying the candy for sale. Teams go to many locations around town to sell candy. The auxiliary treasurer stays at the hospital and receives money from the members who have sold candy. The candy sale chairman and helper distribute more candy to sellers at different locations.

How many volunteers needed? **All Members**

What was the cost to implement? **\$0**

What did the program net (not gross) in 2010? **\$2,100**

Is it an annual event? **Yes**

***Mercy Medical Center-Centerville Auxiliary
Centerville***

■ **Holiday Food Fair.**

A holiday "Food Fair" planning meeting with auxiliary president, vice president, fund raising committee (4), telephone committee (2) and publicity chairperson sets the date of the event. A letter with information is mailed to all the Auxiliary members for food items that are needed. Posters are printed and distributed to various locations throughout the town. News articles are put in two newspapers. The day before the food is delivered, and packaging and pricing are done. Six to eight people are needed. The day of the event there are approximately nine workers. This has been very successful. It is held in the lobby of the hospital. The proceeds from the Holiday Food Fair are used toward funding of scholarships, educational seminars, blood pressure screenings and purchase of medical equipment for the hospital.

How many volunteers needed? **12**

What was the cost to implement? **The hospital pays postage and materials.**

What did the program net (not gross) in 2010? **\$1,289**

Is it an annual event? **Yes**

***Waverly Health Center Auxiliary
Waverly***

Section VIII: Fundraisers

■ **Easter Basket Sale.**

Easter baskets are sold each year. The money is used for three high school scholarships. Orders are taken and volunteers get together and construct the baskets and deliver them all in one day. We have a great response from the people who receive the baskets.

How many volunteers needed? 25

What was the cost to implement? \$1,000

What did the program net (not gross) in 2010?

Is it an annual event? Yes

***Guttenberg Municipal Hospital Auxiliary
Guttenberg***

■ **Candy Sale.**

Auxilians prepare holiday candy. They bring it to the medical center where a variety of candy is set onto small and large plates or bagged. Sale starts at 7 am and is usually done by 9:30 am.

How many volunteers needed? 20 at medical center, 50 to make candy

What was the cost to implement? \$200 (supplies media ads)

What did the program net (not gross) in 2010 - \$1700

Is it an annual event? Yes

***Greene County Medical Center Auxiliary
Jefferson***

Section VIII: Fundraisers

Quilt Fundraisers

■ Quilt Auction.

The Norman Borlaug Days Quilt Auction takes place each September during the county-wide salute to Norman Borlaug. The project requires an extensive amount of planning and work begins for the next year's project shortly after the event. On an average it takes at least 125 volunteers working at many tasks to complete the project.

In 2010, 60 individuals (either private or representing organizations, businesses, churches, or Regional Health Services Staff) made and donated 106 entries to the auction. Quilts of various sizes, hand-quilted, hand-pieced, tied, machine-quilted, along with four hand-made quilt racks were donated to the Auxiliary.

Past donors receive a letter in April inquiring as to whether they are planning to donate to the event; a post card is included for their convenience in responding.

Representatives from the Auxiliary attend the Norman Borlaug Days preparation meetings throughout July and August. One week prior to the event, volunteers make up teams and go to the local businesses and display the quilts in the windows along Main Street. The day of the event the quilts are moved to the big tent where tables have been set up to display; volunteers watch as people get a chance to see the quilts up close. The quilts are auctioned off on the Saturday of the Norman Borlaug Days. Volunteers display the entries one by one as the emcee describes them; professional auctioneers and ring men donate their time and talent to secure bids for the items.

In 2010, within two and one-half hours, we netted \$21,815.00 which is used to purchase equipment for our Hospital. Postage and a few incidentals are the only expenses involved in this project. This project is definitely successful due to the cooperation of our community the auxiliary volunteers and their commitment to the hospital.

How many volunteers needed? **125**

What was the cost to implement? **\$150**

What did the program net (not gross) in 2010? **\$21,810**

Is it an annual event? **Yes**

***Regional Health Services of Howard County Auxiliary
Cresco***

Section VIII: Fundraisers

Jewelry Sale Fundraisers

■ **Masquerade Jewelry Sale.**

Held once in the fall and once in the spring in the hospital lobby or in the hospital cafeteria. All jewelry is \$5.00. We have the sale from 9:00 a.m. to 4:00 p.m. We have had five jewelry sales thus far and have gone from approximately \$900 the first sale to almost \$1800 the last fall 2010.

***Sartori Memorial Hospital Auxiliary
Cedar Falls***

■ **\$5 Jewelry Sale.**

Masquerade Jewelry Sale held for one day once yearly. A representative from the company sets up and tears down with help from Auxiliary volunteers. This event is held at the hospital in conference rooms and is well received in the community. Many look forward to each year. Company provides posters and table toppers for our use in advertising the event.

How many volunteers needed? 10 to 12 (Volunteers do receive one \$5.00 item from company representative for a three hour shift worked))

What is the cost to implement? \$0

What did the program net (not gross) in 2010? \$1249

Is it an annual event? Yes.

***Fort Madison Community Hospital Auxiliary
Fort Madison***

■ **\$5 Jewelry Sale.**

This event is held three times a year.

***Mercy Medical Center-Sioux City Auxiliary
Sioux City***

■ **Jewelry Sale.**

Everything was \$5.00. The company brings all the merchandise and we helped set everything on tables and assisted them during the hours of the sale and after to put everything back in the containers. This was a new fundraiser for us and was quite successful. We received 20% of the sales. We are planning two sales this year.

How many volunteers needed? 15

What was the cost to implement? \$77 for advertising

What did the program net (not gross) in 2010? \$743

Is it an annual event? Yes

***Lakes Regional Healthcare Auxiliary
Spirit Lake***

Section VIII: Fundraisers

■ **Masquerade Jewelry Sale.**

Auxiliary members deliver posters provided by Masquerade and any other advertising necessary. This event is held every Spring and Fall.

How many volunteers needed? **12**

What was the cost to implement? **None**

What did the program net (not gross) in 2010? **\$2,000**

Is it an annual event? **Semi Annual**

**Mercy Medical Center-Centerville Auxiliary
Centerville**

■ **\$5 Jewelry.**

The Auxiliary contracts with Masquerade \$5 Jewelry during the spring and the fall each year for a jewelry sale in the lobby of the hospital

How many volunteers needed? **6**

What was the cost to implement? **Approximately \$100 in advertising in local newspapers**

What did the program net (not gross) in 2010? **\$1083 for the fall sale**

Is it an annual event? **Twice a year**

**Mitchell County Regional Health Center Auxiliary
Osage**

Book Sale Fundraisers

■ **Book Fair.**

"Books Are Fun" business from Fairfield, Iowa, comes twice a year to Fort Madison Hospital for a one day "Books Are Fun" Event. Gift items and books are included in the sale.

How many volunteers needed? **2 per one day sale--one volunteer in am and one in pm**

What was the cost to implement? **None**

What did the program net (not gross) in 2010? **\$650**

It is an annual event? **Held twice yearly**

**Fort Madison Community Hospital Auxiliary
Fort Madison**

■ **Books Are Fun.**

Held three times a year.

How many volunteers needed? **5**

What was the cost to implement? **0**

What did the program net (not gross) in 2010? **\$1,455**

Is it an annual event? **Yes**

**Jackson County Public Hospital Auxiliary
Maquoketa**

Section VIII: Fundraisers

■ **Book Sale.**

A salesperson brought in books and some gift items and we got 10% of sales. The Book salesman did most of the work. We helped set up and take down and also helped him when needed.

How many volunteers needed? **4**

What was the cost to implement? **None**

What did the program net (not gross) in 2010? **\$165**

Is it an annual event? **Yes**

**Lakes Regional Healthcare Auxiliary
Spirit Lake**

■ **Book Fair.**

The book fair is held two times a year. The Auxiliary distributes posters that are provided by the Book Fair representative. The rep sets up and no one from the auxiliary is needed. The auxiliary takes care of the advertising.

How many volunteers needed? **2 to distribute posters around town (1) for newspaper**

What was the cost to implement? **None**

What did the program net (not gross) in 2010? **\$984.92**

Is it an annual event? **Yes, 2 times throughout the year**

**Waverly Health Center Auxiliary
Waverly**

■ **Books Are Fun.**

The Books are Fun program is a simple no frills way to raise money. This particular program is only set up in one of our smaller clinics and does not require any volunteer management or time. The representative from Books Are Fun sets up a display with an order form and checks on the orders regularly. A percentage of sales are then paid to the Auxiliary.

How many volunteers needed? **0**

What was the cost to implement? **\$0**

What did the program net (not gross) in 2010? **Approximately \$500 each year**

Is it an annual event? **This is an ongoing activity**

**Mitchell County Regional Health Center Auxiliary
Osage**

Section VIII: Fundraisers

Art Show

■ **Art Show** (*not a fundraiser*).

A community art show was implemented in the outpatient halls using artwork on loan for a period of one year from local artists. Hosted Open House had a great response. We hope to keep this program going. (Not a Fundraiser).

***Loring Hospital Auxiliary
Sac City***

■ **Art Show.**

Once a year we have an Art Show brought in by a company.

***Mercy Medical Center Auxiliary
Sioux City***

■ **Art.**

The cafeteria corridor of Mercy Medical Center is each month decorated with the art of a local artist. Oil paintings, prints, photography and whimsical sketches have all been displayed and the artist changes monthly.

***Mercy Medical Center Auxiliary
Cedar Rapids***

Special Event Sale Fundraisers

■ **Basket Silent Auction.**

Auxiliary members and staff donate items to be compiled into gift baskets (baskets also donated). The baskets are put on display for two weeks in the hospital hallway. It is a silent auction with bid sheets placed beside each basket. No advertising cost as it is in only through employee and Auxiliary newsletter and local paper publishes picture of baskets prior to auction start.

How many volunteers needed? **6-8**

What was the cost to implement? **0**

What did the program net (not gross) in 2010? **\$1,200 – \$2,200**

Is it an annual event? **Yes**

***Alegent Health Mercy Hospital Auxiliary
Corning***

Section VIII: Fundraisers

■ Auction.

An annual auction is held each September. Members donate baked items, plants, handcrafts and gently used items. Local auctioneer donates time and staff for auction. Generally raise \$1,200.

How many volunteers needed? **4**

What was the cost to implement? **0**

What did the program net (not gross) in 2010? **\$1,250**

Is it an annual event? **Yes**

***Alegent Health Mercy Hospital Auxiliary
Corning***

■ Garage Sale.

The garage sale starts by placing ads in the newspaper and the hospital newsletter and asking for donation of items. We rent a building at the fairgrounds. The sale is held for 2 1/2 days – We hold a “Sneak Peak” for 2 hours the first evening. Participants pay a small fee to view and purchase items. Items are accepted and sorted for three days before the sale.

How many volunteers needed? **40**

What was the cost to implement? **\$200 (rent of building and media ads)**

What did the program net (not gross) in 2010 - **\$1,900**

Is it an annual event? **Yes**

***Greene County Medical Center Auxiliary
Jefferson***

■ Plant Sale.

Our Auxiliary hosts an annual Spring Plant Sale in May each year. We order bedding plants (both flowers & vegetables), containers and hanging baskets from a local nursery, Natural Beauty Growers in Hull, Iowa. We receive the plants for a wholesale cost and keystone all pricing. We set up tables and fill our entire front lobby with the plants.

How many volunteers needed? **15**

What was the cost to implement? **Cost of the plants (\$2420)**

What did the sale net (not gross) in 2010? **\$2226**

Is it an annual event? **Yes, the first Thursday in May**

***Orange City Area Health System Auxiliary
Orange City***

■ Indulgence – A Chocolate Tasting Event.

A chocolate tasting event was held on February 23 at Mercy’s Health Education Center. With the purchase of a \$5.00 ticket patrons were able to taste five delicious treats with over 40 to choose from. Recipes were made available. All proceeds benefited the hospital auxiliary.

***Mercy Medical Center-New Hampton Auxiliary
New Hampton***

Section VIII: Fundraisers

■ Summer Garden Tour.

Tour held second Saturday in July from 10:00 a.m. to 2:00 p.m. A garden tea is held at a local park. Ticket price is \$10 for adults and \$8 for students 17 years and under. Tickets are non-refundable. Tour held rain or shine. All flyers, tickets, etc. state there are no bathroom facilities available at garden sites.

To spike advanced ticket sales, a \$150 gift certificate to the greenhouse or floral shop is offered for those who purchase advanced tickets. Other gift certificates listed are donated by individuals who want to support the event.

We let people put in a 2nd drawing slip for the advanced ticket sale prizes if they donate a non-perishable food item or donate money to the Mercy

Foundation's Caring Fund (fund provided monetary support to employees in need.) The drawing for these advanced ticket sales prizes is done at 4 pm the day before the tour. We've added vendors to the Garden Tea venue. Tickets are non-refundable; improve sales and guarantees money rain or shine.

A variety of gardens encouraged...some are small gardens, complete shade gardens, formal gardens, informal cottage-style gardens, vegetable gardens (we've found these hard to come by), strictly perennial, strictly annuals, ponds, or unique landscape designs. At each tour site a sign in sheet is provided if guests would like to have their garden or yard on the tour. On the Monday following the tour, we have the "Tour After The Tour" which allows those individuals whose gardens were on the tour to see each other's yardscape. Committee members and volunteers who helped the day of the tour are also invited. The tour ends up at the hospital's independent living facility where a light meal is served and gardeners are given a gift in appreciation for being a part of the event.

We've made as much as \$4000 on the tour. However, since the flood in Mason City in 2007 and the economic downturn our tours have averaged around \$2000-\$2500.

***Mercy Medical Center-North Iowa Auxiliary
Mason City***

■ Tour of Homes.

This event is held annually the first Sunday of December. We serve coffee and dessert at the St. Anthony Hospital Atrium all afternoon. Our tourists may stop at any time that is convenient for them during or after the tour.

How many volunteers needed? **80**

What was the cost to implement? **\$489**

What did the program net (not gross) in 2010? **\$5,489**

Is it an annual event? **Yes**

***St. Anthony Regional Hospital Auxiliary
Carroll***

Section VIII: Fundraisers

■ Parade of Homes.

New in 2004. Local homes are opened for a community tour. We have varied the time of year such as fall and Christmas and did a Garden Tour in 2009.

How many volunteers needed? Approximately 40

What was the cost to implement? **\$526.15**

What did the program net (not gross)? **\$2,533.85**

Is it an annual event? **Biannual**

**Mercy Medical Center Auxiliary
Clinton**

■ Hope Run for Hospice.

June 19, 2010 –Cooperative sponsorship program with Mary Greeley Medical Center Foundation.

How many volunteers needed? **Steering Committee plus 75 extra**

What was the cost to implement? **\$5,000**

What did the program net (not gross) in 2010? **\$31,000 in funding and in-kind support**

Is it an annual event? **Yes**

**Mary Greeley Medical Center Volunteer Services
Ames**

■ “Spirit of Courage” Celebrity Weekend.

National and local celebrities, businesses, and 200 volunteers join in raising funds (\$125,000 in 2010) at this annual event. The funds are earmarked to assist JEH cancer patients who are in need of financial assistance. The weekend begins with a Shotgun Scramble Golf Tournament followed by a gala dinner and silent and oral auctions. Spirit of Courage awards are presented to cancer survivors who tell their amazing stories of courage, strength and determination. A Texas Hold' Em Poker Tournament concludes the weekend on Sunday afternoon. Sponsorships and ticket sales furnish the cost of implementing the weekend.

**Jennie Edmundson Hospital Auxiliary
Council Bluffs**

■ Bridge Tournaments.

We host several bridge tournaments throughout the year.

How many volunteers needed? **2 volunteers set up the tournaments**

What was the cost to implement? **Negligible. The hospital runs off the tally sheet free of charge.**

What did the program net (not gross) in 2010? **\$1,085**

Is it an annual event? **Ongoing**

**Loring Hospital Auxiliary
Sac City**

Section VIII: Fundraisers

■ **Golf Tournament.**

The Cresco Country Club donates the course for the tournament with green fees of non-members going to the club. Entry fee is \$150.00 which includes lunch and a continental breakfast. The field is limited to 30 pre-paid teams. It is a 4 Person Men and/or Women Best Shot. Business in the community is solicited for prizes and also articles for a silent auction. The auxiliary serves the golfers and any others who come and pay for their lunch. Hospital administration and the Regional Health Services Leadership Team register the golfers in the morning. Advertising begins in May for the July Tournament; in 2010 we received \$6,685.00.

How many volunteers needed? **25**

What was the cost to implement? **\$600**

What did the program net (not gross) in 2010? **\$6,685.00**

Is it an annual event? **Yes**

***Regional Health Services of Howard County Auxiliary
Cresco***

■ **Gala.**

A Gala was held on May 1 with a Kentucky Derby theme. A committee of 20 met monthly to plan. The Gala is a cooperative sponsorship program with the Foundation. Attendance was 250.

How many volunteers needed? **Steering Committee plus 11 extra**

What was the cost to implement? **\$24,000**

What did the program net (not gross) in 2010? **\$205,000 in funding and in-kind support**

Is it an annual event? **Yes**

***Mary Greeley Medical Center Volunteer Services
Ames***

■ **Silent Auction.**

Auxiliary has scheduled this fundraiser for the first time on March 3, 2011. Auxiliary members have been asked to bring gently used, small items to this March Auxiliary meeting and those attending meeting will bid on items.

How many volunteers needed? **2 to arrange items on sale tables**

What was the cost to implement? **\$0**

What does the program net (not gross)? **Event is coming up in March, 2011**

Is it an annual event? **To be decided**

***Fort Madison Community Hospital Auxiliary
Fort Madison***

Section VIII: Fundraisers

■ Trivia Night.

Wayne County Hospital Auxiliary has hosted a “Trivia Night” in February the past five years. There are a maximum of 8 contestants on a team and the entry fee is \$10.00 per contestant. The evening consists of 10 rounds of 10 questions per round. Each round is a different category (science, sports, movies, etc.). Questions are typed so each team works on the questions simultaneously and they have 8 minutes to complete the round. Rounds are scored (10 points possible each round) and we also add 3 logistic puzzles through the evening which allows teams to earn an extra 30 bonus points. A cash prize is awarded to the winning team (\$200.00).

Ten donated items (value \$10 – 20.00) are given away during the evening as door prizes.

A meal with snacks and drinks are provided before and during the games which adds to the profits. We also have a 50/50 raffle or auction an item for additional revenue as well.

How many volunteers needed? **15 – 20**

What was the cost to implement? **\$100 – 300**

What does the program net (not gross)? **Avg. \$2000**

Is it an annual event? **Yes**

***Wayne County Hospital Auxiliary
Corydon***

■ Purse Sale.

A pre-show was held on February 23 in conjunction with the Chocolate Tasting Event. The purse sale was held February 24 in the Mercy – New Hampton Lobby. Fashion handbags, wallets, scarves, other accessories are all direct from Wholesalers in New York so the offering is unique with no knock offs! 20% of the sales benefit the hospital auxiliary.

***Mercy Medical Center-New Hampton Auxiliary
New Hampton***

■ Mountain Man Fruit & Nut Company.

This event is held three times a year.

***Mercy Medical Center Auxiliary
Sioux City***

■ Scentsy Candle Trunk Show

This event is held twice a year.

***Mercy Medical Center Auxiliary
Sioux City***

Section VIII: Fundraisers

■ **Uncommon Grounds.**

Mercy Auxiliary volunteers began a small coffee cart years ago, which has grown to a permanent and thriving coffee shop located in the 10th street entrance. In the Uncommon Grounds Coffee Corner a variety of hot and cold beverages are available. Espresso, Cappuccino, Flavored Coffees and Teas are brewing and made to order Monday through Friday. Beverage specials are featured each week and small snacks like cookies and biscotti are available.

***Mercy Medical Center Auxiliary
Cedar Rapids***

■ **Embroidered Dish Towels.**

Handmade towels are sold in the hospital lobby displayed in a Curio Cabinet donated by a deceased auxiliary member's family. We have 3 ladies at present embroidering the towels. They have become a real hit at Christmas time and for showers, birthday and etc. A set of 7 towels sell @ \$25.

***Baum-Harmon Mercy Hospital Auxiliary
Primghar***

■ **The Gold Sale.**

The Gold Refinery is one of the easiest fundraisers the Auxiliary has hosted. One representative from The Gold Refinery sets up in a high traffic area of the facility, such as the main lobby or the cafeteria. The Gold Refinery buys unwanted gold, silver and platinum including items such as dental fillings, silver service sets and coins. The representative test the items brought in and give the total of what they are willing to pay; at this point the seller has the choice to sell or keep their items and walk away. Set up is easy as they only require one table and four chairs and they provide everything else. Marketing materials and paid advertisements are provided by The Gold Refinery and no volunteers are needed during the event. Typically, they set up for two days. During their first event at MCRHC, we paired them with the \$5 Masquerade Jewelry Sale on their first day, which always brings in a high volume of people, to provide additional exposure.

How many volunteers needed? **0**

What was the cost to implement? **\$0**

What did the program net (not gross) in 2010? **\$812**

Is it an annual event? **We have only had them once so far, but they are slated to come again in March 2011**

***Mitchell County Regional Health Center Auxiliary
Osage***

Auxiliary/Volunteer Leadership MANUAL

Resource Materials Section IX

- Books
- Websites
- Videos

April 2011



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Resource Materials – Section IX

Books/Websites/Videos

77 WAYS TO RECOGNIZE VOLUNTEERS – Knowledge Transfer Publishing - 2003

Authors: Dr. Bill Wittich

Subject: Recognition

101* IDEAS FOR VOLUNTEER PROGRAMS - Downers Grove, IL : Heritage; 1986

Authors: Steve McClurey, Sue Vineyard

Subject: Volunteer Management

*Actually 949 ideas in 50 categories

101*TIPS FOR VOLUNTEER RECRUITMENT - Downers Grove, IL: Heritage Arts
Publication; 1988

Authors: Steve McClurey, Sue Vineyard

Subject: Volunteerism & Volunteers

ASSOCIATION FOR HEALTHCARE VOLUNTEER RESOURCE PROFESSIONALS

Publication: Newsletter

Subject: National Auxiliary/Volunteer Information

www.ahvrp.org

AUX/VOL CHAIR LETTER – Iowa Hospital Association

Publication: Newsletter

Author: Chair, IHA Aux/Vol Board

Subject: IHA Aux/Vol Educational Programs and Information

www.ihaonline.org/publications/auxvol

THE AUXILIARY: NEW CONCEPTS, NEW DIRECTIONS: PRINCIPLES AND
STRUCTURE - Chicago, IL; 1989

Author: AHA

Subject: Hospital Auxiliaries

THE AUXILIARY: NEW CONCEPTS, NEW DIRECTIONS: PLANNING AND
EVALUATION - Chicago, IL; 1989

Author: AHA

Subject: Hospital Auxiliaries

THE AUXILIARY: NEW CONCEPTS, NEW DIRECTIONS: MEETINGS AND BUSINESS
RECORDS - Chicago, IL; 1989

Author: AHA

Subject: Hospital Auxiliaries Forms and Records
Control Leadership

THE AUXILIARY: NEW CONCEPTS, NEW DIRECTIONS: ROLES AND
RELATIONSHIPS; Chicago, IL; 1989

Author: AHA

Subject: Auxiliaries

Resource Materials – Section IX

Books/Websites/Videos

THE AUXILIARY: NEW CONCEPTS, NEW DIRECTIONS: FUND RAISING AND
PHILANTHROPY - Chicago, IL; 1989

Author: AHA

Subject: Hospital Auxiliary Fund Raising

THE AUXILIARY: NEW CONCEPTS, NEW DIRECTIONS. - Chicago, IL; 1974

Author: The Association

Subject: Volunteer Workers in Hospitals
Hospital Volunteers

AN AUXILIARY COORDINATES...A HEALTH FAIR - Albany, NY; 1979

Author: Hospital Association of New York

Subject: Health Fairs
Hospital Auxiliary

AUXILIARY FUND RAISING IDEA BOOK

Author: California Association of Hospitals and Health Systems

Subject: Fund Raising

AUXILIARY GIFT AND COFFEE SHOP MANAGEMENT - Chicago, IL; 1979

Author: AHA

Subject: Hospital Gift Shops
Coffee Shop Management
Hospital Food Service
Volunteer Workers in Hospitals
Hospital Administration
Hospital Shops

BEST OF ALL: THE QUICK REFERENCE GUIDE TO EFFECTIVE VOLUNTEER
INVOLVEMENT – 2005

Author: Linda Graff

Subject: Volunteer Program Management Solutions

BEYOND POLICE CHECKS: THE DEFINITIVE VOLUNTEER AND EMPLOYEE
SCREENING GUIDEBOOK - 1999

Author: Linda Graff

Subject: Volunteer Employee Screening

BLINK

Author: Malcolm Gladwell

Subject: The Power of Thinking Without Thinking

THE CARE AND FEEDING OF VOLUNTEERS: RECRUITING, RETAINING,
REWARDING – Knowledge Transfer Publishing – 2000

Author: Dr. Bill Wittish

Subject: Volunteer Recruitment, Retaining, Rewards

CINDY JONES ASSOCIATES – Hospital Gift Shop Management and Design Services

Resource Materials – Section IX

Books/Websites/Videos

Author: Cindy Jones
Subject: Gift Shop Management/Design
www.cindyjonesassociates.com

COMMUNICATIONS: A POSITIVE MESSAGE FROM YOU - Downers Grove, IL; 1989
(Volunteer Management Series)

Author: Seita, Trudy R.
Subject: Communication
Oral Communication
Written Communication
Listening
Volunteers

CONSTRUCTIVE CONFLICT - Downers Grove, IL; 1988 VM Systems - Heritage
(Volunteer Management Series)

Author: Yarbough, Elaine
Subject: Conflict Management
Volunteers
VM Systems

DEALING WITH DIFFICULT VOLUNTEERS - Downers Grove, IL; 1988; VM Systems
(Volunteer Management Series)

Author: Marilyn MacKenzie
Subject: Volunteers and Personnel Management
VM Systems

DESIGNING PROGRAMS FOR THE VOLUNTEER SECTOR - Downers Grove, IL;
1989; VM Systems-Heritage; (Volunteer Management Series)

Author: Nancy L. Macduff
Subject: Volunteers

DEVELOPING AN OLDER VOLUNTEERS PROGRAM: A 10-STEP GUIDE FOR
HOSPITALS. - Chicago, IL; (Series on Aging)

Author: Hospital Research and Education
Subject: Aged Volunteers
Hospital Volunteers in Hospital

DRIVE

Author: Daniel H. Pink
Subject: The Surprising Truth About What Motivates Us

Resource Materials – Section IX

Books/Websites/Videos

EPISODIC VOLUNTEERING: ORGANIZING AND MANAGING THE SHORT-TERM VOLUNTEER PROGRAM – MBA Publishing

Author: Nancy Macduff

Subject: Basics of integrating short-term volunteer opportunities and people into the existing programs.

ESSENTIAL VOLUNTEER MANAGEMENT - Downers Grove, IL; 1989

VM Systems and Heritage; (Volunteer Management Series)

Author: Stephen McCurley, Rick Lynch (Joint Author)

Subject: Volunteer Management
Personnel Management

EVALUATING VOLUNTEERS, PROGRAMS AND EVENTS - Downers Grove, IL; 1988

VMSystems-Heritage; (Volunteer Management Series)

Author: Sue Vineyard

Subject: Volunteer Evaluation

FREAKONOMICS

Author: Steven D. Levitt

Subject: They explore the hidden side of ... well, everything.

GOOD TO GREAT

Author: Jim Collins

Subject: Can a good company become a great company, and if so, how?

THE GREAT TRAINER'S GUIDE

Author: Sue Vineyard

Subject: How to Train (almost) Anyone to do (almost) Anything!

HOW TO MANAGE A VOLUNTEER INSERVICE PROGRAM - Sacramento, CA; 1985

Author: CAHHS

Subject: Volunteers

HOW TO TAKE CARE OF YOU: SO YOU CAN TAKE CARE OF OTHERS

Author: Sue Vineyard

Subject: Learn how to take care of yourself, while taking care of others.

INNOVATIVE UTILIZATION OF OLDER PERSONS IN VOLUNTEER SERVICE

PROGRAMS: SIX HOSPITALS REPORT ON MODEL PROJECTS - Chicago, IL; 1981; (Series on Aging)

Author: Hospital Research & Educational Trust

Subject: Aged Volunteers in Hospitals, Aged Volunteers in Hospitals (Case Studies), Aged, Hospital Volunteers, Voluntary Workers

Resource Materials – Section IX

Books/Websites/Videos

INTERPRETERS' SERVICES AND THE ROLE OF HEALTH CARE VOLUNTEERS

Chicago, IL; 1974

Author: AHA

Subject: Vision Disorders, Communications, Hearing Disorders
Translating Services, Language

IOWA HOSPITAL ASSOCIATION

Subject: Aux/Vol Member Information, Events/Education, Hospital Information

Website: www.ihaonline.org

LEADING AT A HIGHER LEVEL

Author: Ken Blanchard

Subject: The practical and powerful strategies to equip leaders at every level to build organizations that produce bottom-line results

LEADERSHIP JAZZ

Author: Max DePree

Subject: How to hold people accountable but still give them space to make mistakes.

LEADERSHIP AND SELF-DECEPTION

Author: Arbinger Institute

Subject: An entertaining story . . . focusing on five specific areas: hiring, teambuilding, conflict resolution, accountability, and personal growth/development

LEGAL, RISK MANAGEMENT AND JCAHO ISSUES FOR HEALTHCARE ORGANIZATIONS - 2000

Author: AHA American Society of Director of Volunteer Services
Board Members

Subject: JCAHO, Legal and Risk Management Issues

MANAGER TOOLS

Website: www.managertools.com

Subject: Help become a more effective manager and leader.

MANAGING VOLUNTEERS IN RECORD TIME

Author: Nan Hawthorne

Subject: A training kit to train others.

MARKETING MAGIC FOR VOLUNTEER PROGRAMS - Downers Grove, IL; 1984

Heritage Arts Publications

Author: Vineyard, Sue

Subject: Volunteerism/Volunteer Management

Resource Materials – Section IX

Books/Websites/Videos

ONE MINUTE ANSWER TO VOLUNTEER MANAGEMENT QUESTIONS: A PRACTICAL APPROACH

Author: Mary Kay Hood

Subject: A quick reference for the practical aspects of managing a volunteer program.

PRACTICING SERVANT LEADERSHIP

Author: Larry C. Spears and Michele Lawrence

SECRETS OF LEADERSHIP

Author: Rick Lynch and Sue Vineyard

Subject: Outlines characteristics of a true leader and how to develop a leader

SECRETS OF MOTIVATION: HOW TO GET AND KEEP VOLUNTEERS AND PAID STAFF - Downers Grove, IL; 1991 Heritage Arts

Author: Vineyard, Sue

Subject: Training of Volunteers
Employee Motivation
Personnel Management

STEWARDSHIP

Author: Peter Block

Subject: Choosing service over self interest

THE BALANCED LIFE

Author: Alan Loy McGinnis

Subject: Achieving success in work and love.

The INFLUENCER

Author: Kerry Patterson

Subject: What influence strategies you can use to help people change.

THE LEADERSHIP CHALLENGE AND A LEADER'S LEGACY

Author: James M. Kouzes and Barry Z. Posner

Subject: The most trusted resource on becoming a leader.

THE VOLUNTEER RECRUITMENT BOOK

Author: Susan J. Ellis

Subject: Membership Development

TO LEAD IS TO SERVE: HOW TO ATTRACT VOLUNTEERS AND KEEP THEM

Author: Shar McBee

Subject: Recruitment, Leadership Skills, Overcoming Obstacles

Resource Materials – Section IX

Books/Websites/Videos

VOLUNTEERS SUPPORTING HEALTHCARE INSTITUTIONS IN THE 21ST CENTURY

Author: Susan Berk

Subject: A Volunteer and Auxiliary Guide to Strategic Planning, New Roles, Relationships, Structures, and Activities

VOLUNTEER TODAY NEWSLETTER

Subject: The Electronic Gazette (Newsletter) for Volunteerism

<http://www.volunteertoday.com>

"WE CAN'T KEEP MEETING LIKE THIS!"

Author: Jane L. Justis

Subject: A Guide to More Effective Meetings

WOMEN, VOLUNTEERING, AND HEALTH POLICY: HISTORICAL PERSPECTIVES AND CONTEMPORARY VIEWPOINTS - New York, New York; 1982

Author: Brumberg, Joan Jacobs; United Hospital Fund of New York

Subject: Women in Medicine
Women Volunteers in Social Service
Medical Policy

Resource Materials – Section IX

Books/Websites/Videos

VOLUNTEER MANAGEMENT PROGRAM VIDEOS

The following video tape selections are available through the Iowa Hospital Association. Contact Pam Gridley at 515/288-1955 or gridleyp@ihaonline.org for video rental and workshop handouts. (Not available in DVD.)

These workshops were taped in honor of the 25th Anniversary and final series of the University of Colorado Volunteer Management Certificate Program.

These programs are both sequential and in-depth and utilize outstanding national trainers who are not only experts in their disciplines, but also understand and are committed to the field of volunteer management.

Level I workshops are especially beneficial for the volunteer coordinator who is just starting a new program, re-vitalizing an ailing one or wants to enhance their skills with new tools and techniques. They cover all the basics of sound volunteer management.

Level II workshops are most beneficial for the more experienced administrator and deal with organizational and relational issues. These would also be valuable for executive directors and other paid staff.

These tapes are excellent training resources for conducting workshops, classes, or internal staff training. There is a book of handouts for each level, which include those materials referred to or utilized in group activities. The presenters have given permission for you to reproduce and use these copyrighted handout materials with these videos only. (Contact them directly for permission for any other use.)

Our copyright on the videos prohibits the selling or reproduction of the videotapes.

The video titles are listed on the next two pages.

Resource Materials – Section IX

Books/Websites/Videos

VOLUNTEER MANAGEMENT PROGRAM First Level Workshops

Leading Volunteer Programs with Soul and Vision

Tape 1 – Length: 46 minutes

Presenter: Marlene Wilson

Trends Affecting Volunteerism

Tape 2 – Length: 44 minutes

Presenter: Betty Stallings

I. An Overview of Managing a Volunteer Program

II. Delegation

Tape 3 – Length: 66 minutes

Presenter: Marlene Wilson

Motivation: The Key to Matching Right People to Right Jobs

Tape 4 – Length: 42 minutes

Presenter: Jane Justis

Recruiting Today's Volunteer

Tape 5 – Length: 35 minutes

Presenter: Betty Stallings

I. Job Design in Turbulent Times

II. Interviewing

Tape 6 – Length: 62 minutes

Presenter: Marilyn MacKenzie

Group Projects Made Simple

Tape 7 – Length: 35 minutes

Presenter: Marlene Wilson

Recognition: Letting People Know You Noticed

Tape 8 – Length: 48 minutes

Presenter: Betty Stallings

Making Dreams Happen

Tape 9 – Length: 65 minutes

Presenter: Michael Murray

Resource Materials – Section IX

Books/Websites/Videos

VOLUNTEER MANAGEMENT PROGRAM

Second Level Workshops

Personal Profile: Understanding Yourself and Those You Lead

Tape 1 – Length: 79 minutes

Presenter: Donna Ewy, Ed.D

The Challenge of Diversity

Tape 2 – Length: 82 minutes

Presenter: Violet Malone, Ph.D.

Influencing Outcomes You Care About

Tape 3 – Length: 88 minutes

Presenter: Marlene Wilson

Managing Conflict

Tape 4 – Length: 75 minutes

Presenter: Elaine Yarbrough, Ph.D.

Training: Helping Volunteers and Staff Succeed

Tape 5 – Length: 85 minutes

Presenter: Arlene Schindler, Ph.D.

Risk Management

Tape 6 – Length: 82 minutes

Presenter: Betty Stallings

Balance vs. Chaos

Tape 7 – Length: 86 minutes

Presenter: Jane Justis

Present Realities/Future Trends

Tape 8 – Length: 79 minutes

Presenter: Mike King

Auxiliary/Volunteer Leadership MANUAL

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April 2011



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