Union Hospital’s Explorer Post meets on the 1st Wednesday of every month from 7:00 pm – 8:15 pm.

Dues are $20.

Please read and fill out the following forms to complete the enrollment packet and include a check for dues, made payable to Union Hospital Explorer Post #2057.

1) Youth Exploring Application
   a. We need the student and the parent/guardian to fill out this application.
   b. Include emails and contact phone numbers.
   c. The Student and the Parent/Guardian must sign.

2) Confidentiality Agreement
   a. During Post events there may be instances where the student is exposed to confidential information. This form explains proper conduct when in these situations.
   b. The Student and the Parent/Guardian must sign.

3) Professional Image Policy
   a. This policy explains the dress code. Explorers are required to follow these guidelines when inside the hospital.
   b. The Student and the Parent/Guardian must sign.

4) Media Use Consent Form
   a. We take a lot of pictures/videos during Exploring events. This form provides consent to Union Hospital to use this media and releases Union Hospital from any liability.
   b. The Parent/Guardian must sign.

Completed enrollment packets can be emailed to Jean-Marie Kelly at jkelly@uhcc.com, dropped off at the front desk in the main lobby of the hospital (Attn: Jean-Marie Kelly), or mailed to:

Union Hospital
Attn: Marketing, Jean-Marie Kelly
106 Bow Street
Elkton, MD 21921
# YOUTH PARTICIPANT

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying $1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

<table>
<thead>
<tr>
<th>Transfer application</th>
<th>Transfer from council No.</th>
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Name and address information (Please print one letter in each space—press hard; you are making a copy.)

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Parent/guardian information

Select relationship:

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<thead>
<tr>
<th>Parent</th>
<th>Guardian</th>
<th>Grandparent</th>
<th>Other (specify)</th>
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Parent/guardian email address

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I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

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Signature of leader

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Signature of Explorer

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I agree to protect the confidentiality, privacy and security of patient, student, staff, business and other confidential, sensitive electronic or proprietary information (collectively, "Confidential Information") of Union Hospital of Cecil County and all Affiliated Providers from any source and in any form (spoken, paper, electronic). I understand that I have an obligation to protect the Confidential Information that I may create, access, use or disclose as part of my job including the following, among others:

- **PATIENTS AND/OR FAMILY MEMBERS** (such as, patient records, conversations and billing information)
- **MEDICAL STAFF, EMPLOYEES, VOLUNTEERS, STUDENTS, or CONTRACTORS** (such as, social security numbers, salaries, clinical information, billing information, employment records, disciplinary actions)
- **BUSINESS INFORMATION** (such as, financial records, research or clinical trial data, reports, contracts, computer programs, technology)
- **THIRD PARTIES** (such as, vendor contracts, computer programs, technology)
- **OPERATIONS, PERFORMANCE IMPROVEMENT, QUALITY ASSURANCE, MEDICAL OR PEER REVIEW** (such as, utilization, data reports, quality improvement, presentations, survey results)

**I AGREE THAT:**

1. I **WILL** protect Union Hospital Confidential Information in any form. I **WILL** follow federal and state statutes and regulations and Union Hospital Policies, procedures and other privacy and security requirements ("Union Policies").
2. I **WILL NOT** post, discuss, or otherwise share any Confidential Information, including patient pictures or videos, financial or personnel information on any social media sites such as Facebook or Twitter. I **WILL NOT** post Confidential Information including patient information on pictures on Union-sponsored social media sites without the appropriate patient authorization in accordance with management approval and Union Policies and procedures.
3. I **WILL NOT** take any pictures of patients for personal use with any device of any kind.
4. I **WILL** complete all required privacy and security training.
5. I **WILL ONLY** access information that I need to perform my job responsibilities or services at Union.
6. I **WILL NOT** access, show, tell, use, release, e-mail, copy, give, sell, review, change or dispose of Confidential Information unless it is part of my job responsibility or to provide service at Union. I **WILL** follow Union Policies (such as shredding confidential papers using confidential shred containers/lock bins or deleting electronic files from devices) and only access/use the minimum necessary of the information to complete the required task.
7. When my work or service at Union ends, I **WILL NOT** disclose any Confidential Information, and I **WILL NOT** take any Confidential Information with me if I leave or I am terminated.
8. If I must take Confidential Information off Union property, I **WILL** do so only with my supervisor’s permission and/or in accordance with Union policies and procedures. I **WILL** protect the privacy and security of the Confidential Information in accordance with Union Policies and I **WILL** return it to Union.
9. If I have access to Union computer system(s), I **WILL** follow the Secure System Usage Process.
10. I **WILL NOT** use another’s User ID or password to access any Union electronic or other system, and I **WILL NOT** share my User ID or password or other computer passwords with anyone.
11. I **WILL** create and change a strong password** in accordance with Union Policies. I **WILL** notify the Privacy Officer and change my password at once if I think someone knows or used my password. I **WILL** ask my supervisor if I do not know how to change my password.
12. I **WILL** tell my supervisor and the Privacy Officer if I am aware of any possible breaches of my user name or password. I **WILL** report suspected breaches of confidentiality to my supervisor and the Compliance Officer.
13. I **WILL** log out or secure my workstation when I leave the computer unattended.
14. I **WILL ONLY** access Confidential Information at remote locations in accordance with Union Policies.
15. I **AM RESPONSIBLE** for ensuring the privacy and security of the information at any location (e.g., home, office, etc.).
16. With the exception of accessing Union email on a personal smartphone (e.g., iPhone or Android device), tablet (e.g., iPad), or similar device, I **WILL NOT** store Confidential Information on non-Union systems including on personal computers/devices, in accordance with the mobile device policy. I **WILL** immediately report any lost or stolen device, personal or otherwise, that was used to access Union resources.
17. I **WILL NOT** maintain or seed Confidential Information to any unencrypted mobile or portable storage device in accordance with Union Policies.
18. I **UNDERSTAND** that my access to Confidential Information and my Union e-mail account may be audited.
19. If I receive personal information through Union e-mail or other Union systems, I **AGREE** that authorized Union personnel may examine it, and I do not expect it to be protected by Union.
20. I **UNDERSTAND** that Union may remove or limit my access to Union’s computer system(s) at any time.

I understand that my failure to comply with this Agreement may result in the termination of my relationship with Union and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand, and WILL comply with this Agreement.

Signature: ____________________ Date: ____________________

Print Full Name: ____________________ Dept.: ____________________

Created 1/2016
The policies set forth do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their clinical judgment in determining what is in the best interests of the patient, based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. Accordingly, these policies should be considered to be guidelines to be consulted for guidance with the understanding that departures from them may be required at times.

**POLICY TITLE:** Professional Image

**POLICY #:** HR 305

Review Responsibility: Human Resources

Approved By: Terry Lovell, VP, Human Resources

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**Effective:** 06/2015

**Reviewed:** 05/94; 02/96; 08/97; 12/98; 07/02; 05/03; 02/09; 07/09, 08/10, 08/13/03/14; 06/15; 02/17

**Revised:** 05/94; 02/96; 08/97; 12/98; 07/02; 05/03; 02/09; 07/09, 08/10, 08/13/03/14; 06/15; 02/17

**Scope:** All Staff

**Purpose:**
The purpose of the Professional Image Policy is to set a standard of dress for all employees, medical staff, volunteers and contracted personnel who work within Union Hospital.

**Policy Statement:**
The personal appearance of Union Hospital employees, medical staff, volunteers and contracted personnel is important to our hospital because the impression that employees make on visitors/patients influences their image of the hospital. Therefore, employees are expected to maintain a neat, well-groomed appearance at all times, to present themselves in a professional manner, and to avoid extremes in dress.

Employees are expected to use good judgment in their appearance and grooming, keeping in mind the nature of their work, their own safety and that of coworkers, and their need to interact with the often-conservative customers/patients, public, and vendors.

Employees who report to work improperly dressed or groomed may be instructed by their supervisor or manager, at his or her discretion, to return home to change. The time that the employee is absent for this purpose will be without pay.

**Procedure:**
It is the responsibility of each leader to properly communicate and enforce the professional image policy in a fair manner. Department Managers and Supervisors are to counsel and monitor employees in the appropriateness of their attire. For purposes of clarifying what does and does not constitute appropriate dress, the following were devised as a guide:

1. Hospital ID badges are to be worn by all employees, volunteers and contracted personnel while on duty, at all times, and should be displayed above the waist using the ID Badge clip or worn attached to the Union Hospital neck band. ID badges are to be worn with the picture facing outward in such a manner that they can be easily read. Lanyards to hold
your identification badge may be worn meeting the following criteria; must be breakaway and must not interfere with patient care.

2. Mustaches and beards must be neatly groomed. All healthcare workers required to wear N95 respirators or PAPRs (Powered air-purifying respirator) must undergo occupational medicine clearance and fit testing to ensure their safety in wearing any of these devices.

Staff with facial hair extending into the seal of the respirator will not qualify to be fit tested. Alternatives arrangements will have to be made between Occ. Med. and respective department. Staff must have their beards trimmed so that the beards do not come between their face to the respirator seals or interfere with respirator valve function.

Employees with direct patient care, employees who work around moving equipment and employees who work with food items who have long hair (more than two inches below collar) must pin back their hair while on duty to ensure the safety of the employee and the patients.

3. Shoes must provide safe, secure footing, offer protection against hazards and be quiet for the comfort of the patient. Female employees may wear open toed shoes in non-patient care areas only. In non-patient care areas where safety is a factor, i.e. Maintenance, Bulk Stores, etc., open toed shoes are not permitted. No types of flip-flop or thong footwear are permitted. This applies to all employees.

4. Hosiery

**Female:** Hosiery/socks must be worn by team members (including management) working in clinical areas.

- In non-clinical areas when wearing dresses or skirts hosiery must be worn.
- When wearing pants hosiery is not required.

**Male:** Socks must be worn.

5. General attire shall be clean, neat, moderate in style and appropriate for the type of work being performed. Attire imprinted with any type of slang, slogan or advertising is not permitted.

6. Where a uniform is required, refer to Department specific guidelines.

7. Scrubs worn by employees should be neat, clean, in good repair, wrinkle free, and of the appropriate size. Collarless shirts/turtlenecks worn under the scrubs need to tucked in at the waist. Sweatshirts or hooded sweatshirts are prohibited and should not be worn. NOTE: In restricted/semi-restricted areas shirts/turtlenecks are not permitted under scrubs.

8. The use of strong perfume or cologne is strongly discouraged for the comfort of our patients and staff. Employees who wear strong cologne or perfume may be asked to stop wearing them if there are complaints.
9. Clothing worn during employee’s shift must be free of odor of smoke and tobacco. Employees may be either sent home or asked to change onsite into hospital issued scrubs. Repeated incidences will result in further disciplinary action.

10. Pierced parts of the body, other than the earlobe, may not be used to display jewelry at the workplace. Jewelry must be moderate and conservatively acceptable as determined by the supervisor and/or HR. Adornments considered excessive will be requested to be removed or the individual may be sent home without pay.

11. Clothing worn must project an image appropriate to a hospital environment. Inappropriate dress not permitted: any tight clothing (i.e. leggings, fishnet tights) low cut/plunging necklines, or sheer clothing, miniskirts, denim clothing, cold shoulder tops, sun dresses, t-shirts, capri pants, skorts and shorts, spaghetti strap dresses/tops, crop, halter tops, Lularoe leggings with long dresses or long shirts.

12. Exposed tattoos are not permitted, as they may be offensive to others. Employees will be asked to cover these up if visible.

Hair color of a shade not normally found in human hair is prohibited (such as blues, greens, pinks, or fluorescent hues, etc.).

14. **Fingernail Care and Jewelry**
   a. Artificial nails and extensions are prohibited by all staff in patient care areas. (If your job requires you to enter a patient room or area at any time then this applies). This includes clerical personnel in patient care areas, ancillary department personnel, as well as ancillary/off-site testing facilities. Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing.
   b. Artificial nails should never be worn in the perioperative environment or dialysis environment, including UV-cured nail polish (Shellac).
   c. UV-cured nail polish (Shellac) may be worn in areas outside the OR and dialysis.
   d. Artificial nails are defined as any substance or device applied or added to the natural nails to augment or enhance the nail, including bonding, extensions, tips, wraps, gel and acrylic overlays, and tapes.
   e. Nail jewelry is prohibited.
   f. Keep natural nail tips less than ¼ inches. This applies to all personnel in patient care areas, ancillary department personnel, as well as ancillary/off-site testing facilities.
   g. It is not recommended that direct care personnel wear rings, however since the studies are ongoing it will be left up to the discretion of the individual department leader. (Note: Studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings. Further studies are needed to determine if wearing rings results in an increased spread of potentially deadly germs).
By signing this, I agree that I have read, understand, and will comply with the Professional Image Policy for Union Hospital of Cecil County.

EXPLORER Name (please print)  Date

EXPLORER Signature

PARENT/GUARDIAN Name (please print)  Date

PARENT/GUARDIAN Signature
Media Use Consent Form

I, __________________________ hereby grant Union Hospital permission to use my image and/or voice in a video without payment or any other compensation. I release Union Hospital, any of its affiliated organizations, management, officers, employees, and appointed advertising agencies from all claims of every kind on account of such use.

It is understood that any such materials (film, video, audio, and any other media) will be used with the highest integrity and discretion, with the intent to communicate responsibly and ethically, the subject matter contained therein.

I am 18 years of age and am competent to contract on my own behalf. I have read this release form before signing below, and I fully understand the contents, meaning, and impact of this release.

_____________________________  ________________
Signature                                 Date

_____________________________
Print Name

If the participant is under 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of __________________________, and do hereby give my consent without reservation to the foregoing on behalf of this person __________________________.

_____________________________  ________________
(Child’s name)                              Parent/Guardian’s Signature                                 Date

This form was updated on August 10, 2017.