



Dear Future Volunteer,

Thank you for your interest in the Volunteer Services program at University Hospitals Portage Medical Center. Our volunteers provide valuable service to patients, guests and staff while enjoying personal growth and satisfaction.

Attached you will find information about becoming a volunteer. There is also a form to fill out that helps us determine the best use of your talents and interests.

Please complete the form and return to:

**Volunteer Services Department
UH Portage Medical Center
6847 North Chestnut Street
Ravenna, Ohio 44266**

After calling your references, we will contact you to arrange an interview. For your interview, we ask that you bring these items:

1. Driver's license or state issued ID (*age 18 and over*)
2. Immunization documentation including:
 - a. Copy of a current flu vaccine
 - b. Copy of a negative TB test in the last 6 months

NOTE: if you don't have these vaccines and are over age 18, a TB test and flu shot will be provided for you free of charge by the hospital. Volunteers under age 18 must get a flu shot from their own provider and bring documentation.

We look forward to meeting with you and pursuing your interest in volunteering at UH Portage Medical Center.

Sincerely,

Volunteer Services
(330) 297-2591



STEPS FOR JOINING VOLUNTEER SERVICE

1. THE FORM

To become a volunteer, you must be *at least 14 years of age* and commit to *a minimum of 50 hours of service* during your first year (*exception for summer volunteer program, Wags For Wellness and intern/service learning applicants*). Once we receive your Volunteer Application, references will be contacted by phone. Teen applicants submit the school counselor/teacher recommendation form that includes parent/guardian signature for their reference requirement.

2. THE INTERVIEW

Once your references are confirmed, Volunteer Services will call you to set up an interview. The interview is a time to talk about your interests, skills, and the times you are available in order to decide whether a volunteer placement can be made.

If the interview results in volunteer placement, you will also finish these requirements on the same day as your interview:

3. CRIMINAL BACKGROUND CHECK AND PHOTO

Volunteers age 18 and over are required to have a criminal background check. Volunteering is conditional upon the results of the background check. Please bring your drivers license or state-issued ID card with you on the day of your interview. A photo is also taken for a volunteer ID badge.

4. HEALTH REQUIREMENT

All volunteers must comply with the hospital's health requirement policies. To make sure a person is free of active TB disease, a 2-step TB skin test is administered through the hospital's Health Clinic free of charge. The first step will be given on the same day of your interview. During the visit to the Health Clinic, the Volunteer Health Screening Form will be reviewed. Volunteers are also required to have a flu vaccine in order to maintain active status during the flu season. Copies of current flu vaccine or TB tests should be brought to the interview.

5. ORIENTATION

Volunteer orientation provides important information about the hospital and volunteer roles. All new volunteers are required to:

- watch a 15 minute video on the computer (same day as interview)
- come to a scheduled 3-1/2 hour Orientation Class (sign-up at interview)

6. TRAINING

Training for your assigned position is provided by staff in the department where you will serve or by a trained volunteer.



VOLUNTEER APPLICATION

PLEASE PRINT

Date: _____

I am interested in:

____ Volunteer

____ Summer Only Volunteer

____ Internship/Externship

____ Wags For Wellness

____ Pastoral Care

Dates: _____

Requested Dept: _____

Name: Last _____ First _____ M.I. _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone: (____) _____ Other: (____) _____

Email: _____ Birth Date _____

Spouse's Name (if applies): _____

Alternate Address (i.e. school address, winter home address, etc. if applies):

Emergency Contact _____ Relationship _____

Home Phone (____) _____ Other Phone (____) _____

Education/Interests:

Check all that apply

____ High School Graduate High School _____ Graduation Year _____

University/College _____ Years Attended _____ Degree Earned _____

Other Schooling: _____

List any other training, skills or interests that would help us in placing you:

Personal History:

Any limits because of your health: _____

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____

If yes, state offense, location and disposition (NOTE: A conviction will not necessarily rule you out from volunteering)

References:

Please give 2 adult references we can contact, not related to you, who have known you for a least 1 year:

High School Students: Provide the School Recommendation/Parental Consent Form instead of references.

1. Name _____ Phone (____) _____

2. Name _____ Phone (____) _____

Volunteer/Work History: Please list current or most recent employer or volunteer experience, if applicable

Employment Status: Currently Employed Formerly Employed Retired

Current or Last Employer and/or Volunteer Service _____

From: Month _____ Year _____ To: Month _____ Year: _____ May we contact? Yes _____ No _____

Address _____ City _____ Phone (____) _____

Job Held _____ Name of Supervisor _____

Description of Duties _____

Have you ever volunteered or worked at this hospital? Yes _____ No _____

If yes, please give Dates: _____ and Department _____

Please read carefully & sign:

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status.

I understand that I will be expected to abide by all volunteer policies. I also understand that I am committed to **serve a minimum of 50 hours within 1 year for a traditional volunteer position or minimum two visits per month for Love on a Leash.**

I understand the application, interview, background check, and placement process are required of all volunteer applicants and are in no way a contract of volunteer service or promise of future volunteer service. I understand I will be required to attend the volunteer orientation and complete a two-step TB screening (free of charge at the hospital).

I certify that the above information I have given on this application is true and complete. I authorize investigation of all statements contained in this application and understand that my giving false information is sufficient for my discharge, if accepted. Due to the nature of some volunteer positions, I authorize the companies, schools or persons named in this application to provide information regarding me and hereby release them from liability for issuing this information.

I understand that I may be required to participate in a criminal records check prior to my volunteer service. This background check is conducted to ascertain whether I have been convicted of certain crimes or violations which could disqualify me from eligibility for volunteer service. If I fail to provide the information necessary to complete the required forms I will no longer be considered for volunteer service. My volunteer service at UHPMC is contingent upon a records check that does not reveal any disqualifying offense(s). If I am accepted as a volunteer, my status will be conditional pending receipt of this information.

This organization is not obligated to provide a placement, nor am I obligated to accept the position offered.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian (if under 18 yrs. of age) _____ Date: _____



VOLUNTEER HEALTH SCREENING

Please complete and return with application.

Name: _____ DOB: ____/____/____ Last 4 digits of SSN# _____

Do you have any medical conditions that could interfere with your volunteer duties? _____ Yes _____ No
If yes, please explain _____

Known Allergies: Drugs _____ Food _____

TB Screening Requirement:

Have you had a Tuberculosis screening within the past 6 months? _____ Yes _____ No
If yes, bring test documentation to volunteer interview.

ALL volunteers:

UH Corporate Health will administer at no cost to the volunteer a 2-step TB skin test (will be waived if documentation is provided that a TST was performed within the previous 6 months).

The first step of the TB skin test will be administered before starting volunteer service during the initial interview. *This process requires **four** separate visits to the clinic- the first shot with a follow up within 48-72 hours to read the skin test, then the process is repeated a week later.* If you are a positive reactor, your service will be placed on hold until verification of a chest x-ray is submitted from the volunteer's own provider of choice. Volunteers follow the hospital's Tuberculosis Policy & Procedure guidelines which may require an annual TST and/or symptom screen evaluation.

Flu Vaccination Requirement:

Adults age 18 and older:

-UH Corporate Health will administer at no cost to the volunteer:

- Annual flu vaccination during flu season to those who volunteer within 6 feet of a patient or on request (or verification of flu vaccine may be provided from an outside provider).

Teens age 14-17:

-Volunteer **must provide** (cannot be provided by UH Corporate Health for volunteers age 17 and under)

- Annually, teen must provide proof of a flu vaccination during flu season to volunteer in areas that come within 6 feet of a patient.

Have you been assigned to volunteer or intern in the labor and delivery or any pediatric area of the hospital?
_____ Yes _____ No

CONTINUED ON BACK SIDE

Exposures or Injuries:

Volunteers are not asked to perform duties where it is reasonably anticipated that there will be contact with blood or other potentially infectious materials. However, in the event a volunteer sustains an exposure (needlestick, splash, bite) or other injury while on duty, the volunteer will notify the Volunteer Services Department and report to the UH Corporate Health clinic during usual clinic hours (Monday through Friday – 7:30 AM - 4:00 PM). At all other times, the volunteer will page the Administrative Supervisor on duty. If the injury is serious, the volunteer will report to the Emergency Department for evaluation. Expenses incurred during evaluation and treatment may or may not be the responsibility of the volunteer.

Health Awareness Statement:

1. I consent to all testing required through the Volunteer Services department.
2. I will notify Volunteer Services of any serious illness due to an infectious disease.
3. I will report any change in my health status that may affect my ability to be a safe hospital volunteer.

Volunteer Name: _____

Volunteer Signature: _____ Date _____

Parent/Guardian Signature (if under 18 yrs. of age): _____ Date: _____