

**To complete the volunteer application process at Temple University Hospital please do the following:**

- Complete volunteer application (attached)
- Send the following items to Volunteer Services as you complete each:
  - **Criminal Background Check \*(see below)**- We recommend that applicants go to PATCH (Pennsylvania Access to Criminal History) and complete a new record check for the Criminal Background Check. The link to PATCH is: <https://epatch.state.pa.us/Home.jsp>
  - **Immunization Records** (completed and *signed* by your Primary Care Physician or Student Health Services).
  - Results of **10-panel Drug Screen** *Drug Screens can be done at Employee Health Services for a low cost.* Prices vary if done at TUH Occupational Health Services (OHS) or local diagnostic testing locations. Drug testing is available at TUH OHS without an appointment Monday to Friday, from 7am to 3:30pm. **(Only needed if you will be working with medications)**
  - If you have not already gotten a **PPD/ TB Test** within 1 year please come to TUH OHS Monday-Wednesday to have the test placed, and make sure to come back **2** days later to have it read. PPD placements are available at TUH OHS without an appointment from 7am to 4:30pm; except for Thursdays. OHS is located in the Rock Pavilion Basement level, Room A-060. Please bring your results to Guest Relations after.
  - **Flu Shot** (during Flu Season months October- April).
  - **Child Abuse History Clearance \*(see below)**. We recommend that applicants go to the PA Department of Human Services website and complete an electronic submission for a Child Abuse History Clearance online. It is the fastest way to receive your results. The link for the Child Welfare Portal is: <https://www.compass.state.pa.us/CWIS/Public/Home>

- *To send information to Guest Relations you have four options (in preferred order):*
  - ❖ *Scan & Email to: [shamin.mathews@tuhs.temple.edu](mailto:shamin.mathews@tuhs.temple.edu) & [kelly.jonesjr@tuhs.temple.edu](mailto:kelly.jonesjr@tuhs.temple.edu)*
  - ❖ *In person, at the Guest Relations Desk*
  - ❖ *Fax application to the Office of Patient Experience: 215-707-8162*
  - ❖ *Mail to: 3401 North Broad Street Attn: Guest Relations Philadelphia, PA 19140*
- *Please keep in mind, **we require 6+ hours of service a week on a consistent basis.** Once you reach 100+ hours, you are allowed to decrease.*
- *If you are interested in volunteering with a specific clinical department within Temple University Hospital, please contact that department directly to ask about volunteer opportunities. Once a relationship is established, Guest Relations will assist with the application process.*

Things to note:

- You must be 18+ years of age to apply to be a volunteer at Temple University Hospital.
- Select "Volunteer Having Contact with Children" as reason for request in Child Welfare portal. There is no fee if applicant has not received a free volunteer certification within the previous 57 months.
- Send Guest Relations the Application and Request for Criminal Record Check (if applicable) ASAP – **don't wait to send everything at once.**

## **“At Your Service” Intern Program:**

### **Summary:**

To provide patients and visitors a positive experience during their visit by offering a variety of community and hospitality services both at the Guest Relations Desk and while proactively rounding to meet and exceed patient expectations.

### **Roles:**

Proactively round on assigned units and outpatient departments daily. Check on the overall experience of patients, visitors and family members to ensure they are having a positive experience. Communicate any concerns/feedback to Guest Relations, Patient Experience and inpatient unit/department management for appropriate follow up.

Assist patients, family members and visitors with hospitality & community services. Provide access to appropriate resources such as: hotel accommodations, taxi services, wireless internet access, directions, delivery of entertainment material (books, puzzles, etc.) and other requests, as needed.

### **Commitment:**

Please commit at least 6 hours/week on a consistent basis.

### **Physical Requirements, Physical Demands and Work Environment:**

Frequent walking > 10 minutes/hour

Frequent sitting > 30 min/hour

Frequent Standing > 10mins

Occasional lifting > 5 lbs

Typing

Verbal communication

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position. To request an accommodation, contact Human Resources. TUHS is committed to compliance with federal, state, and local laws regarding individuals with disabilities.

## TUH Volunteer Application

Name:		
Address:		
City:	State:	Zip:
Cell Phone Number:		
Email Address:		
Date of Birth:		

Availability: (Schedule will be finalized AFTER the onboarding process is complete)

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Emergency Contacts:

Name	Relation	Phone Number

Professional Reference:

Name	Company	Phone Number/Email

How did you hear about TUH Volunteering?

Why would you like to volunteer at Temple University Hospital?

What previous volunteer positions have you had?

What areas of the hospital are you most interested in?



**INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY**  
**(to be used for no other purposes)**

Full Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

\_\_\_\_\_  
(Date from – to ) Number & Street) City State Zip

\_\_\_\_\_  
(Date from – to ) Number & Street) City State Zip

\_\_\_\_\_  
(Date from – to Number & Street) City State Zip

\_\_\_\_\_  
(Date from – to ) (Number & Street) City State Zip

**PLEASE SUPPLY THE FOLLOWING SCHOOL INFORMATION (HIGHEST DEGREE EARNED): N/A**

SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DEGREE STATUS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_  
(Start Month / Year) (End Month / Year)

SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ DEGREE STATUS: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_  
(Start Month / Year) (End Month / Year)



TEMPLE UNIVERSITY

Student Health Services
Student Faculty Center, Lower Basement Rm.43
3340 North Broad Street
Philadelphia, PA 19140

FALL 2014
Phone: (215) 707-4088
Fax: (215) 707-2708
http://www.temple.edu/StudentHealth

SCHOOL OF MEDICINE IMMUNIZATION RECORD

NAME: LAST FIRST
SSN#:
DOB: / /

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER
COPY OF LAB REPORTS REQUIRED

TUBERCULIN SKIN TEST (PPD) must be done in Student Health Services upon arrival to Campus.

TETANUS/DIPHTHERIA/PERTUSSIS BOOSTER DATE:
(MUST HAVE BOOSTER WITHIN THE PAST 10 YEARS)

HEPATITS B SURFACE AB (Blood test) DATE:
RESULT: reactive / non-reactive (please circle one)

HEPATITS B VACCINE SERIES: #1 #2 #3

MEASLES TITER (Blood test) DATE:
RESULT: positive / negative (please circle one)

MUMPS TITER (Blood test) DATE:
RESULT: positive / negative (please circle one)

RUBELLA TITER (Blood test) DATE:
RESULT: positive / negative (please circle one)

VARICELLA TITER (Blood test) DATE:
RESULT: reactive / non-reactive (please circle one)

IF NON-REACTIVE, 2 DOSES OF VARIVAX REQUIRED

#1 #2
\*HISTORY OF DISEASE NOT ACCEPTABLE\*

MEDICAL PROVIDER'S SIGNATURE DATE

ADDRESS

PHONE ( )

## Volunteer Agreement

- I will keep confidential all information regarding patients, staff, and volunteers.
- I will submit any immunizations necessary to participate in volunteering.
- I will be punctual and conduct myself with dignity, courtesy, and consideration of others.
- I will at all times uphold Temple University Hospital's philosophy of Service, Quality, and Respect.

"I understand that the above information provided is correct and true and the information may be used for the purposes under the Temple University Hospital 'At Your Service' Volunteer Program. I will also conduct myself in a way beneficial to the program and recognize that any violations will result in termination of service."

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

"As a parent/guardian, I have read the preceding application and give permission for my child to volunteer at Temple University Hospital and will do everything in my power to assure that my child will attend necessary orientation and be present at his/her selected shifts."

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer opportunities at Temple University Hospital are provided without regards to race, religion, sex, sexual orientation, gender identity, disability, age, ancestry, color, national origin or physical ability.