#### 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 (2 pages) signed and returned to Guest Relations for processing \*(see below).
  - o **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 Student 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)
  - o 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.
  - o 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: <a href="https://www.compass.state.pa.us/CWIS/Public/Home">https://www.compass.state.pa.us/CWIS/Public/Home</a>
- To send information to Guest Relations you have four options (in preferred order):
  - Scan & Email to: jacqueline.cicala@tuhs.temple.edu
  - **•** Fax to: 215-707-6522
  - In person at the Guest Relations Desk
  - Mail to: 3401 North Broad Street Attn: Guest Relations Philadelphia, PA 19140
- Please keep in mind we require at least 6 hours of service a week on a consistent basis for at least 2 months. 75 hours of service is required for a letter of recommendation.
- If you are interested in working in 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:

- \*Does not apply to applicants under age 18.
- 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 hospitality services both at the Guest Relations Desk and while proactively rounding to meet and exceed patient expectations.

#### Roles:

Proactively round on assigned units daily. Check on comfort level of patients and ensure patients and families are having a positive experience. Communicate with Guest Relations supervisor and unit staff serious concerns from patients.

Assist patients with hospitality services and information including: hotel and restaurant reservations, taxi services, directions, business services (faxing, copying, scanning), wireless internet access, notary services, gift and entertainment delivery and other requests as needed.

#### **Commitment:**

Please commit at least 6 hours/week on a consistent basis. 75 hours required for a letter of recommendation.

# 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:			
Day of the Week	Start Time	End Time	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Professional Reference:			
- Totassional Hererende.			
Name	Relation	Phone Number	
	_		

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?

#### RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE [FOR EMPLOYMENT PURPOSES]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 or seq.

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (http://www.flc.gov).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

#### For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

#### For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

#### For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California\*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Hox 286, Marlton, NJ, 08053.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. I have indicated below whether I woullike a copy. Yes No
If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy. Yes No

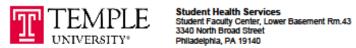
\*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (2) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

Date:	Signature of Applicant:
Print Full Name:	

(Continued on Page 2)

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

ull Name			<del>.</del>
Date of Birth:/	* Social Security #:		_
river's Licenses Number:		State of Issue:	_
urrent Residence Address:	(Number and Street)		-
City	State	Zip Code	
ist all Residence Addresses in	Past Seven Years (attach additio	onal sheets if necessary)	
			_
			- -
	eation information:		



FALL 2014 Phone: (215) 707-4088 Fax: (215) 707-2708

# SCHOOL OF MEDICINE IMMUNIZATION RECORD

NAME:LAST	FIRST
SSN#:	
DOB:/	
TO BE COMPLETED AND SIGNED BY COPY OF LAB REPORTS REQUIRED	Y YOUR HEALTH CARE PROVIDER
TUBERCULIN SKIN TEST (PPD) must Campus.	be done in Student Health Services upon arrival to
TETANUS/DIPHTHERIA/PERTUSSIS (MUST HAVE BOOSTER WITHIN THE PAST 10 Y	BOOSTER DATE:
HEPATITS B SURFACE AB (Blood test)	DATE:
HEPATITS B VACCINE SERIES: #1	#3
MEASLES TITER (Blood test)	DATE:
MUMPS TITER (Blood test)	DATE:
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 ACCES	PTABLE*
MEDICAL PROVIDER'S SIGNATURE	DATEDATE
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:
, , ,	eeding application and give permission for my child and will do everything in my power to assure that 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.