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 <u>Employee Health Services</u> 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.
 - 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 & 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:	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?

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 et 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.ftc.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 Truescreen®, Inc., P.O. Box 541, Southampton, PA 18966.

	If a consumer credit re	port is obtaine	ed, I understan	d that I am er	ntitled to red	ceive a copy. I h	nave indicated belo	w whether I
	would like a copy.	Yes	No					
		Initials	Initials					
	If an investigative cons	sumer report a	and/or consum	er report is p	rocessed, Ι ι	understand tha	t I am entitled to re	eceive a copy
	I have indicated below	whether I wou	uld like a copy.	Yes	_ No	_		
				Initials	Initials			
	*California Applicants: employer receiving a conseven (7) days of the en	opy of the con	sumer report a	nd you will re	eceive a cop	y of the investi	gative consumer re	-
Date:		Signature	of Applicant:					
Print Fu	ıll Name:							
(Contin	ued on Page 2)							

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:			
(Numb	er and Street)		
(City)	(State)	(Zi	ip)
List all Residence Addresses in Past Seven	Years (attach additional sheets if r	necessary)	
(Date from – to) Number & Street) City St	tate Zip		
(Date from – to) Number & Street) City St	tate Zip		
(Date from – to Number & Street) City Sta	ate Zip		
(Date from – to) (Number & Street) City S	State Zip		
PLEASE SUPPY THE FOLLOWING SCHOOL	INFORMATION (HIGHEST DEGREE	EARNED): N/A 🗆	
SCHOOL:	CI	TY/STATE:	
DEGREE:	DEGREE STAT	US:	
DATES ATTENDED:			
(Start Month / Yea	ar) (End Month	/ Year)	
SCHOOL:	CI	TY/STATE:	
DEGREE:	DEGREE STAT	·US:	
DATES ATTENDED:			
(Start Month / Yea	ar) (End Month	/ Year)	



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/Studen6-leah

SCHOOL OF MEDICINE IMMUNIZATION RECORD

NAME:LAST				
SSN#:	FIRST			
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 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	#3			
MEASLES TITER (Blood test)	DATE:			
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 ACCEP	TABLE*			
	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:	
-	ng application and give permission for my child to volong in my power to assure that my child will attend neshifts."	
Signature of Parent/Guardian:	Date:	
Volunteer opportunities at Temple University Hospita	tal are provided without regards to race, religion, sex, sex	cual

orientation, gender identity, disability, age, ancestry, color, national origin or physical ability.