



# **Dr. Bear's Ambassador Volunteer Program Information Packet**

Thank you for your interest in exploring the volunteer opportunities at Children's National Medical Center. Below is the description along with the specific requirements necessary to become a Dr. Bear's Ambassador.

**Please note: Volunteers must be at least 15 years of age to participate in the Dr. Bear's Ambassador Program.**

## **Dr. Bear's Ambassador Program**

Dr. Bear's Ambassadors are specially trained to provide world-class customer service to the patients, families, and visitors at Children's National Medical Center. Ambassadors are a group of enthusiastic, dedicated and team-oriented volunteers who are committed to providing a warm and welcoming environment to everyone who comes through the hospital doors. These volunteers help make the often anxiety-filled hospital experience a little easier for patients and their families.

Dr. Bear's Ambassadors provide play activities to patients in waiting areas, deliver flowers and gifts, assist staff at the Welcome Desk, escort families to appointments, and assist with various Volunteer Services administrative tasks as well as in assorted office assistant positions throughout the hospital. Dr. Bear's Ambassadors also assist with donation receipt and restocking.

Ambassadors are needed for daytime, evening, and limited weekend placements, and are typically assigned to agreed-upon weekly time slot.

This program is currently offering volunteers the opportunity to volunteer at the main hospital off of Michigan Ave as well as 7 different Children's Health Center's throughout DC and 3 Regional Outpatient Centers in MD, DC, and VA:

- Children's Health Center and Adolescent Health Center – Main Hospital, Michigan Ave.
- Children's Health Center at Adam's Morgan
- Children's Health Center at Shaw
- Children's Health Center at THEARC
- Children's Health Center - Good Hope Road
- Children's Health Center - Martin Luther King, Jr. Avenue
- Northern Virginia - Regional Outpatient Center
- Montgomery County - Regional Outpatient Center
- Children's National Specialists of Virginia, LLC

**Dr. Bear's Ambassadors do not perform medical procedures of any kind and receive no information regarding the medical diagnosis, treatment, or prognosis of any patient.**

Please note that this program does not provide the opportunity to shadow physicians, nurses, or other healthcare providers.



## **Requirements/Qualifications**

**Dr. Bear's Ambassadors must commit to at least one year of service and a minimum of 70 hours per year.**

**Dr. Bear's Ambassadors are selected for their roles after an extensive process which includes a(n):**

- Application
- Personal Interview
- Medical Clearance
- References
- Background Check

**\*\*details below\*\***

**The volunteer selection process is conducted in full compliance with the hospital's commitment to Equal Employment Opportunity. Please note that due to the high volume of submitted applications, we are unable to place every applicant. Volunteers are chosen based on:**

- Ability to work with children of all ages
- Ability to work independently
- Willingness and desire to make a volunteer commitment
- Ability to comply with hospital confidentiality and boundary requirements
- Ability to understand and follow directions
- Ability to communicate effectively and work effectively with others
- Overall fit with the program and hospital needs

### **Physical Demands:**

This position requires standing and/or sitting. It may also include pushing an activity or book cart for at least an hour at a time. It may also include lifting donated items such as toys, stuffed animals, games, books, and transporting items and/or boxes to various areas on carts.

Reasonable accommodations will be considered for qualified applications with disabilities.

**Additionally, volunteers need to complete the application process which includes:**

- Complete and submit a volunteer **application form**.
- Schedule and attend a **personal interview** with a Volunteer Team Leader.
- Bring the names, addresses, and phone numbers of **two references** to your interview appointment. You will complete two reference forms at that time. Supervisors, professional colleagues, teachers and/or members of the clergy are acceptable references. High school applicants must submit the name of one teacher or guidance counselor as a reference.



- **ADDITIONAL DOCUMENTATION:** Please present to Volunteer Services staff during your interview written, valid, official government documentation that you are legally present in the United States for the duration of the time that you will be volunteering at Children's National (i.e. VISA, Passport, Social Security Card)

Please present to Volunteer Services during your interview a government-issued photo ID (i.e. driver's license or state-issued ID card).

To satisfy the above requirement, volunteers in high school may submit a state-issued ID card, a school photo ID, or a legal guardian or parent may present state-issued photo ID on the volunteer's behalf.

- Complete the **background investigation form** distributed to the applicant by Team Leader after interview date has been set.
- Submit a completed, **five-part medical form** by the deadline established at the interview. The medical requirements include proof of a recent physical exam, medical clearance by a physician, proof of two recent negative PPD's (TB tests), and proof of immunization to MMR (Measles, Mumps, and Rubella) and Chicken Pox.
- Complete the **five-hour Dr. Bear's Ambassador Training Program** and the volunteer placement process. Please note that applicants must be invited to attend the training program.

**Please note: The Dr. Bear's Ambassadors program is now accepting applications for Fall 2011. The deadline to submit applications is 08/27/11. All applicants will receive an email from Volunteer Services Team by 09/06/11 with more details of interview and training.**

*\*\*We welcome your interest in pursuing volunteer opportunities at Children's National Medical Center, an Equal Opportunity Employer. Please note that due to the volume of applicants we receive, and the specific requirements of the programs we offer, we are unable to place every applicant. The Volunteer Services Department reserves the right to amend the scope and/or specifications of its programs at any time. Please retain this list of program requirements for future reference.\*\**



# Dr. Bear's Ambassador Application: Fall 2011

(An Equal Opportunity Program)

## Send your completed application to:

Volunteer Services  
Children's National Medical Center  
111 Michigan Avenue, NW  
Washington, DC 20010-2970

**Name:** \_\_\_\_\_  
(last) (first) (middle initial)

**Address:** \_\_\_\_\_

**Home phone:** (\_\_\_\_) \_\_\_\_\_ **Work:**(\_\_\_\_) \_\_\_\_\_

**Cell :** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please Circle Age Group:** 15-17 18-39 40-59 60 and over

## Emergency Contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home:** (\_\_\_\_) \_\_\_\_\_ **Work:**(\_\_\_\_) \_\_\_\_\_

**Cell :** (\_\_\_\_) \_\_\_\_\_

## Employment History

Please give your employment history within the last 10 years starting with your present or most recent position.

**Employer:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Position:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**From:** \_\_\_\_/\_\_\_\_ **To:** Present or \_\_\_\_/\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Position:** \_\_\_\_\_ **Hours:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**From:** \_\_\_\_/\_\_\_\_ **To:** Present or \_\_\_\_/\_\_\_\_



**Previous Employer:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Position: \_\_\_\_\_ Hours: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_ To: Present or \_\_\_\_/\_\_\_\_

**Have you ever been discharged (fired) or asked to resign from a former position?**

Yes No (Please circle one)

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of any offense other than a traffic violation?**

Yes No (Please circle one)

If yes, explain: \_\_\_\_\_

## Education

	Name/Location of School	Graduation Year	Field of Study
<b>High School:</b>	_____	_____	_____
<b>College:</b>	_____	_____	_____
<b>Graduate:</b>	_____	_____	_____
<b>Other:</b>	_____	_____	_____

**If you are currently in high school and are volunteering as part of a school-related community service or internship program, please list the appropriate school contact for all correspondence.**

**School Name:** \_\_\_\_\_

**School Contact Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_



**Courses relating to your volunteer interest:**

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## **Interests**

**How did you become interested in Volunteering at Children's?**

**What would you most like to do as a volunteer?**

## **Availability**

**When would you be able to volunteer?**

- Weekdays
- Weekends
- Evenings

**Hours available:** \_\_\_\_\_ **Beginning date:** \_\_\_\_\_

## **Volunteer Experience**

Please list any previous volunteer service:

<b>Organization/Location</b>	<b>Dates</b>	<b>Total Hours</b>	<b>Responsibilities</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**List experience you have had with children (including your own) and age groups. List any other experiences or skills related to your volunteer interests (teaching, language, etc.):**

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**List organization or clubs in which you are active:**

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**Please indicate any of your special skills or talents that you think might be helpful to the volunteer program:**

- Administrative skills (filing, typing, organizational skills)
- Computer skills
- Artistic abilities
- Photography
- Musical skills
- Magic/Juggling/Entertainment
- Other \_\_\_\_\_

**I understand volunteers must be at least 15 years of age and willing to commit to a minimum of 70 hours of donated time a year. I also understand that Dr. Bear's Ambassadors must comply fully with all medical, reference, and background clearance, and orientation requirements. I also understand Children's National does not provide transportation to volunteers and that I must have access to reliable transportation.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Guardian Signature (required for all those under 18 years of age):**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



***The below section is optional. Volunteer Services at times is asked for periodic reports pertaining to factors such as race, sex, and citizenship. Information provided will be used solely for statistical purposes and to track diversity trends. This information will not have any effect on the selection process. Children's National does not discriminate against its employees or volunteers or applicants for employment or service because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.***

**Race/Ethnicity:**

- White/Caucasian (non Hispanic)
- Hispanic
- American Indian or Alaskan Native
- Black (non Hispanic)
- Asian or Pacific Islander
- Other: \_\_\_\_\_

**Are you a US citizen?**

- Yes**
- No**

**Birthday: \_\_\_\_\_ (Month/Day/Year)**

(This information will be used by the department for statistical purposes as well as to recognize volunteer birthdays.)

**Languages Spoken: \_\_\_\_\_**