

# Patient Care Volunteer Program

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

**Please note that volunteers must be at least 18 years old and out of high school to participate in the Patient Care Volunteer program.**

## Patient Care Volunteer Program

Patient Care Volunteers are specially trained to provide companionship and play activities for children and teenagers who are hospitalized on our in-patient units, scheduled for surgery in our Surgical Suite, or awaiting treatment in the Emergency Room.

These volunteers visit and interact with patients in unit playrooms, at bedside, and in isolation rooms. Volunteers offer a choice of recreational activities to our patients and may spend time doing arts and crafts projects, playing board games or card games, assembling puzzles, or watching videos.

Patient Care Volunteers are needed for daytime, evening, and weekend placements, and are typically assigned to an agreed-upon weekly time slot.

**Patient Care Volunteers do not perform medical procedures of any kind, and receive no information regarding the medical diagnosis, treatment, or prognosis of any patient.**

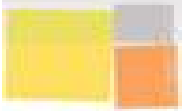
Please note that our program does not provide the opportunity to shadow physicians, nurses, or other healthcare providers.

**Patient Care Volunteers must commit to at least one year of service and a minimum of 100 hours per year.**

## Requirements/Qualifications

**Volunteers are selected for their roles based on the following:**

- 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 and pushing a wheelchair with a patient up to 100 pounds. 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 applicants with disabilities.

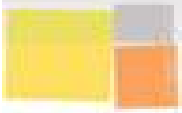
Additionally, volunteers need to complete the application process which includes:

- Complete and submit a volunteer **application form**.
- Register for and attend a volunteer **orientation session**.
- 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 all acceptable references. Family members may not serve as references.
- **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).

- Complete the **background investigation form** distributed at the orientation session and bring it with you to your interview appointment. An independent agency performs background checks on all prospective volunteers.
- Submit a completed, **five-part medical form** by the deadline established at the orientation session. 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 **14-hour Patient Care Volunteer Training Program** and the volunteer placement process. Please note that applicants must be invited to attend our training program.

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 applications 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 and the attached training schedule for future references.



## Patient Care Volunteer Program Orientation Registration Form

Name				E-mail			
Address							
City				State	Zip		
Home Number:			Work Number:			Cell Phone Number:	
<b>Orientation Date Selected:</b>							

### Registration Form Instructions

- Choose one of the three orientation dates listed below.
- Fill out the form above.
- Because of the number of registrations our office receives, we are **unable** to make confirmation or reminder calls. **Volunteer Services will only contact you if there is a change in the orientation schedule.** If you do not hear from our office, please attend the date you have selected above.
- We suggest that you mail your **completed application and registration form** to Volunteer Services as soon as possible to:

Children's National Medical Center  
111 Michigan Ave. N.W.  
Volunteer Services, Room 1180  
Washington, DC 20010-2970

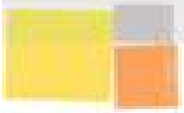
### Orientation Dates for Winter 2012 Training Programs

- Tuesday, January 24, 2012 from 6:30 pm until 7:30 pm
- Thursday, January 26, 2012 from 6:30 pm until 7:30 pm
- Saturday, January 28, 2012 from 11am-12pm

Above are the days and times for three orientation sessions. During these orientations, staff will give an overview of the Patient Care Volunteer Program as well as explain the volunteer application process. All potential volunteers are **REQUIRED** to attend one orientation session in its entirety if interested in pursuing the opportunity as a Patient Care Volunteer at Children's National Medical Center. The Orientation sessions begin promptly at the scheduled time and typically run one hour in duration.

### Orientation Instructions

- **Please be on time** for the orientation session you selected.
- **The room location for your session will be posted at the Welcome Desk** in the hospital's atrium, our main lobby area.
- **You will be required to show photo identification** upon arrival. You will be issued a guest pass to wear during your time at the hospital.
- **You will receive a parking validation sticker** to pay for your parking if you drive.

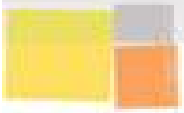


## **Patient Care Volunteer Training Schedule**

**Prospective volunteers who are selected to participate in our Patient Care Training Program must attend all three sessions.**

### **Winter 2012 Patient Care Volunteer Training Dates**

- Saturday, March 24, 2012 10am-5pm
- Sunday, March 25, 2012 1pm-6pm



# Volunteer Service Application

(An Equal Opportunity Program)

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

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

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

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

Please Circle Age Group: 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: \_\_\_\_\_

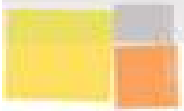
From: \_\_\_\_/\_\_\_\_ To: Present or \_\_\_\_/\_\_\_\_

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

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

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

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



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

**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>	_____	_____	_____

**Courses relating to your volunteer interest:**

\_\_\_\_\_  
\_\_\_\_\_

**Interests**

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

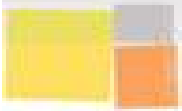
**What would you most like to do as a volunteer?**

**Availability**

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

- Weekdays
- Weekends
- Evenings

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



**Volunteer Experience**

Please list any previous volunteer service:

Organization/Location	Dates	Total Hours	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List experience you have had with children (including your own) and age groups:**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

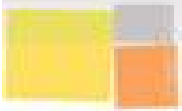
**Volunteer and Program Commitment Agreement**

I understand volunteers must be at least 18 years of age, agree to serve a regular placement of at least 100 service hours in a calendar year and submit a health form, references and fulfill other requirements as prescribed at Orientation before beginning volunteer service. I also authorize for release of general information given on this application.

I verify that I read the program description, requirements, and physical demands of the Patient Care Volunteer Program and understand the role of a volunteer at Children's National.

I understand completing this application is the first step of the comprehensive acceptance process to join the Patient Care Volunteer Program. If I am interested in proceeding in the process, I will follow the appropriate steps as outlined by Volunteer Services.

**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. The Company 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: \_\_\_\_\_**