

CITY HOSPITAL VOLUNTEER APPLICATION

Dear Prospective Volunteer:

Thanks for your interest in our volunteer program at City Hospital at White Rock. As a volunteer, you will be providing services and support to patients, families, visitors and staff. Volunteers are an important part of our team, and our program will not only give you insight into the workings of a hospital, but also show you many career opportunities in the healthcare field. Our goal is to ensure that your volunteer experience is rewarding and interesting.

We are looking for people willing to commit a minimum of four hours (1 shift = 4 hours) each week for a minimum of one year and are able to be flexible in assignments. You will find that most volunteer opportunities are available during the day on weekdays. The evening and weekends are very limited. Adult volunteers must be 18 years or older. Volunteers have a special parking area in the garage and receive a complimentary meal (up to \$6.50 & only once a day).

Our summer program is open to students 15 years of age or older.

Please complete the application packet. Once all documents requested have been received, you will be contacted to set up an interview and Employee Health screening. Interviews will be held 8:30 am to 3:30 p.m. Monday – Thursday and Friday 8am - noon. We do have a mandatory orientation that all volunteers must attend. Orientation is generally the 2nd Monday of the month. This is a 1 ½ day process, Monday 8:30am – 3:30pm and Tuesday 9am – 12pm. Once all your background work is done, you will be scheduled for orientation. We are really excited you chose City Hospital at White Rock to volunteer.

Thank you,

Human Resources & Volunteer Program

City Hospital at White Rock

214.324.6297 (office)

Sara.Delregno@cityhospital.us

Angelia.Smith@cityhospital.us

CITY HOSPITAL VOLUNTEER APPLICATION

APPLICATION PROCESS

Please keep this page for your records

- 1. Complete Application Documents** – Email, fax or scan completed application documents including two letters of recommendation from professors, pastors, co-workers, employers, etc. (*Please do not include reference letters from relatives*), copy of immunization records, background, confidentiality and volunteer program agreement.
- 2. Interview** – You will be contacted by phone or email if you are chosen for an interview and Employee Health Screening.
- 3. Complete New Volunteer Health Screening** – A New Volunteer Health Screening must be **completed prior to attending Orientation**. After your initial interview the TB test will be given and a follow-up appointment will be scheduled at that time to have it read within 48 to 72 hours later. Unless you have had a TB test done in the past year, you will be required to have a series of 2 tests. Once the first is clear, you are eligible to start.
You must bring the following to your appointment (no exceptions):
 - **Copy of Immunization Records**
 - **Copy of Past Positive TB Skin Test (if applicable)**
 - **Copy of Chest X-ray (ONLY IF volunteer has had a positive TB Skin Test)**
- 4. Criminal Background and Completed** – Completed for those applicants 18 years or older.
- 5. Drug Screening**
- 6. Mandatory Orientation** – Date TBD
- 7. Hospital Tour** – After Orientation
- 8. Uniforms and Badges** – Will be provided at orientation.

Human Resources Contact Information

City Hospital at White Rock
9190 Poppy Drive, Dallas, TX 75218
HR – West Tower 2nd Floor #209 (last door on the right)
214.324.6297 (office)
Volunteer Coordinators: Sara DelRegno or Angelia Smith
sara.delregno@cityhospital.us
angelia.smith@cityhospital.us
Hours: Monday – Thursday 7:30am – 5pm
Friday's 7:30am – 12pm

CITY HOSPITAL VOLUNTEER APPLICATION

Volunteer Program***Areas of Volunteer Service Opportunity*****Patient Care**

Volunteers in patient care areas provide support for nursing staff with specified patient care duties, transport and delivery of patients. In addition, these volunteers also assist with administrative and clerical needs for the nursing and supervisory staff.

Patient Visitor

Begun in 2004, these volunteers provide social visits to patients designated by the nursing staff as needing or wanting additional visitors. Patient visitors are scheduled for weekly visitation times, and contact nursing staff upon their arrival, to identify eligible patients. They work on all patient care units.

Administrative-Clerical

Volunteers provide administrative and clerical support to hospital staff including copying, filing, data entry, opening and distributing incoming mail, preparing packets for mailing, answering telephones and directing calls, processing invoices for filing, file maintenance and setup and word processing.

Patient Support

Pastoral Care and Healing Hearts. All provide emotional and/or spiritual support for patients and their families who are dealing with impending heart procedures, amputation, or issues surrounding surgery, death or dying. Patient Support volunteers visit individual patients based on need or specific criteria.

Patient Information

These volunteers provide a valuable service as patient and hospital information sources for those entering the hospital and those who telephone. They provide directions to patient rooms, forward mail to discharged patients, provide limited patient information to incoming phone inquiries and other special projects, as time allows. Hospital Ambassadors assist visitors and patient families in finding their way through the hospital.

Patient Waiting Areas – volunteers will assist with keeping family and visitors informed of their loved one by giving updates when requested or delivered from clinical staff. Volunteers also keep the area tidy and well stocked with coffee and hot chocolate.

Special Projects

Several volunteers provide unique or specialized services to the hospital. The Craft Group creates tray favors for patient trays, decorates holiday trees for hospital staff and visitors, makes large stocking for all newborn babies to take home from the hospital and makes teddy bears for young patients in the emergency room. Other volunteers help with specialized functions such as wheelchair repair and maintenance, newsletter publishing, and defensive driving instruction for staff and volunteers.

***Please keep the previous pages for
your records.***

***Do not turn them in with your
application.***

This is informative information only.

CITY HOSPITAL VOLUNTEER APPLICATION

Please select all that apply:

- High School College Summer Only
 Under 18 Over 18

Please print legiblyApplication Date _____
mm/dd/yyyyName _____ Birth Date _____
Last First MI mm/dd/yyyySocial Security Number

	-		-	
--	---	--	---	--

 Nickname _____Address _____
Street City State Zip Telephone

Email address _____ Cell Phone (____) _____

Emergency Contact _____
Last Name First Name Relationship TelephoneEducation/Special Training

Do you speak, read or write in a language other than English? ___Yes ___ No

If Yes, please describe

_____Please list all relatives employed with City Hospital at White Rock:

_____Volunteer experience and/or community affiliations:

_____Why are you interested in volunteering?

CITY HOSPITAL VOLUNTEER APPLICATION

What area[s] would you be interested in volunteering? Please select all that apply.

Patient Care Office Front Desk Waiting Room Floater

Other _____

Top three departments you would like to work in consistently:

1. _____

2. _____

3. _____

Day's available _____

Hours available (minimum 4/week required) _____

Times available _____

Do you have special needs (disabilities health issues) Yes _____ No _____

If yes please explain:

Student/College Volunteers ONLY

On a separate piece of paper, please complete a 150 word essay on why you would like to volunteer at City Hospital at White Rock and how you feel this will help with your future decisions.

CITY HOSPITAL VOLUNTEER APPLICATION

17 or Under Applicants only**PARENT/GUARDAIN CONSENT FOR MINOR TO PARTICIPATE IN EMPLOYEES HEALTH PROGRAM AT
CITY HOSPITAL AT WHITE ROCK – WHITE ROCK**

I, _____, Parent/Legal Guardian of _____
who is a minor and a Junior Volunteer at City Hospital at White Rock, give consent for my child to participate
in routine employee health procedures, tests and examinations, conducted by City Hospital at White Rock For
all employees and volunteers, including: TB skin test, Xrays (in the event that a positive reaction to TB skin
test results), Drug screening and Flu Shots. Summer Only students are not required to get the Flu Shot.

Child's Birth Date_____
Date_____
Signature of Parent/Legal Guardian_____
Date

CITY HOSPITAL VOLUNTEER APPLICATION**BACKGROUND & CREDIT CHECK DISCLOSURE AND AUTHORIZATION FORM****Applicant's over 18 only**

I hereby authorize City Hospital at White Rock Medical Center, or its duly accredited representative bearing this Release, to obtain any information from schools, present or former employers, a consumer reporting agency operating under the Fair Credit Reporting Act, places of public record, or individuals, relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, personal history, disciplinary, or public criminal records. I further hereby direct the release of such information upon the request of the bearer of this Authorization. I understand that such information to be released is for use by City Hospital at White Rock and may be disclosed to such third parties as necessary in order to determine whether I qualify for a volunteer position at City Hospital at White Rock.

I hereby release any individual or entity, including record custodians, from any and all liability for damages of any kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with the objectives of this Authorization.

Name:**Signature:****Maiden Name:****Driver's License #****State Issued:****Social Security #****Date of Birth**

--	--	--	--	--	--	--	--	--	--

Cell Phone:**Email:**

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment, or to take another adverse action against you, must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your file disclosure). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

This form does not need to be returned with your application

CITY HOSPITAL VOLUNTEER APPLICATION

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

This form does not need to be returned with your application

CITY HOSPITAL VOLUNTEER APPLICATION

**VOLUNTEER SERVICES
CONFIDENTIALITY NONDISCLOSURE**

All patient/employee/volunteer/employer group/provider/applicant/member information is considered confidential. The medical record (patient/member's chart) is a legal document. All past mental and physical histories and the care and treatment a patient/member receives, are communicated in the medical record. The information in the medical record belongs to the individuals listed above; however, the actual (hard copy) record belongs to the Tenet Health System.

All health care workers or volunteers, whether directly or indirectly involved in the care of a patient/member, must use discretion when discussing patient/member information. Information obtained from Tenet Information Systems relating to the above individuals' personal or medical information should not be discussed or released to anyone unless absolutely necessary for work processes.

All information regarding the above individuals must be protected. Only information pertinent to the care of those persons should be communicated by appropriate personnel. Violation of this confidentiality can result in disciplinary action, up to and including termination. Additionally, release of information including test results, adoption and HIV information, without proper authorization, could result in civil and/or criminal penalties. All requests from family or friends for information should be referred to the attending physician. All other requests for information on the above individuals should be referred to Doctors Hospital at White Rock Lake Health Information Services Department.

If confidential information is being discussed or otherwise inappropriately disclosed by employees or volunteers, the incident should be reported to a supervisor. Also employees and volunteer must be cognizant of where confidential information is discussed (e.g., the cafeteria, open hallways, the gift shop, elevators, etc. are inappropriate areas to be discussing confidential information). Employee or volunteer questions regarding confidentiality should be referred to the employee or volunteer's supervisor or the Director of Health Information Services.

I understand that, if my job or volunteer functions require Tenet/City Hospital at White Rock - White Rock Information Systems computer access, my computer user ID is personal and must not be shared with anyone. I agree to maintain the privacy and confidentiality of any patient, employee, volunteer, employer group, provider or Health Plan member information as it is available on the system.

Signature _____ Parent Signature *(if under 18)* _____

Print Name _____

Department **Volunteer Services** Date _____

CITY HOSPITAL VOLUNTEER APPLICATION

Volunteer Agreement

I understand that I am applying to be a volunteer, **not a paid employee**, at City Hospital at White Rock. I understand that I am authorized **solely** to perform tasks assigned specifically to me. I understand that I must follow all rules and regulations of City Hospital at White Rock. I understand that all information concerning City Hospital at White Rock and its patients is strictly confidential, and I hereby agree to maintain this confidentially. I understand that City Hospital at White Rock is not obliged to provide a volunteer placement for me, nor am I obliged to accept a volunteer position, if one is offered. Volunteers are placed in both patient and non-patient areas and no particular assignment is guaranteed. Volunteers will be placed by availability and need of facility and departments as well as experience and skills.

I understand that I must volunteer a minimum of 4 hours (1 shift = 4 hours) per week during the business hours of Monday – Friday 7:30a-7p. I must remain a volunteer for a minimum of one year. The first 90 days are a provisional period and that I may be terminated at any time. Volunteers will receive one complimentary polo shirt that must be worn at all times and in compliance with hospital dress code.

I agree that the reference and immunization record information submitted is correct and accurate. I agree to undergo an Employee Health screening complete with TB, flu (when applicable), immunization, 9 panel drug screening and background check. *Background checks are only for applicants over the age of 18.* I agree that I will continue with an annual TB screening and flu shot (when applicable) as directed. I agree to attend the mandatory orientation which are held on the 2nd Monday of the month (8:30-3pm and Tuesday (9-12pm). You will be scheduled to attend upon completion of the screening process.

I agree to accept full responsibility and to hold harmless City Hospital at White Rock, its employees, directors, officers or agents from any and all claims and damages that may arise from my participation in the volunteer program.

I have read and understand the above and agree to comply with all rules and regulations of City Hospital at White Rock and the Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the City Hospital at White Rock volunteer program. I understand City Hospital at White Rock may terminate my volunteer services for any reason and at any time.

Signature _____

Date _____

Parent Signature (if under 18) _____

Date _____

Remit required application and forms to one of the following:**Mailing Address:**City Hospital at White Rock
9440 Poppy Drive
Attn: Volunteer Program
Dallas, TX 75218**Email:** sara.delregno@cityhospital.us or angelia.smith@cityhospital.us**Phone:** 214-324-6297**Fax:** 214-324-6547

Please provide, along with this Application, two (2) letters of recommendation. Incomplete packets will not be accepted.

You will need to bring copies of your immunization records with you to your interview.