



Amazing People. Incredible Care.

TO BE CONSIDERED FOR THE VOLUNTEER SERVICES PROGRAM, YOU MUST:

- **Be currently enrolled in high school with a cumulative G.P.A. greater than or equal to 3.0 (copy of high school transcript needed to verify)**
- **Applicants 18 years of age or older will be subject to a background check**
- **Provide proof of a PPD/TB Skin Test that has been administered within the last 12 months**
- **Be able to volunteer a minimum of 6 hours per month and adhere to a weekly or bi-weekly schedule**
- **Be able to commit to the program for at least six months**
- **Purchase a volunteer uniform for \$20** *(May be purchased at the time of your interview. Please see below.)*

TO START THE ENTRY PROCESS:

- **Contact the Volunteer Services office at (559) 353-5222 to create your volunteer file over the phone**
- **Complete a Health Screening appointment here at Children's Hospital, to be scheduled following your initial call to Volunteer Services.**
 - The Health Screening appointment includes:
 - Proof of immunity against Measles, Mumps and Rubella (MMR)
 - Proof of immunity against Chicken Pox (Varicella)
 - A second PPD/TB screening test completed here at the hospital
- **Schedule an interview with a Volunteer Coordinator** *(To be scheduled upon completion of your health screening appointment)*

***Completion of the entry process does not guarantee placement within the Volunteer Services Program.**

CHILDREN'S HOSPITAL CENTRAL CALIFORNIA VOLUNTEER SERVICES

VOLUNTEER OPPORTUNITIES (Subject to availability)

ADMINISTRATIVE SERVICES

AVAILABILITY: WEEKDAYS; 8AM – 4:30PM; 3 – 4 HOUR SHIFTS

Assist with word processing, filing, copying, faxing, answering telephones, stuffing envelopes and other office projects in various areas of the hospital.

CHAPLAIN AIDE PROGRAM

AVAILABILITY: VARIES

Provide spiritual support services to patients and families under the supervision of the staff chaplain (training provided). (Adults Only) *Currently recruiting for Eucharist Ministers*

CHILD DEVELOPMENT CENTER

AVAILABILITY: WEEKDAYS; 9AM – 12PM; 12PM – 3PM; 3PM – 6PM

Located on-campus, the Child Development Center is an Easter Seals day care available to the employees and physicians of Children's Hospital. Volunteers will assist teachers in carrying out daily activities with children. **(High School Students Only)**

CHILD LIFE PLAYROOM

AVAILABILITY: WEEKDAYS; 9:30AM – 12PM; 2PM – 5PM; 6PM – 8PM

WEEKENDS; 10AM – 12PM; 2PM – 5PM

Work alongside Child Life Staff in the playroom assisting with various activities and arts and crafts projects.

CLASSROOM

AVAILABILITY: WEEKDAYS; 9:30AM – 12PM

Read stories or assist the teacher in providing an educational setting for in-patients during their hospital stay.

DIETARY SERVICES

AVAILABILITY: MONDAY – SUNDAY; 9:30AM – 11:30AM

Volunteers in Dietary Services will be responsible for collecting daily menus from patient's rooms and working collaboratively with Nutritionists in tray assembly. Volunteers will also be responsible for delivering menu items to the patient's rooms as well as restocking the Nourishment Rooms on each unit.

EMERGENCY DEPARTMENT

AVAILABILITY: MONDAY – SUNDAY; MORNINGS & AFTERNOONS

Visit with families and patients in treatment rooms and act as a liaison between families and staff. Assemble packets and assist with clerical needs and act as a waiting room greeter when necessary. **(Adults Only)**

“GEORGE” THE MASCOT

AVAILABILITY: VARIES

Volunteers are needed to make an appearance as "George" at various on or off-site events. Training and costume provided.

GIFT SHOP

AVAILABILITY: WEEKDAYS; 9:30AM – 1PM; 1PM – 4:30PM; 4:30PM – 6PM

WEEKENDS: 11AM – 3PM

Assist customers in selecting the perfect gift, wrapping, stocking shelves, and providing cashiering services. **(Adults Only)**

GREETERS

AVAILABILITY: MONDAY – SUNDAY; MORNINGS & AFTERNOONS

Act as host/hostess, providing information, escort services and smiles to our visitors and families at various locations through out the hospital.

LITERACY PROGRAM

AVAILABILITY: MONDAY – FRIDAY; 9AM – 11AM

Bilingual individuals encouraged! Volunteers will volunteer directly with patients and their families while they're being seen in one of our outpatient practices. Provide reading aloud, and story book time for patients and families while creating a friendly and supportive environment.

PATIENT UNITS

AVAILABILITY: WEEKDAYS; 9:30AM – 12PM; 12PM – 3PM; 3PM – 6PM; 6PM – 8PM

WEEKENDS; 10AM – 1PM; 1PM – 3PM; 3PM – 5PM

Provide support to clinical staff by holding and rocking babies, entertaining patients in their rooms, scrapbooking, provide patient pampering, transporting patients or items, assisting at nursing stations, visiting with families and much more!

S.P.O.T. (Special Pets Offering TLC)

AVAILABILITY: MONDAY – SUNDAY; MORNINGS, AFTERNOONS & EVENINGS

Canines and their owners visit patients to provide pet assisted activities known to contribute to the healing of sick and injured children. **(Adults Only)**

TOUR GUIDE

AVAILABILITY: VARIES

Tour groups through the facility, showcasing the Grape Jelly Fish Cafe', Playroom, Classroom, private patient rooms, wonderful courtyards, and much more! All age groups toured, including school groups K-6 (ages 5-12) and youth/adult groups (13+).



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PROGRAM APPLICATION

APPLICANT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____
First Last Middle Initial

Home Phone: () _____ Other: () _____

E-mail: _____ Are you at least 18 years of age or older? Yes No

Are you fluent in a foreign language? Yes No If so, what language? _____

How did you learn about this opportunity? _____

EMERGENCY CONTACT INFORMATION

1) In case of an emergency, please notify: _____ Phone #1: _____

Relationship to applicant: _____ Phone #2: _____

2) In case of an emergency, please notify: _____ Phone #1: _____

Relationship to applicant: _____ Phone #2: _____

Is there any medical information that you would like to share with us in case of an emergency? _____

HIGH SCHOOL EDUCATION

Graduated/Obtained GED

School: _____ Grade Level: _____ Graduation Year: _____

ACTIVITIES AND SKILLS

Do you participate in any sports, or extracurricular activities that may affect your volunteering? If so, please list them here: _____

Do you have any special talents or skills that you would like to share with us? _____

PERSONAL STATEMENT

Please tell us in a few sentences why you would like to become a Children's Hospital Central California volunteer. (You may also use this space to provide any additional information regarding this application to Volunteer Services at Children's Hospital Central California.)

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Current Employer & Occupation: _____

Dates of Employment: _____ To: _____ RETIRED UNEMPLOYED

Are you a Former Children's Hospital Volunteer OR Valley Children's Volunteer – If so, when: _____

Do you currently have any relatives who are employed at Children's Hospital Central California? Yes No

If yes, who, and in which department? _____

PHYSICAL AND MEDICAL BACKGROUND

Have you been a patient, or are you a relative of a patient who has received medical treatment at this facility **within the last year**? Yes No

If yes, what is your relationship to the patient? _____

Do you have any physical or medical conditions that may limit your ability to perform the duties of a volunteer?

Yes No

If yes, what accommodations do you require? _____

PATIENT SAFETY INFORMATION

Volunteers at Children's Hospital Central California have regular access to patients. For this reason, the following information is required:

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please list the **date(s)** of the conviction(s), **county(ies)** where the offense(s) occurred, and any facts and circumstances surrounding the conviction. Conviction does not automatically exclude you from consideration for volunteering. Children's Hospital Central California may consider the nature, date, and circumstances of the offense and whether relevant to the duties of the position for which you have applied: _____

Have you ever been arrested on charges such as abuse, and/or sex offense charges such as rape, assault with intent to rape, child molestation, or enticement or abduction of a minor for immoral purposes? Yes No

If yes, please list **county** and **date** of offense: _____

Have you ever been sanctioned by the Office of Inspector General of the Department of Health and Human Services (HHS/OIG) or the Government Services Administration (GSA) or excluded or suspended from participation in any federal or state health care program? Yes No

If yes, please explain: _____

APPLICANT'S PLEDGE

I certify that answers by me to the foregoing questions and statements are true and correct. I agree to a health screening and understand that placement in the Volunteer Services program at Children's Hospital Central California is contingent upon successfully passing the health screening. I also understand that falsification or material omission of facts on this application may result in the rejection of my application or my dismissal. I also authorize Children's Hospital Central California to contact my schools, references and other sources deemed appropriate (with the above restrictions) to consider my application. I understand that all candidates selected for the volunteer program (of legal age) will have to submit to a background check. I hereby release them and Children's Hospital Central California from any and all liability for issuing, receiving, and using any such information. I agree that, if accepted, I will abide by the philosophy and all policies and procedures established by Children's Hospital Central California. I further understand that either the hospital or I can terminate my role as a volunteer for any reason.

Applicant Signature: _____ Date: _____

CHILDREN'S HOSPITAL CENTRAL CALIFORNIA VOLUNTEER SERVICES

PROGRAM GUIDELINES AGREEMENT

If accepted as a Volunteer, I agree that:

1. I shall hold as absolutely confidential all information I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential or personal information from anyone including patients, doctors, volunteers or staff.
2. My services are donated to the Hospital without obligation of compensation of future employment, and provided with humanitarian or charitable reasons.
3. I will not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions or religious material on Hospital premises, unless I receive the express authorization of the Manager of Volunteer Services.
4. I will, if requested, submit to examinations, which may include chest X-rays, skin tests, appropriate laboratory tests, and/or immunizations that may be necessary as part of my volunteer service. If requested, I hereby authorize my doctor(s) to furnish the Employee Health and Wellness department of the Hospital with information concerning my health. I also authorize the person(s) taking and reading the x-ray films to report the results to the Employee Health and Wellness department.
5. I will be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
6. I will attempt to resolve any problems related to my volunteer activities with my supervisor and, if unsuccessful, attempt to resolve any such problems in the manner identified in cooperation with the Manager of Volunteer Services.
7. I will make my best effort to adhere to a weekly or bi-weekly schedule. If I am unable to make my volunteer shift, I will contact the Volunteer Services office.
8. I will commit to donating a minimum of six hours per month. I will commit to volunteer for an initial six months. I understand that failure to meet this commitment will result in the loss of my schedule and may include inactivation from the program.
9. I will at all times uphold the mission, vision and core values of Children's Hospital Central California
10. I understand that the Manager of Volunteer Services reserves the right to terminate my volunteer status for reasons which include, but are not limited to (a) failure to comply with Hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances in which disciplinary action has been taken and specified response disregarded.

I have read each of the above conditions and I agree to be bound by them.

Volunteer Signature

Date

CHILDREN'S HOSPITAL CENTRAL CALIFORNIA VOLUNTEER SERVICES

PERMISSION FORM

Parents/Guardians – Please read & sign.

The information in the Volunteer application supplied by my child is correct. I, _____ hereby grant permission for my child, _____ to participate as a volunteer at Children's Hospital Central California. I understand that my child's services are donated to the Hospital without contemplation of compensation or future employment, and that those services are given for humanitarian or charitable reasons. If my child is selected to participate in the volunteer program at Children's Hospital Central California, I release Children's Hospital, its employees, officers and adult volunteers from any claims of liability that I or my child may have for any damages, injury, or illness resulting to my child while participating in volunteer activities.

I will ensure my child's transportation to and from the hospital. I understand that my child cannot arrive at the hospital more than 30 minutes prior to his/her assigned volunteer shift(s) and must be picked up promptly at the end of the volunteer shift. I also understand that volunteers, under the age of 18, are not allowed to leave the Hospital campus for lunch or any other reason not expressly approved by the staff.

It is also understood that should my child need volunteer hours to fulfill a commitment for school, work or community service, a letter will be written by the Volunteer Services Coordinator and/or service hours will be verified by the Volunteer Services staff **only** after a minimum of 36 volunteer hours (not to include training hours) and/or six months of service, have been completed at Children's Hospital Central California.

I acknowledge that the Hospital reserves the right to dismiss my daughter/son's services as a volunteer if the action is in the interests of the Hospital. Reasons for dismissal may include but are not limited to failure to comply with hospital rules and regulations, or inappropriate personal conduct, attitude or appearance.

Signature of Parent or Legal Guardian Date _____
Volunteer Signature Date

Signature of Volunteer Coordinator Date

- In addition, I give the following additional permissions:
(Please X as appropriate)
- Permission for his/her photographs to be taken and possibly published in a CHCC publication.
 - Permission for him/her to accept a volunteer placement in an outlying hospital building (i.e. Medical Office Building, Professional Center). This may require him/her to walk a short distance from the main hospital building