

# PROVIDENCE JUNIOR VOLUNTEERS' 2018 Summer Program

## **JUNE 25 - AUGUST 2**

### MANDATORY ORIENTATION

**Saturday, June 16, 2018 | 10:00am - 12:00Noon**

### REQUIREMENTS

- ▶ Must be at least 13-years old
- ▶ A copy of immunization record
- ▶ A current TB test within three months of starting
- ▶ A Drug Screening Report and Police Background Check within one month of starting

***Call (202) 854-7391 to schedule an appointment for the TB test and drug screening***

### VOLUNTEER PACKETS

Available in the Volunteer Office (*inside Senior Connection office, ground floor*)

Application and all the required documents listed above must be returned to the Volunteer Office by **June 8th**

For more information, please contact  
Roxanne Holston, Manager Volunteer Services  
**(202) 854-7759** or **Roxanne.Holston@provhosp.org**





## Requirements for Junior Volunteers and Summer Youth

1150 Varnum St., NE  
Washington, DC 20017  
Phone (202) 854-7044/7041  
Fax (202) 854-7231

**Age:** Volunteers must be at least 13 years old to apply.

**Application:** All prospective volunteers must file and turn in application and all supporting documents together to the Volunteer Services office, located on the Ground Floor in the Senior Connection office by Friday, June 8, 2018. Application package is available in the Senior Connection/Volunteer Services Office, Ground Floor. All volunteers must obtain a Police Background Check, TB Test and Drug Screen, current flu shot and all immunizations records from birth to complete the application process.

**Health:** Volunteers are expected to be in good physical and mental health. The tuberculin and drug test, which are required for all volunteers, must be administered in our Occupational Health Services, Wellness Institute located on the third floor. You must make an appointment either in person or by calling (202) 854-7391. The TB test must be within three months of starting. Drug test and police background check must be within one month of starting.

**Willingness:** Volunteers should have a sincere desire to perform community service and be helpful and flexible in any area where assigned.

**Responsibility:** The volunteer should have a genuine sense of responsibility to the hospital and to the assigned tasks. Volunteers must be accepting of the rules, which apply to the program.

**Dependability:** Volunteers are expected to be faithful in attendance, advising of a planned absence in advance. Junior Volunteer Hours are from 9:00am to 1:00pm or 1:00pm to 4:00pm for those in summer school, at least three days a week. Hours for MBSYEP are 9:00am to 2:00pm or 3:00pm depending on age group.

**Uniforms:** Uniforms are a requirement for all volunteers and must be worn daily. The cost is \$15.00 cash for the red polo shirt, which would be distributed at orientation. Khaki, blue or black slacks are your responsibility, to be worn with the red polo shirts. No jeans, skirts, leggings, sweatpants or open toe shoes are allowed. Tennis shoes and sneakers recommended with non-slid soles. Piercings are against Hospital Policy. No piercings.  
July 4<sup>th</sup> - holiday.

**ORIENTATION**

**Saturday, June 16, 2018 at 10:00 a.m. - 12:00 noon**  
All Junior Volunteers and MBSYEP Must Attend

**Service Starts:**

**Monday, June 25, 2018**




**Service Ends:**

**Thursday, August 2, 2018**

# Volunteer Application Instructions

Volunteer Services & Senior Connection Dept., 1150 Varnum St., N.E. Washington, DC 20007  
 Office: (202) 854-7044 / (202) 854-7041 | Fax: (202) 854-7231 | [www.provhosp.org](http://www.provhosp.org)

Thank you for your interest in becoming a volunteer at Providence Hospital. This packet contains information about completing the attached volunteer application, required PPD/TB & drug tests, and background check. Please review the following information, complete the application, and return the requested documents to the Volunteer office by the due date. If you have any additional questions regarding the application process, please call our office at (202) 854-7044 or (202) 854-7041.

<p><b>Completing the Application</b></p> 	<p>Complete the following sections on the Volunteer Services Application:</p> <ol style="list-style-type: none"> <li>1) Personal Information</li> <li>2) Volunteer Information (Front and Back of Sheet)</li> <li>3) References/Emergency/Contacts/Health Status</li> <li>4) Consent (Read items 1-11, the statement of acknowledgement, and then sign and date the application)</li> </ol>
<p><b>PPD/TB and Drug Tests</b></p> 	<p><b>All volunteers are required to get a PPD/TB and drug tests.</b> These tests will be done in Providence Hospital Occupational Health Services, Wellness Institute (3<sup>rd</sup> Fl).</p> <p>Attached to your application is a <i>Volunteer Service Physician Release Form</i>. This will be used to record the results of the PPD/TB test. Submit the form to the Occupational Health representative on the day of your scheduled appointment. No form is required for the drug screening test. Occupational Health will furnish that information accordingly. Please call (202) 854-7391 to schedule your appointment. The tests are FREE.</p> <p><i>A PPD/TB test determines if you are infected with tuberculosis. You'll will receive and injection of purified protein under the skin. The doctor will instruct you return in two days to examine the area where the protein was injected. If there is no reaction to the injection, your doctor will complete your release form and give you a clearance copy of the test results to submit to the Volunteer office with your application.</i></p> <p><i>The Drug Screening Test is an analysis of the blood or urine to determine the presence or absence of illegal drugs. A positive drug result automatically prevents you from volunteering at Providence.</i></p>
<p><b>Background Check</b></p> 	<p>Obtain an official <b>Police Clearance Report</b> or <b>Background Investigation Report</b> from your local police department.</p> <p><b>Washington, DC and Maryland Applicants (18 and older)</b>              If you are a Washington, DC resident 18 years of age or older, you can get a <b>Police Clearance Report</b> in person or by mail. You'll need a <b>PD Form 70 - Criminal History Request (for DC residents)</b> to request a report. There is a \$7.00 fee for the report. You can go in person or mail your request to:</p> <p>Henry J. Daly Building              MPDC Headquarters              300 Indiana Avenue NW, Room 3055              Washington, DC 20001              (202) 727-4245              Monday - Friday: 9:00am - 5:00pm</p> <p><b>What to bring:</b> A copy of a government issued photo ID (such as your driver's or non-driver's ID), your original birth certificate and social security card. Payment for the clearance is cash only in person and money orders by mail. No credit cards or personal checks.</p>

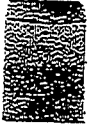
**Washington, DC and Maryland Applicants (13 and older)**

A **Juvenile Clearance Report** is requested if you are a Washington, DC resident between the ages of 13 and 17. To obtain a report, go to:

DC Superior Court  
500 Indiana Avenue NW, Room JM300 Washington, DC 20001  
(202) 879-1465  
Monday - Friday: 8:30am - 5:00pm

**What to bring:** A government issued photo ID (such as a non-driver's or driver's ID) or an official school ID and your birth certificate. If you have proper identification, parents do not have to accompany you. The report is **FREE** for juveniles.

**Return  
Completed  
Application**



After you've completed the Application, taken your Drug Screening and PPD/TB examinations, obtained a Police Clearance Report, and documentation of all your immunization records from birth, (MMR, TDAP, Varicella, Hepatitis, flu shot) please call (202) 854-7044 to schedule an interview. If you don't have your records from birth, you are to go to your primary care doctor to get vaccinated. After you have all documents, please call (202) 854-7044 to schedule an interview.

***Orientations are held Monday, Tuesday and Thursday at 10:30am.***



# Volunteer Service Application

Volunteer Services & Senior Connection Dept, 1150 Varnum St, NE | Washington, DC 20017  
Office: (202) 854-7044 / (202) 854-7041 | Fax: (202) 854-7231 | www.provhosp.org

### INTERNAL USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ SCHEDULED INTERVIEW DATE \_\_\_\_\_ SCHEDULED ORIENTATION DATE \_\_\_\_\_ SERVICE AREA(S) \_\_\_\_\_ SCHEDULED DAY(S) & HOURS \_\_\_\_\_

NAME: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE (PRIMARY): \_\_\_\_\_ TELEPHONE (SECONDARY): \_\_\_\_\_

EDUCATION: CURRENTLY A STUDENT If "YES" (Name of School) \_\_\_\_\_ (Location) \_\_\_\_\_  
 FRESHMAN  SOPHMORE  JUNIOR  SENIOR  FULL TIME  PART TIME

EDUCATION COMPLETED: NAME OF SCHOOL DEGREE/MAJOR  
 HIGH SCHOOL \_\_\_\_\_  
 SOME COLLEGE \_\_\_\_\_  
 COLLEGE \_\_\_\_\_  
 GRADUATE SCHOOL \_\_\_\_\_  
 OTHER \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ (Position) \_\_\_\_\_ DATES: (From) \_\_\_\_\_ (To) PRESENT

PREVIOUS EMPLOYER: \_\_\_\_\_ (Position) \_\_\_\_\_ DATES: (From) \_\_\_\_\_ (To) \_\_\_\_\_

### VOLUNTEERING INFORMATION

LIST ALL VOLUNTEER EXPERIENCE & DESCRIBE DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT TYPE OF SERVICE WOULD YOU LIKE TO VOLUNTEER FOR AT PROVIDENCE? (Check all that apply):  
 PATIENT  MAIL ROOM  FILING ONLY  FLOATER (Special Projects)  BUSINESS OFFICE  
 MEDICAL SUPPLY  TYPING ONLY  INFORMATION DESK  SECRETARIAL  CONCIERGE  OTHER

WHAT TYPE OF SERVICE WOULD YOU LIKE TO VOLUNTEER FOR AT CARROLL MANOR? (Check all that apply):  
 ACTIVITY  EDUCATION  MAINTANANCE  UNIT CLERK  
 ADMISSION  FOOD SERVICE  REHABILITATION  OTHER (Describe Below)

WHAT DAYS & HOURS ARE YOU AVAILABLE TO VOLUNTEER?  
DAY:  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  
TIME: \_\_\_\_\_  
WHAT DATE ARE YOU AVAILABLE TO START? \_\_\_\_\_

ARE YOU WILLING TO ASSIST STAFF IN THE EVENT OF AN EMERGENCY?  YES  NO  
If "YES," HOW LONG WOULD IT TAKE YOU TO GET TO THE HOSPITAL FROM HOME? \_\_\_\_\_ (Hours) \_\_\_\_\_ (Minutes)

PLEASE LIST ANY SPECIAL SKILLS/INTERESTS: \_\_\_\_\_  
\_\_\_\_\_



**REFERENCES / EMERGENCY CONTACTS / HEALTH STATUS**

**LIST TWO ADULTS WHO ARE NOT FAMILY MEMBERS THAT CAN BE CONTACTED AS REFERENCES:**

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____

**IN CASE OF EMERGENCY NOTIFY:**

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____

**ARE THERE ANY HEALTH REASONS THAT MIGHT LIMIT YOUR ABILITY TO VOLUNTEER?**

YES      NO

If "YES," (Describe): \_\_\_\_\_

*A Physical Status Verification (provided by the Volunteer Services Office) from your doctor is required.*

**CONSENT**

**AS A VOLUNTEER AT PROVIDENCE HOSPITAL, I AGREE TO:**

1. Commit to at least a 3-month term of volunteer services;
2. Be interviewed, photographed, videotaped and/or paraphrased for hospital Marketing/Publications and promotional purposes
3. Conduct myself with dignity, courtesy, and respect towards others;
4. Produce the best quality of work possible;
5. Maintain confidentiality concerning all patients and healthcare business;
6. Be punctual and conscientious in the fulfillment of my duties. If I am late or absent for my assignment, I will notify my assignment supervisor and the Volunteer Services Dept. beforehand;
7. Attend in-service meetings as scheduled when requested;
8. Refer assignment-related questions, concerns, and/or suggestions to my assigned supervisor first and then to the director of Volunteer Services;
9. Adhere to Providence Hospital's volunteer dress code;
10. Comply with all standard, policies, procedures, and values of Providence Hospital, the Department(s) that I am performing volunteer services for and Volunteer Services Dept.; and
11. Obey all applicable District of Columbia & Federal laws.

I understand that documentation of my service will be released upon request only after the minimum 3-month term of service has been completed. I certify that the information contained in this volunteer application is true, correct, and complete to the best of my knowledge. I authorize the Volunteer Services Dept. to make relevant inquires pertaining to all statements made in this volunteer application. I understand this information shall remain confidential.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
(If Applicant <18 Year Old) SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**Thank you for Volunteering at Providence Hospital!**

