

# **Volunteer Application Instructions**

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

Thank you foryour interest in becoming avolunteer 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 when you schedule your oreintation date. If you have any additional questions regarding the application process, please call our office at (202) 854-7044 or (202) 854-7041.

## Completing the Application

Complete the following sections on the Volunteer Services Application:

- 1) Personal Information
- 2) Volunteer Information (Front and Back of Sheet)
- 3) References/Emergency/Contacts/Heal th Status
- 4) Consent (Readitems 1-11, the statement of acknowledgement, and then sign and date the application)

# PPD/TB and Drug Tests

**All volunteers are required to geta PPD/TBand drug tests.** These testswill be done in Providence Hospital Occupational Health Services, Wellness Institute (3rd Fl.)



Attached to your application is a *Volunteer Service Physician Release Form*. 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.

A **PPDITB** 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.

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.



Obtain an official **Police Clearance Report** or **Background Investigation Report** from your local police department.

#### Washington, DC and Maryland Applicants (18 and older)

If you are a Washington, DC resident 18 years of age or older, you can get a **Police Clearance Report** in person or by mail. You'll need a **PD Form 70 - Criminal History Request** (for DC residents) to request a report. There is a \$7.00 fee for the report. You can go in person or mail your request to:

Henry J. Daly Building MPDC Headquarters 300 Indiana Avenue NW, Room3055 Washington, DC 20001 (202) 727-4245 Monday - Friday: 9:00am -5:00pm

<u>What to bring:</u> 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.



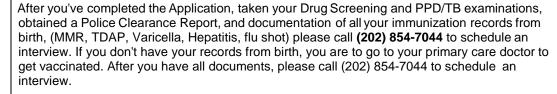
#### Washington. DC and Maryland Applicants (13 and older)

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

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

<u>What to bring:</u> 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



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

# Required Vaccinations for Volunteers

### Immunization Records from birth

(Must have these shots before you call to schedule orientation)

- Mumps
- Measles (MMR)
- Rubella
- Tetanus, Diphtheria Pertussis (TDAP)
- Hepatitis A
- Hepatitis B
- Varicella (Chicken Pox)
- Seasonal Influenza (Flu Shot)

If you don't have your immunization records from birth, you are to go to your primary care doctor to retake the required vaccines.

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REFERENCES MERGEIIICY CONTACTS / HEALTHSTATUS										
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IN CASE OF EMERGENCY NOTIFY:		NAME		RELATIONSHIP		PHONE NUMBER				
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, ,	A Ph	ysical Status Verification (provided	by the Volunteer Services	Office)from your do	octor is required.					
'CONSENT										
3. Conduct myself with di 4. Produce the best qu 5. Maintain confdential 6. Be punctual and con 7. Attend in-service me 8. Refer assignment-re 9. Adhere to Providenc 10. Comply with all stand 11. Obey all applicable I	8-month term of volunte tographed, videotape ignity, courtesy, and reality of work possible lity concerning all patiscientious in the fulfill settings as scheduled lated questions, concerding the volunte dard, policies, proced District of Columbia 8 antation of my service vie, correct, and complenis this information sha	eer services: : d and/or paraphrased for hospital N aspect towards others; ents and healthcare business; ment of my duties. If I am late or abse when requested; erns, and/or suggestions to my ass r dress code, and values of Providence Hosp Federal laws.  vill be released upon request only aftet to the best of my knowledge. I auth III remain confidential.	ont for my assignment, Iwill r igned supervisor first and the pital, the Department(s) that er the minimum 3-month ter	otify my assignment nen to the director of lam performing volu	supervisor and the Vol Volunteer Services: unteer services for and n completed. I certify than ant inquires pertaining to	Volunteer Services Dept; and at the information contained in this o all statements made in this volunteer				
	SIGNATUR	E OF APPLICANT			D	PATE				
(If Applicant < 18 Year Old) SIGNATURE OF PARENT/GUARDIAN					DATE					

Thank you for Volunteering at Providence Hospital!

