






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 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 when you schedule your orientation date. If you have any additional questions regarding the application process, please call our office at (202) 854-7044 or (202) 854-7041.

<p>Completing the Application</p>	<p>Complete the following sections on the Volunteer Services Application:</p> <ol style="list-style-type: none"> 1) Personal Information 2) Volunteer Information (Front and Back of Sheet) 3) References/Emergency/Contacts/Health Status 4) Consent (Read items 1-11, the statement of acknowledgement, and then sign and date the application)
<p>PPD/TB and Drug Tests</p> 	<p>All volunteers are required to get a PPD/TB and drug tests. These tests will be done in Providence Hospital Occupational Health Services, Wellness Institute (3rd 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 receive an 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>Background Check</p> 	<p>Obtain an official Police Clearance Report or Background Investigation Report from your local police department.</p> <p>Washington, DC and Maryland Applicants (18 and older)</p> <p>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:</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>What to bring: 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>



	<p><u>Washington, DC and Maryland Applicants (13 and older)</u> 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:</p> <p>DC Superior Court 500 Indiana Avenue NW, Room JM300 Washington, DC 20001 (202) 879-1465 Monday - Friday: 8:30am - 5:00pm</p> <p><i><u>What to bring:</u></i> 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.</p>
<p>Return Completed Application</p> 	<p>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.</p> <p><i>Orientations are held Monday, Tuesday and Thursday at 10:30am.</i></p>

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.

DATE APPLICATION	SCHEDULED INTERVIEW	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) _____				
<input type="checkbox"/> FRESHMAN		<input type="checkbox"/> SOPHOMORE		<input type="checkbox"/> JUNIOR
<input type="checkbox"/> SENIOR		<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME
EDUCATION COMPLETED:		NAME OF SCHOOL		DEGREE/MAJOR
<input type="checkbox"/> HIGH SCHOOL		_____		_____
<input type="checkbox"/> SOME COLLEGE		_____		_____
<input type="checkbox"/> COLLEGE		_____		_____
<input type="checkbox"/> GRADUATE SCHOOL		_____		_____
<input type="checkbox"/> 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):				
<input type="checkbox"/> PATIENT	<input type="checkbox"/> MAILROOM	<input type="checkbox"/> FILING ONLY	<input type="checkbox"/> FLOATER (Special Projects)	<input type="checkbox"/> BUSINESS OFFICE
<input type="checkbox"/> MEDICAL SUPPLY	<input type="checkbox"/> TYPING ONLY	<input type="checkbox"/> INFORMATION DESK	<input type="checkbox"/> SECRETARIAL	<input type="checkbox"/> CONJURGE
<input type="checkbox"/> OTHER				
WHAT TYPE OF SERVICE WOULD YOU LIKE TO VOLUNTEER FOR AT CARROLL MANOR? (Check all that apply):				
<input type="checkbox"/> ACTIVITY	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> UNIT CLERK	
<input type="checkbox"/> ADMISSION	<input type="checkbox"/> FOOD SERVICE	<input type="checkbox"/> REHABILITATION	<input type="checkbox"/> OTHER (Describe Below)	
WHAT DAYS & HOURS ARE YOU AVAILABLE TO VOLUNTEER?				WHAT DATE ARE YOU AVAILABLE TO START? _____ _____
DAY:	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	
	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	
TIME: _____				
ARE YOU WILLING TO ASSIST STAFF IN THE EVENT OF AN EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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):			
<i>A Physical Status Verification (provided by the Volunteer Services Office) from your doctor is required.</i>			
CONSENT			
AS A VOLUNTEER AT PROVIDENCE HOSPITAL, I AGREE TO:			
<ol style="list-style-type: none"> 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. 			
<p>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 inquiries pertaining to all statements made in this volunteer application. I understand this information shall remain confidential.</p>			
_____		_____	
SIGNATURE OF APPLICANT		DATE	
_____		_____	
(If Applicant <18 Year Old) SIGNATURE OF PARENT/GUARDIAN		DATE	

Thank you for Volunteering at Providence Hospital!

