CHECK SHEET PREPARATION
Required Documents/Forms for Your Interview

Name: Date:

ALL Volunteers MUST bring official documentation of immunizations, and all required forms listed below COMPLETED to the interview. If you do not have documents and completed forms, you will be rescheduled. If you cannot keep your interview appointment, call the Volunteer Resources Office to re-schedule at 786-624-4431 or e mail volunteer.resources@nicklaushealth.org.

[ ] Health Form
[ ] Official Immunization Documentation (fill in the blanks below)
  [ ] Measles, Mumps, Rubella, Rubeolla, or MMR Vaccines
    • Vaccine #1 Date
    • Vaccine #2 Date
    • Or Sent for Titer: On Interview Date
  [ ] Varicella/Chicken Pox Disease or vaccines
    • Vaccine #1 Date
    • Vaccine #2 Date
    • Or Varicella Disease Year
    • Or Sent for Titer: On Interview Date
  [ ] TB test or Quantiferon
    • 3 months or less
    • Or Sent for TB test: On Interview Date

[ ] Orientation Quiz
[ ] Two Reference Forms (filled out by employer, teacher, counselor, etc.)
[ ] Commitment Agreement

TEENS ONLY (under 18 years of age) must also bring:
[ ] Permission for Lab and TB Test

PET THERAPY ONLY:
[ ] Therapy Dogs Incorporated Certificate
[ ] All vaccines, fecal and rabies documents

RN NURSING or Other Specialized Program ONLY:
[ ] License
[ ] CPR (RN)
[ ] Insurance (Specialized program)

OFFICE USE ONLY

[ ] Orientation Check List
[ ] BC1 or BC2 Date sent
[ ] Patient Care Workshop Online by

Placement:
Schedule
Training Date if Applicable:
Start Date:

Orientation ALL-FORMS 1/14/15
VOLUNTEER HEALTH FORM
Please fill out this form as completely as possible.

Name: ____________________________ Date: ____________________________

Street Address: ____________________________

City: ____________________________ State: ____________________________ Zip Code: ____________________________

<table>
<thead>
<tr>
<th>HAVE YOU HAD ANY OF THE FOLLOWING?</th>
<th>YES</th>
<th>NO</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHICKEN POX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUBELLA (GERMAN MEASLES)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MEASLES (SEVEN DAY)</td>
<td></td>
<td></td>
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<tr>
<td>IMMUNIZED FOR:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUBELLA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEASLES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HAVE YOU EVER HAD A TUBERCULOSIS TEST? YES [ ] NO [ ]

WAS THE RESULT? POSITIVE: [ ] NEGATIVE: [ ]

Do you have or are you being treated for?:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Hearing Problems</td>
</tr>
<tr>
<td>Asthma</td>
<td>Immune Deficiency</td>
</tr>
<tr>
<td>Chronic Cough</td>
<td>Skin Disorders/Rashes</td>
</tr>
<tr>
<td>Diabetic on Insulin</td>
<td>Partial Blindness</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Wrist, Back or Neck Injury</td>
</tr>
</tbody>
</table>

List all medications you are taking: ____________________________

Signature: ____________________________ Date: ____________________________
Volunteer Orientation Checklist (**Bring to Orientation**)  
Instructions: Initial each item as you learn the information or procedures required.

Name: ____________________________________________  
Interview Date/Time: ________________________________

☐ I will sign-in at the Touch Screen when I ARRIVE on campus, and sign-out right before I LEAVE campus even on special events or projects assignments.

☐ Meal ticket procedures: Volunteers are eligible for a Meal Ticket after 3 or more hours of service has been provided on the volunteers scheduled day during office hours to be used on the date of providing volunteer service.

☐ I will always wear my Volunteer Uniform and Volunteer I.D. Badge and look neat and professional.

☐ Do not wear: NO Shorts, Blue Jeans (unless RL Volunteer) or Torn Clothing.

☐ I understand I must make my minimum commitment as agreed upon on my agreement form. Documentation of service is provided once commitment is met, not prior.

☐ I agree to be reliable and dependable. I agree to be consistent with no more than 2 absences during any 3 month period of time.

☐ If I cannot come in on my Scheduled Day I will communicate with the direct supervisor / leader and Volunteer Resources Office before that day at volunteer.resources@nicklaushealth.org or (786)624-4431.

☐ I will consult with the Volunteer Resources Staff if I need a schedule or placement change.

☐ I understand my placement Job Description will be reviewed with me on my first day of voluntary service. I must return it completed to the Volunteer Office for proper documentation.

☐ I know the Infection Control Guidelines. I understand the importance of Hand Washing. I will not volunteer when I am sick.

☐ I have read and recognize all Emergency procedures.

☐ I agree to all the Safety Guidelines in the Volunteer Handbook.

☐ I will park in the Visitor Parking Garage.

☐ I agree to report any unusual events/incidents immediately to my supervisor. I understand Incidents and Incident Reports.

☐ HIPAA (Health Insurance Portability and Accountability Act) I acknowledge that unauthorized use, dissemination or distribution of protected health information created or received by Nicklaus Children's Hospital or off-site entities is a violation of the HIPAA privacy regulations.

☐ I agree to NOT handle personal or professional business while volunteering, including NO cell phone use and texting information while on duty as a volunteer.

☐ I agree to NOT EXCHANGE personal information, phone numbers, email or other social networking information with patients and families.

☐ I agree to NEVER take pictures using my camera or cell phone while on duty as a volunteer.

☐ I agree to abide by all the Confidentiality and Privacy Guidelines.

☐ I have attended a New Volunteer Orientation Presentation. I have read all the information in the Volunteer Handbook and the Hand-outs. I agree to abide by all these guidelines rules, regulations, as well as the policies and procedures established by the Volunteer Resources Department and the hospital. Any volunteer who knowingly disregards the rules will be subject to disciplinary measures, such as suspension or dismissal.

Volunteer Signature: ________________________________  
Date: ____________________
NAME:_________________________________ Date:_______________________________

1. Who do you call if you will be late or absent?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

2. What is the volunteer uniform and dress code?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

3. Explain HIPAA as it relates to you as a volunteer?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

4. What is considered identifiable Protected Health Information (PHI)?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

5. What is Confidentiality and Privacy?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

6. What is the single most effective way to protect against infection?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

7. What is an INCIDENT and what do you do if it occurs while you are volunteering?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

8. What do you do if an accident or anything unusual occurs while volunteering?____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

9. How many absences can you have over a three-month period?____________________________________________________________________________________________________________
10. Where can you find the **emergency codes** and **manual** in the event of an emergency?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

11. What does **CODE RED** represent and **R-A-C-E** stand for?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

12. **P-A-S-S** refers to pulling a fire extinguisher in the event of a fire. It represents: **Pull - Aim - Squeeze - Sweep.**

   - [ ] True
   - [ ] False

13. How do you maintain sensitivity to Cultural Diversity?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

14. Under what circumstances and how do you contact security?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

15. What is the **SDS manual** and when is it used?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

16. Under rules for volunteers, what are some of the things you should do or not do to avoid crossing boundaries with patients & their families?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

17. What do the following codes mean:
   
   a. **Code Blue:**

   b. **Code 36:**

   c. **Code Lindbergh:**

   d. **Code 13:**

The Joint Commission (TJC) on accreditation of healthcare organizations has been accrediting healthcare organizations for more than 50 years. The Joint Commission evaluates the quality and safety of care for more than 15,000 healthcare organizations. TJC requires all hospital staff and volunteers to know the above information. You can be questioned at any time by a TJC representative while volunteering. Thank you.

**MY SIGNATURE MEANS I HAVE READ, UNDERSTOOD AND WILL ABIDE BY ALL THE INFORMATION IN THE VOLUNTEER ORIENTATION HANDBOOK.**

**VOLUNTEER SIGNATURE:** ________________________________

**DATE:** ________________________________
DATE: ______________________

NAME OF APPLICANT: _____________________________________________

NAME OF REFERENCE: ______________________ PHONE: ______________

ADDRESS - STREET: _______________________________________________

CITY: ______________________ STATE: ___________ ZIP CODE: ___________

The applicant has applied to become a Volunteer at Nicklaus Children's Hospital. Please complete the reference information and return to us as soon as possible.

How long have you known the applicant?

What is your relationship to the applicant?

Does s/he get along well with peers, adults and children? ________________

Please evaluate the applicant's personality traits such as attitude, initiative, common sense, and ability to take instruction.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

SIGNATURE OF REFERENCE: ________________________________________

RETURN APPLICATION TO: NIKCLAUS CHILDREN'S
HOSPITAL VOLUNTEER RESOURCES 3100 S.W. 62
AVENUE MIAMI, FL 33155
VOLUNTEER REFERENCE FORM

DATE: ______________________

NAME OF APPLICANT:

NAME OF REFERENCE: __________________________ PHONE: __________________________

ADDRESS - STREET: __________________________

CITY: __________________________ STATE: __________________________ ZIP CODE: __________________________

The applicant has applied to become a Volunteer at Nicklaus Children’s Hospital. Please complete the reference information and return to us as soon as possible.

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__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

SIGNATURE OF REFERENCE: __________________________

RETURN APPLICATION TO: NICKLAUS CHILDREN'S HOSPITAL VOLUNTEER RESOURCES 3100 S.W. 62 AVENUE MIAMI, FL 33155

Or FAX: 305-662-8356
COMMITMENT AGREEMENT

PLEASE PRINT CLEARLY:

Volunteer Name:

I agree to volunteer the assigned schedule under the following commitment: (Check One)

☐ Adult Non-Student: 1 Year / 132 Hours MINIMUM COMMITMENT

☐ Adult College Student: 1 Year / 132 Hours MINIMUM COMMITMENT

☐ Teen: Full Academic Year Commitment through last week of May.

☐ Teen / Non-local Adult College Student: Summer Commitment. Beginning one week after school ends, thru the last week before school begins. ONE week off allowed during the full summer commitment period. Volunteer (2) times a week in a three hour shift.

• I agree to be consistent with no more than 2 absences during any 3 month period of time in regular commitment, or one week off allowed during the full summer commitment period. Exceptions to this are made due to illness.

• I will notify the Volunteer Department and my direct supervisor when I am unable to volunteer on my assigned day and time.

• Failure to keep this commitment will result in being placed on a resigned status and taken off the volunteer schedule. I will not be eligible to receive any documentation if I do not meet the minimum commitment. I may not be eligible to reactivate my volunteer status.

• If a change in schedule is needed, I will discuss the change with my supervisor and the staff in Volunteer Resources Department.

• I am aware I will receive no documentation until my minimum commitment is met.

SIGNED: ____________________________ DATED: ____________________________

VOLUNTEER SIGNATURE

_____________________________ ________________

PARENT SIGNATURE

(If volunteer under age 18)
(FOR TEENS ONLY)

PARENTAL CONSENT FORM FOR LABORATORY BLOOD TEST

This is consent for Laboratory Blood Test to test for Tuberculosis exposure, immunities to Rubella, Measles IGG (Rubeola) and Varicella Zoster (Chicken Pox).

I hereby give my permission for my daughter/son: ____________________________

to have Laboratory Blood Test done. I understand that there is no charge for this service.
Print Name of Parent or Guardian: ____________________________

Signature of Parent or Guardian: ____________________________ Date: ____________