



Adult Volunteer Application Requirements and Information

We are excited about your interest in volunteering at Akron Children's Hospital. Adult volunteers contribute in many ways to our facility by providing comfort, care, and joy to children and their families. We enthusiastically welcome individuals of all backgrounds and abilities. We do ask our applicants to be at least 18 years of age, in good general health, a **non-smoker**, able to communicate well in English, and willing to purchase a volunteer uniform (approximate cost is \$15-\$20).

Commitment and Requirements: Adult volunteers consent to a minimum one year commitment and 100 hours during that year by volunteering weekly in a four hour shift.

Interview: A volunteer recruiter will call and schedule an interview with you when an area in which you have expressed interest becomes available. The purpose of the interview is to help us become acquainted and, if accepted, determine your volunteer placement/schedule.

Volunteer Orientation: Orientation attendance is required and provided by Volunteer Services. You will be scheduled for an orientation day/time at the completion of your interview. The orientation lasts approximately 3 hours.

Immunization Requirements

*Measles, Mumps & Rubella (MMR) Vaccine**

If an individual was born ON or BEFORE December 31, 1956, no immunization(s) or immune status for measles, mumps or rubella is necessary.

All individuals born AFTER December 31, 1956 and BEFORE January 1, 1980 must provide proof of measles, mumps and rubella vaccinations.

If an individual was born AFTER December 31, 1979, proof of two MMR vaccines must be provided.

PPD Mantoux Test

PPD Mantoux tests are given to volunteers through the Employee Health Office without charge.

All individuals must present proof of a PPD Mantoux test for tuberculosis done within the last twelve months. Individuals with a past positive PPD test must have documentation of a normal chest x-ray done within the past two years and documentation of treatment received.

Varicella (Chickenpox)

All individuals must make known their varicella (chickenpox) immune status. A history of having the disease is acceptable.

Application Process

Complete the application (pages 2-4 of this form) and return to Volunteer Services using one of the following ways:

Using the submit button at the bottom of this form

Fax: 330-543-8008

U.S. Post Mail: Volunteer Services

Akron Children's Hospital

One Perkins Square

Akron, Ohio 44308-6176

If you have any questions, feel free to contact Volunteer Services at 330-543-8424. Thank you for your interest in Akron Children's Hospital.



ADULT VOLUNTEER APPLICATION

PLEASE PRINT

PERSONAL INFORMATION			
Today's Date			
First Name, Middle Initial, Last Name			
Home Street Address			
City	State	Zip	
Home Phone	Work Phone	Cell Phone	
E-mail			
EMPLOYMENT HISTORY			
Are you currently employed?	Employment Status:		
	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Retired <input type="checkbox"/> Not Employed <input type="checkbox"/>
Current Employer	Employer Address		
Dates With Company?	Reason for Leaving		
Start: _____ Stop: _____			
Previous Employer	Employer Address		
Dates With Company?	Reason For Leaving		
Start: _____ Stop: _____			
EMERGENCY INFORMATION			
Emergency Contact	Relationship		
Home Phone	Work Phone	Cell Phone:	
EDUCATIONAL INFORMATION			
High School	Current Grade	Years Attended	Did you Graduate?
College			
Graduate School			
Other			
VOLUNTEER EXPERIENCES			
Name and Address of organization <i>(Please list your two most recent organizations)</i>	Position Held	Start Date	End Date

VOLUNTEER ASSIGNMENTS

Shift schedules are normally based on a four hour consecutive assignment. Volunteer assignments are available seven days a week, early morning through late evening. Indicate the day(s) of the week you are available to volunteer as well as the starting shift schedule you would prefer. If you are flexible in the days of the week and starting time, please go ahead and place a check in any of the boxes based on your availability. This information will help us determine the possible position openings that may be of interest to you when you meet with the Volunteer Recruiter.

Volunteer Shift Start Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8 a.m. – Noon							
Mid-Day 10 a.m. – 2 p.m.							
Afternoon Noon – 4 p.m.							
Evenings 4 p.m. – 7 p.m.							

What type of volunteer assignment do you prefer? (Check all that apply)

- WHEREVER NEEDED
 ACTIVITY VOLUNTEER (*Cookie or Craft Cart, Reading Rover, etc.*)
 ERRANDS/TRANSPORT (*Running errands, discharging and transporting patients*)
 INFORMATION DESK (*Customer service, visitor passes, phones, family support*)
 CLERICAL VOLUNTEER (*Jobs that require special and unique clerical skills: attention to detail*)
 PATIENT SUPPORT (*Direct patient interaction*)
 OTHER (*Please explain*)

VOLUNTEER REASON

There are many valid reasons to volunteer at Akron Children's Hospital. Please check the one below that best describes yours:

- Want to help Suggested by a friend or coworker Other: _____
 Want to work with kids Extra time available
 Learning about a health career School credit

Please describe why you want to volunteer and why you have chosen to apply at Akron Children's Hospital:

PROFESSIONAL REFERENCES We require two "professional" references such as clergy, teacher, counselor, boss, etc. (**No Family Members**)

Name	Daytime Phone	Evening Phone	Relationship
Name	Daytime Phone	Evening Phone	Relationship

BACKGROUND CHECKS

A record of criminal conviction will not necessarily be a bar to volunteering, since the Hospital will consider factors such as age at time of offense, how long ago the conviction occurred, the nature and seriousness of the violation and evidence of rehabilitation in making a volunteer decision. **Since Children's is a pediatric hospital, certain criminal offenses are by Ohio law automatic disqualifiers for volunteer assignments no matter when they occurred.**

In the past seven years, have you been convicted of (plead guilty, no contest, or been found guilty) of an offense other than minor traffic violations? Yes No

Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication, or dropping of the charge?) Yes No

If yes to any of the questions above, please explain fully by listing the conviction, the date, and county/state where convicted (failure to disclose a conviction may be considered falsification of your application and disqualify you from consideration for volunteering or result in termination even if discovered at a later date):

Since Akron Children's Hospital and its affiliated companies are responsible for children in out-of-home care as defined by S2151.86 (A) (1) of the Ohio Revised Code, the organization must first submit to the Bureau of Criminal Identification and/or the Federal Bureau of Investigation your fingerprints and general information in order that a background check be conducted to ascertain whether you have been convicted of certain crimes which might disqualify you from eligibility to volunteer. Any applicant who fails to provide the information necessary to complete the required forms or fails to provide impressions of their fingerprints will not be accepted to volunteer for any position.

Your acceptance to volunteer is contingent upon the aforementioned records check not revealing any disqualifying criminal offenses. If you begin volunteering prior to the receipt of this information, volunteering will be conditional. If the records check reveals your conviction of any disqualifying offenses, you will be released from volunteering.

STATEMENT OF COMMITMENT

I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for volunteer service and may result in discharge even if discovered at a later date. I understand the terms and conditions of my submission to the background check.

I authorize Akron Children's Hospital to verify any information I have provided. I hereby authorize persons from any schools, companies, or organizations, to include my references, named in this application to provide information about me contained in their records, and I release all such persons from liability regarding the provision of or use of such information.

I understand there are certain training requirements that must be fulfilled, and performance standards that must be maintained in order to volunteer at Akron Children's Hospital.

Finally, as an Akron Children's Hospital volunteer, I will:

- Agree to volunteer for a minimum of one year and 100 hours within that year
- Notify Volunteer Services any time I am unavailable to volunteer for my assignment
- Respect patient, family, and staff confidentiality
- Abide by the rules and regulations of Akron Children's Hospital and Volunteer Services
- Maintain the customer service standards in my interactions with patients, families, and staff
- Permit images of photos of me in my role as a volunteer to be used in public relations brochures or videos
- Give permission for a background check to be performed by Akron Children's Hospital Security Department

Volunteer Signature _____

Date _____

FOR OFFICIAL USE ONLY

Date Received

Received by

Volunteer Assignment

Assignment Day/Times

Orientation Date

Start Date

REMARKS (to be completed by Volunteer Services staff)

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