



Ronald
McDonald
Family Room.

UNIVERSITY OF SOUTH ALABAMA
CHILDREN'S & WOMEN'S HOSPITAL

Prospective Volunteer

Thank you for your interest in volunteering at the **Ronald McDonald Family Rooms located inside USA Children's & Women's Hospital**. Our volunteers provide a valuable service to the patients, visitors, and staff while enjoying a unique opportunity for personal growth and satisfaction. Volunteers serve throughout the hospital in patient and non-patient care areas, seven days a week. We enthusiastically welcome individuals of all backgrounds and abilities.

At USA Children's & Women's Hospital, we are entrusted with safe guarding our patients' health and well-being, therefore, the process of becoming a volunteer is very thorough and may take up to six weeks to complete.

Steps to becoming a volunteer:

1. Complete and sign the 2-page application and background investigation form.
2. Complete the Health Assessment and provide documentation of:
 - Immunizations (include a copy of immunization card showing record of **measles, mumps, rubella, chicken pox** and **TDap** or if you do not have documentation of immunizations, you will need to obtain the required immunizations and have your health care provider complete the immunization section.
 - A negative **tuberculosis skin test** done within the past year (positive TB skin tests require documentation of a chest x-ray). The hospital will provide the required 2nd TB skin test free of charge, once you have been accepted into the program.
 - A **flu shot**-if you volunteer between September and April, you must obtain a flu shot. The hospital offers free flu shots or you may receive a flu shot through your private physician (please attach proof).
3. Return application and required documentation to: **Janice Hatchett, 1626 Springhill Ave. Mobile, Al. 36604.** You will be sent an orientation invitation after your application has been received and approved. Submitting an application does not guarantee placement. At the orientation we will review volunteer opportunities, commitment, uniform and health screening requirements.

All volunteer assignments have a minimum commitment of six consecutive months. **Volunteers serve at least one 3-4 hour shift a week on the same day each week (the only exception to this service commitment is for the summer volunteer session).** Of course, we hope that you will enjoy this experience so much that you continue to volunteer beyond your initial commitment! If you have questions, please feel free to call me at **(251)895-8511**. I look forward to hearing from you soon.

Sincerely,

Janice Hatchett

Family Room Coordinator, Ronald McDonald House Charities of Mobile



Prospective Volunteer

1. Application

Please mark the appropriate type of volunteer:		Adult	College
Name:		DOB:	Cell Phone:
Address:		City:	State:
Email:		Home Phone:	
Emergency Contact:		Relation:	Home/Cell Phone:
Are you a student? Yes No	Where?	Major:	Highest Level of Education Completed:
Employer:	Occupation:	Business Phone:	

List and describe any previous volunteer experience:

Do you have family members employed at USA? Yes No

If yes, relative's name/department:

Why do you want to volunteer at USA Children's & Women's Hospital and what do you hope to gain?

References (Someone from the community or work; not a relative)

Name:	Relation:	Phone:
Name:	Relation:	Phone:

Have you ever been convicted of a misdemeanor or felony other than a traffic violation? Yes No

If you answered yes, please explain: _____

To the best of my knowledge, this information is correct. I understand falsification of this information is grounds for dismissal.

Volunteer Signature: Date:

Please return application to: Janice Hatchett 1626 Springhill Ave. Mobile, Al. 36604



Ronald McDonald Family Room.

UNIVERSITY OF SOUTH ALABAMA CHILDREN'S & WOMEN'S HOSPITAL

Prospective Volunteer

ACKNOWLEDGEMENTS & CONFIDENTIALITY PLEDGE

The information I provided for this application is accurate and correct to the best of my knowledge. I approve USACWH to check references. USACWH is not obligated to provide a volunteer placement, nor am I obligated to accept the placement offered. Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age or gender.

I recognize the necessity of maintaining the confidentiality of all data and documents collected and processed by USACWH. Confidential information is defined as proprietary business data or information which contains identifying information which can be linked to a specific individual or patient. I also recognize the importance of my part in assuring the right to privacy of persons and institutions cooperating with this facility. I further understand that this facility has both ethical and legal responsibilities to safeguard confidential information. Therefore, I will not divulge any confidential information I may encounter while volunteering at USACWH. Further, I will not make any copies of or transport off the premises any confidential information. I am aware, that in some instances, civil and criminal penalties are possible if unauthorized disclosure of confidential research records and data occurs. I agree to accept any liability which may accrue to this facility for any breaches of confidentiality which occur through my direct action.

I HEREBY AGREE THAT I WILL ABIDE BY THE POLICIES OF USACWH. I UNDERSTAND THAT IF I VIOLATE ANY OF THESE POLICIES, I MAY BE DISMISSED FROM THE VOLUNTEER PROGRAM. I HAVE CONSIDERED THE SERIOUSNESS OF THE COMMITMENT I AM MAKING AS A VOLUNTEER.

Applicant's Name: [Redacted]

Signature: [Redacted]

Date: [Redacted]

(If applicant is under 19 years of age, parent/legal guardian must sign also).

Parent/Legal Guardian's Signature: [Redacted]

Date: [Redacted]

RELEASE FROM LIABILITY

TO THE UNIVERSITY OF SOUTH ALABAMA: I, [Redacted]

understand that I will be voluntarily participating in the Volunteer Program at USACWH. In consideration of the University of South Alabama permitting me to participate in this activity, I, in full recognition and appreciation of any and all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

I fully understand the risks involved in this activity and agree to assume those risks. I understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for wages of any kind, personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this [Redacted] day of [Redacted], 20 [Redacted].

[Redacted]

PRINTED NAME OF VOLUNTEER

[Redacted]

PRINTED NAME OF WITNESS

[Redacted]

SIGNATURE OF VOLUNTEER

[Redacted]

SIGNATURE OF WITNESS

(If applicant is under 19 years of age, parent/legal guardian must sign also)

[Redacted]

PRINTED NAME OF PARENT/GUARDIAN

[Redacted]

PRINTED NAME OF WITNESS





**Ronald
McDonald
Family Room.**

UNIVERSITY OF SOUTH ALABAMA
CHILDREN'S & WOMEN'S HOSPITAL

SIGNATURE OF PARENT/GUARDIAN

Prospective Volunteer

SIGNATURE OF WITNESS

II. Background Investigation

VOLUNTEER CONSENT & AUTHORIZATION FOR BACKGROUND INVESTIGATION

Initiated by the Consumer for Volunteer Screening

I, hereby authorize the UNIVERSITY OF SOUTH ALABAMA, hereinafter referred to as Company and/or its designated agents to procure a consumer report and/or an investigative consumer report on me as a prerequisite to my participation as a volunteer for the Company's department programs/activities and to make an independent investigation of my background, including but not limited to, references, character, past/present employment, education, credit, motor vehicle records, drug screening records, civil, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, or in other supporting documentation and/or obtaining other information which may be material to my qualifications.

I understand that the Company, and/or its designated agents will adhere to applicable state and federal statutes concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, pursuant to Section 606(b) set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights as defined by the Federal Trade Commission. I also understand if an adverse decision is made, due to the contents of this investigative report, then pursuant to Section 604(b)(3), I will receive a free copy of the report and a summary of my rights as a consumer under the FCRA. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at any time thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my participation. I understand that the information requested below is for the sole purpose of gathering information accurately for positive identification and will not be used to discriminate against me in violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and may be subsequently withdrawn based on the results of this investigation. I further understand this signed consent hereby authorizes the Company, and/or its designated agents, to conduct necessary, random and/or periodic background investigations as a requirement of my continued qualifications. A telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

Applicant First Name	Middle Name (NO INITIALS)	Last Name
----------------------	---------------------------	-----------

Maiden Name	And/or Any Other Names Used	Nickname
-------------	-----------------------------	----------

Present Address	City/State/Zip	County	How long there?
-----------------	----------------	--------	-----------------

Date of Birth	Sex	Race	Social Security Number
---------------	-----	------	------------------------

Divers License Number	State of License	Expiration Date
-----------------------	------------------	-----------------

PLEASE PROVIDE ADDRESS LISTING FOR THE PAST SEVEN YEARS

Former Address	City/State/Zip	County	How long there?
----------------	----------------	--------	-----------------

Former Address	City/State/Zip	County	How long there?
----------------	----------------	--------	-----------------

Former Address	City/State/Zip	County	How long there?
----------------	----------------	--------	-----------------

Former Address	City/State/Zip	County	How long there?
----------------	----------------	--------	-----------------

CALIFORNIA, MINNESOTA and OKLAHOMA APPLICANTS ONLY: Check here if you wish to receive a copy of any formal report generated as a result of this investigation (CA.AB655 as amended).



Prospective Volunteer

Applicant's Signature (Required) PLEASE DO NOT PRINT

Date

Witness

III. Health Assessment

Part A: To be completed by the VOLUNTEER

Name: (First, MI, Last) _____

Address: _____

Are you currently under a doctor's care for any medical condition? Yes No If yes, explain: _____

Are you currently on any prescription medications: Yes No If yes, please list: _____

Today's Date ___/___/___

Date of Birth ___/___/___

Part B: Each entry MUST be initialed by your health care provider or Copy of Immunization "Blue Card" is acceptable. All information/records must be in English.

1. MMR (Measles/Mumps/Rubella): TWO doses are required and must be at least 28 days apart (If born before 1957 no documentation of MMR is required. If born after 1957, a self-reported 1st MMR is acceptable with a documented 2nd MMR booster).

Vaccine #1 ___/___/___ AND Vaccine #2 ___/___/___ HCP Initials _____

OR Titer ___/___/___ HCP Initials _____

2. Varicella (Chicken Pox Vaccine): TWO doses are required or declaration of history of chicken pox.

Vaccine #1 Date ___/___/___ AND Vaccine #2 Date ___/___/___ HCP Initials _____

History of Chicken Pox ___/___/___ OR Titer ___/___/___ HCP Initials _____

3. Tuberculosis: Proof of a TWO step tuberculosis screening within the last 12 months must be provided. Acceptable proof includes a skin test or a blood test. Please get 1st test on your own; once you are accepted in the volunteer program, a 2nd TB test will be given, free of charge. (History of Positive TB Screening Test: requires documentation confirming a previous positive tuberculin skin test and documentation of a normal chest x-ray after a positive TB skin test.)

Test # 1: Date Placed ___/___/___ Date Read: ___/___/___

Induration: _____ mm [] Positive [] Negative HCP Initials _____

2nd TB skin test will be provided free of charge by the hospital, once you are accepted into the volunteer program.

Test # 2: Date Placed ___/___/___ Date Read: ___/___/___

Induration: _____ mm [] Positive [] Negative HCP Initials _____

4. Tdap (Tetanus, Diphtheria and Pertussis): One time adult dose of Tdap vaccine date: ___/___/___ HCP Initials _____

1. Flu Shot: Flu shots are MANDATORY if you volunteer between September - April. The hospital offers free flu shots or you may obtain a flu shot through your health care provider (please attach proof). Flu Shot Date ___/___/___

Part C: To be completed by the EMPLOYEE HEALTH NURSE Cleared to begin volunteering by: _____

Date: