



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 Health Children's & Women's Hospital**. Our volunteers provide a valuable service to the patients, visitors, and staff while enjoying an 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 Health Children's & Women's Hospital, we are entrusted with safeguarding our patients' health and well-being, therefore, the process of becoming a volunteer is thorough and may take up to six weeks to complete.

Steps to becoming a volunteer:

1. Complete and sign the 2-page application.
2. All applicants must email proof of the following to janice@rmhcmobile.org PRIOR to submitting application:
 - Immunizations against MMR (measles, mumps, rubella) Two doses required. (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).
 - Varicella vaccine (chicken pox) *TWO doses required or history of chicken pox.
 - Tuberculosis skin test: Volunteer applicants must provide written documentation of a negative test within the previous 12 months. Acceptable TB screening methods are interferon-gamma release assay (ICRA) (e.g., T-Spot, Quantiferon [QFT]) or tuberculin skin test (TST).
 - Applicants without documentation of a negative test result during the preceding 12 months will need to provide documentation of a 2-step Tuberculin Skin Test (TST):
 - initial TST (read at 48-72 hours), if negative:
 - a second TST (read at 48-72 hours) to confirm the first reading given 1-3 weeks from the first test.
 - Applicants with history of Positive TB Screening Test require documentation confirming a previous positive tuberculin skin test and documentation of a normal chest x-ray after a positive TB skin test.
 - Required vaccinations: a) one-time adult dose of Tdap vaccine (within the last 10 years); b) flu shot; c) Covid vaccine (must be Johnson & Johnson single dose, or 2 doses of either Moderna or Pfizer. *Booster not required but may be submitted for documentation.*
 - Please list any medications, food, chemicals, or products to which you are allergic (or N/A if none):

 - Please list any chronic medical conditions you may have such as high blood pressure, diabetes, etc., as well as medications you are currently taking (or N/A if none):

 - Return application and required documentation to: Janice Hatchett, 1626 Springhill Ave, Mobile, AL 36604, or email janice@rmhcmobile.org.
 - You will receive an orientation invitation after your application has been approved (submitting an application does not guarantee placement). We will review volunteer opportunities, commitment, uniform, and health screening requirements during orientation.
 - 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



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1. Application

Please mark the appropriate type of volunteer:		Adult	<input type="checkbox"/>	College
Name:	DOB:	Cell Phone:	Home Phone:	
Address:	City:	State:	Zip:	
Email:				
Emergency Contact:		Relation:		Home/Cell Phone:
Are you a student? <input type="radio"/> Yes <input type="radio"/> 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
or email janice@rmhcmobile.org**



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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

[Redacted]

SIGNATURE OF PARENT/GUARDIAN

[Redacted]

SIGNATURE OF WITNESS