

Application for Adult Volunteers (18 years+)

Dear Volunteer Applicant:

Thank you for your interest in becoming a volunteer at Children's Hospital Los Angeles. We are truly grateful for your consideration of our hospital as a service area. Volunteering at CHLA is a privilege; we carefully select volunteers to join us in our mission to "create hope and build healthier futures" for our patients. Thank you for taking the time and effort to join us in this process.

To submit your packet please email to:
volunteerapplication@chla.usc.edu

Steps to Become a Volunteer:

1. Submission of a completed application packet
2. Attend a 4 hour volunteer orientation session
3. Complete a personal screening interview with CHLA Volunteer Staff
4. Completion of CHLA competencies and adherence to policy standards
5. Health clearance from CHLA Employee Health Services (this includes two separate TB tests, a drug/alcohol screening and immunization history)
6. Volunteer commitment consists of 100 hours of service completed in one year
 - a. Minimum volunteer shifts: 2-four hour shifts per month
7. Purchase of two (\$30 total) volunteer aprons (red & blue)

This Packet Includes:

- Application Form – please type all answers. Handwritten applications will not be accepted.
- Personal short answers and essay prompts – please type responses. Handwritten responses will not be accepted.
- Background Check Authorization Form
- Volunteer Agreement

Please Note:

- In order for your packet to be considered, **ALL** elements must be submitted together.
- Email is the only means by which packet will be accepted as it will provide a time/date stamp for your submission.

Completion of screening process does not guarantee inclusion as a volunteer at Children's Hospital Los Angeles.

Volunteer Application (Adult 18+)

				Date: Click here to enter text.			
				Referred By: Click here to enter text.			
First Name Click here to enter text.		Middle Name Click here to enter text.		Last Name Click here to enter text.		Social Security Number Click here to enter text.	
Street Address Click here to enter text.			City Click here to enter text.		State Click here to enter text.		Zip Code Click here to enter text.
Date of Birth Click here to enter text.		Email Click here to enter text.			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Driver's License # and State Click here to enter text.		Home Phone Click here to enter text.		Mobile Phone Click here to enter text.		Work Phone Click here to enter text.	
Emergency Contact #1 Click here to enter text.			Relationship to Emergency Contact #1 Click here to enter text.			Emergency #1 Phone Click here to enter text.	
Emergency Contact #2 Click here to enter text.			Relationship to Emergency Contact #2 Click here to enter text.			Emergency #2 Phone Click here to enter text.	
Education Level Click here to enter text.		Are you legally permitted to work in the US? Click here to enter text.				Foreign Languages Spoken Click here to enter text.	
Employer/University Click here to enter text.				Occupation Click here to enter text.			
Previous or current volunteer experience (include dates of service) Click here to enter text.							
Local Reference #1 (employer) Click here to enter text.			Relationship to local reference Click here to enter text.			Reference Phone Click here to enter text.	
Local Reference #2 (other than employer) Click here to enter text.			Relationship to local reference Click here to enter text.			Reference Phone Click here to enter text.	
Interested in the following programs?				Availability Interest			
Art & Music		Yes <input type="checkbox"/> No <input type="checkbox"/>		Mon <input type="checkbox"/>		Tues <input type="checkbox"/>	
Child Life		Yes <input type="checkbox"/> No <input type="checkbox"/>		Wed <input type="checkbox"/>		Thur <input type="checkbox"/>	
Dog Therapy*		Yes <input type="checkbox"/> No <input type="checkbox"/>		Fri <input type="checkbox"/>			
Literally Healing		Yes <input type="checkbox"/> No <input type="checkbox"/>		Shift Availability Interest			
				Early Morn. 6am-10am		Morning 9am-1pm	
				<input type="checkbox"/>		<input type="checkbox"/>	
						Afternoon 12pm-4pm	
						<input type="checkbox"/>	

*requires additional paperwork

Short Answers & Personal Essay

Applicant's Name: [Click here to enter text.](#)

For your application to be considered, you must complete the following short answer questions and personal essay. The essay must be one full page, double-space and written in size 11 Calibri font. Feel free to add additional pages, if necessary.

Short answer question #1: Please share an interesting fact about yourself and/or is there anything else you'd like to tell us? (1 paragraph max)

[Click here to enter text.](#)

Short answer question #2: Please give us an example of a past meaningful experience involving children. (1 paragraph max)

[Click here to enter text.](#)

Applicant's Name: [Click here to enter text.](#)

Personal Essay: In recognizing your passion for children, please tell us why you should be considered for a volunteer position at Children's Hospital Los Angeles?

[Click here to enter text.](#)

Volunteer Agreement

Children’s Hospital Los Angeles (“CHLA”) needs reliable and trustworthy volunteers. Volunteering in healthcare requires a commitment to the work, the patients, their families and to patient privacy. By signing this Volunteer Agreement (“**Agreement**”), you are promising that if you are selected by CHLA to be a volunteer, you will abide by and submit to all the requirements set forth in this Agreement.

Accordingly, in consideration of the opportunity to apply for a volunteer position at CHLA, I hereby understand and agree to the following:

1. **Not an Offer.** As an applicant for a CHLA volunteer position (“**Applicant**”), I understand that this Agreement and attached application is not an offer for a volunteer position. I understand that should I be selected as a volunteer, I will be required to, among other things, (a) attend orientation, (b) sign and acknowledge important CHLA policies and procedures regarding health and safety, code of conduct, and hospital compliance, (c) successfully complete a health screening and background check, and (d) successfully complete and pass an in-person interview. I understand that failure or refusal to comply with, submit to, or pass any of the requirements contained in this Agreement may result in denial of my application or loss of my volunteer status. I understand that volunteering at CHLA is a privilege, and that CHLA reserves the right to reject my application at any point during the application process for any reason or no reason. In the event CHLA rejects my application, I acknowledge that CHLA will not provide me with the reasoning for such rejection.
2. **Time Commitment.** If selected, I will donate my time and effort to CHLA with no expectation compensation of any kind. I will donate my time and effort out of a charitable desire to support CHLA’s mission: to create hope and build healthier futures. **I hereby commit to volunteer at least 100 hours within a 6 month period of time.**
3. **Professional Conduct Commitment.** If selected, I will be punctual to my scheduled shifts and any shifts that I agree to work. During all shifts that I volunteer to work, I will maintain a professional demeanor and appearance, use workplace appropriate language at all times, and always treat everyone with respect.
4. **Confidentiality of Patient Protected Health Information.** As an Applicant and if I am selected, I understand that I may obtain or observe, directly or indirectly, Protected Health Information of CHLA patients. “**Protected Health Information**” (sometimes referred to as “**PHI**”) includes, but is not limited to, patient name, diagnosis and treatment information, patient images, or any other identifier that alone or in combination with other more general identifiers could identify a current or past patient or such patient’s family. Accordingly, I agree to the following:
 - a. I will not use or disclose any Protected Health Information and I will maintain patient and family confidentiality at all times.
 - b. I will not take any audio, video, film recordings or still photographs during my time volunteering at CHLA without prior written permission from CHLA.
 - c. I will not exchange personal contact information with patients or their family members.
 - d. If I breach or threaten to breach this promise, CHLA may, on behalf of its patients, and on its own behalf, seek a restraining order, injunction or similar remedy, in addition to any other remedies it may have at law or in equity. I hereby waive any requirement for the posting of a bond or other security in connection with the granting to CHLA of such injunctive relief.
5. **Prohibition of Sales and Solicitation.** If selected, I will not attempt to sell anything on CHLA property, nor will I use my status as a CHLA volunteer to sell or solicit anything without the prior written consent of CHLA. Additionally, I will not attempt to solicit business or advice from any professional service providers at CHLA, including, but not limited to, doctors or attorneys.

6. **Medical Examination and Background Check.** As an Applicant, I hereby consent to a medical examination and background check in accordance with CHLA policies and procedures, as reasonably communicated to me in this Agreement or by Volunteer Resources or Human Resources. I understand that medical examinations may include, but are not limited, to skin tests, chest x-rays and/or blood tests. I understand that a background check may require me to submit to fingerprinting or other identifying procedures and that such background check may ultimately uncover criminal records that disqualify me for CHLA volunteer positions. I understand that objecting to medical examinations or background checks may result in a denial of this application and future CHLA volunteer applications. I hereby give CHLA permission to perform ongoing background checks from time-to-time as they deem necessary.

7. **Flu Shots and Vaccines.** As an Applicant, I understand that CHLA policies and procedures require all volunteers to receive flu shots and certain vaccines unless they have a valid medical or religious reason for refusing or they are granted an exception by Employee Health. I understand that failure to abide by CHLA flu and vaccination policies and procedures may result in a denial of my application.

8. **Attending Orientation and Training.** As an Applicant, I will attend a volunteer orientation and training session. Additionally, if selected, I will attend all orientation and training sessions that are reasonably requested by my supervisor or manager. I understand that failure to attend training sessions may result in denial of my application or loss of my volunteer status.

9. **Policies and Procedures.** If selected, I will abide by all CHLA policies and procedures. I understand that CHLA may terminate my volunteer status, should I fail to abide by CHLA policies and procedures.

10. **Nondiscrimination.** CHLA will not differentiate or discriminate in its selection of volunteers due to race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, disability, medical condition, medical history, genetics, evidence of insurability, ability to pay, claims history, or any other category not permitted under applicable state, federal or local law or regulation, or the rules and regulations of CHLA with respect to such matters.

11. **Release of Liability.** I hereby release CHLA, its officers, employees, agents and assigns from any and all claims, demands, actions, and causes of actions under any and all theories of law or equity, and from any and all liability for any loss of property, damage or personal injury of any kind, nature or description, under any and all theories of law or equity, that may arise or be sustained by me and/or my child, during or related to this Agreement and my/my child's volunteer activities at CHLA. This release will be binding upon my/our heirs, administrators, executors and assigns.

By signing this Agreement, I certify that I have fully read and understand this Agreement and that the answers given by me in the attached volunteer application are true and correct.

Applicant Name: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Applicant Signature: [Click here to enter text.](#)

Please return the completed application by email, fax, or mail to:

volunteerapplication@chla.usc.edu

Children's Hospital Los Angeles

4650 Sunset Blvd MS- 64

Los Angeles, CA 90027

Phone: 363-361-2317

Fax: 323-361-3631

Children's Hospital Los Angeles
Volunteer Resources

Background Investigation Authorization: Information Sheet

California Investigative Consumer Reporting Agencies Act

**COMPLETE TEXT OF SECTION OF THE LAW CONTAINING THE REQUIRED
NOTICE TO CONSUMERS**

The section of the California Civil Code, which are your rights under the Amended Act, are set out below in full.

§ 1786.22.

(a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

(1) In person, if he/she appears in person and furnishes proper identification. A copy of his/her file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.

(2) By certified mail, if he/she makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailing under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.

(3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his/her identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him/her pursuant to Section 1786.10

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

(f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's files in such person's presence.

(g) You have the right to know the names of the person and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.

(h) The agency must describe these rights to you in English and Spanish.

Private Eyes, Inc. 2700 Ygnacio Valley Rd #100, Walnut Creek, CA 94598 (Tel) 925-927-3333 (Fax) 925-927-3330



AUTHORIZATION, NOTIFICATION AND RELEASE FORM

In connection with my application for volunteer work with Children’s Hospital Los Angeles (CHLA), I [Click here to enter text.](#), understand and am hereby notified authorize to procure a report for evaluation of me for volunteer work. I understand that these reports may contain information from public records, including written, oral, or other communications bearing on character, general reputation, personal characteristics, or mode of living which may not be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to, criminal history, motor vehicle reports, DOT verifications, military background, civil listings, education background, and professional background, from any individual, corporation, partnership, law enforcement agency, institution, school, organization, state board, licensing agency, and other entities including present and past employers.

FOR PROCUREMENT OF BACKGROUND REPORT

In connection with my application for volunteer work with Children’s Hospital Los Angeles, I further understand and am hereby notified that an investigative report may contain information from public records, including but not limited to written, oral or other communications bearing on, character general reputation, personal characteristics, or mode of living which may be obtained through personal interviews with neighbors, friends or associates of me and may or may not be used as a factor for volunteer purposes. I further understand that such inquiries may include, but are not limited to investigations regarding worker’s compensation, harassment, violence, theft, or fraud.

I have received and reviewed a copy of the Summary of Rights under the California Investigative Consumer Reporting Agencies Act. I understand that I have the right to request, in writing, information regarding the nature and scope of any investigative report prepared on me.

I authorize without reservation any party or agency contacted by this employer to furnish the above-referenced information. I further authorize ongoing procurement of the above-referenced reports at any time, either during the time my application for volunteer work is being considered or throughout the duration of my volunteer work in the event that I am accepted or am a current Company volunteer.

My Social Security Number is: [Click here to enter text.](#) **My date of birth (DOB) is:** [Click here to enter text.](#)

My previous name (if any) is: [Click here to enter text.](#)

My Driver’s License number is: [Click here to enter text.](#) **and was issued by the state of:** [Click here to enter text.](#)

If you have had another Driver’s License in the last three years put that number here: [Click here to enter text.](#)

My high school, named [Click here to enter text.](#) **is located in (City, State)** [Click here to enter text.](#)

Current Address:

[Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#)

Number and Street **City** **State** **ZIP** **County** **Years**

Previous Addresses with the last seven (7) years: Attach additional pages if necessary

[Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#)

Number and Street **City** **State** **ZIP** **County** **Years**

[Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#)

Number and Street **City** **State** **ZIP** **County** **Years**

You have the right to receive a copy of your report free of charge should one be requested for employment purposes. I wish to receive a copy of my report should one be ordered. Yes

Applicant Signature: [Click here to enter text.](#) **Date:** [Click here to enter text.](#)

I acknowledge that I have voluntarily provided the above information for volunteer purposes, and I have carefully read and understand this authorization.

***The Age of Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**

Private Eyes, Inc. 2700 Ygnacio Valley Rd #100, Walnut Creek, CA 94598 at (925) 927.3333 or (877) 292.3331 Fax (877) 292.3330
Client Account Number: 916100 – Children’s Hospital Los Angeles – Volunteer Resources Dept (Premier Inc Member)