

Children's Hospital Los Angeles

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 diligently join us in through this process.

To submit your packet please email to:

volunteers@chla.usc.edu

Program requirements include:

- Submission of a completed application packet
- Volunteer commitment consists of 100 hours of service completed in one year
 - Minimum volunteer shifts: 2-four hour shifts per month
- Health clearance from CHLA Employee Health Services (this includes two separate TB tests and a drug/alcohol screening)
- Complete a personal interview with CHLA Volunteer Staff
- Completion of CHLA competencies and adherence to policy standards
- Attend a volunteer 4 hour orientation session
- Purchase of a \$15 volunteer apron

This Packet Includes:

- Application Form—please type all answers. Handwritten applications will not be accepted.
- Volunteer Agreement
- Background check authorization form
- Personal short answers and essay prompts- please type responses. Handwritten responses will not be accepted.

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.](#)

**Children's Hospital Los Angeles
Application for Volunteer Services (Adult 18+)**

PLEASE TYPE

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

*requires additional paperwork

Children's Hospital Los Angeles Short Answers & Personal Essay

Applicant's Name: _____

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 12 Times New Roman 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?

Short answer question #2: Please give us an example of a past meaningful experience involving children.

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?

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 agreement, you are promising that if you are selected to be a volunteer, you will abide by and submit to all the requirements set forth below.

Accordingly, in consideration of the opportunity to apply and volunteer for 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, and (c) successfully complete a health screening and background check. 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.

2. **Time Commitment.** If selected, I will donate my time and effort to CHLA with no expectation of future employment or 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 or the designated Junior Program.**

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 hereby commit 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 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.

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 for any other professional service providers, 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. Additionally, I give my permission to CHLA 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. **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 application 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: _____ Date: _____

Applicant Signature _____

AUTHORIZATION, NOTIFICATION AND RELEASE FORM

In connection with my application for volunteer work with Children’s Hospital Los Angeles (CHLA), I, _____ (volunteer applicant’s name) 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 _____ My date of birth (DOB) is _____

My previous name (if any) is _____

My Driver’s License number is _____ and was issued by the state _____

If you have had another Driver’s License in the last three years put that number here: _____

My high school, named _____ is located in (City) _____, State _____

Current Address:

_____	_____	_____	_____	_____	_____
Number and Street	City	State	Zip	County	Years

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

_____	_____	_____	_____	_____	_____
Number and Street	City	State	Zip	County	Years

_____	_____	_____	_____	_____	_____
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 _____ Date _____

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. 190 North Wiget Lane, Suite 220, 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)

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.