



## Adult Volunteer Application Requirements and Information

Thank you for your interest in volunteering at Akron Children's Hospital. We enthusiastically welcome individuals of all backgrounds and abilities who are able to perform tasks independently with minimal supervision. We require our applicants to be at least 18 years of age, in good general health, a non-smoker and able to communicate well in English.

**There are many reasons to volunteer at Akron Children's Hospital. Please check the one below that best describes your reason for volunteering:**

- I am interested in volunteering to help patients in a pediatric healthcare setting.
- I am a college student interested in volunteering during my summer breaks and holidays.
- I am a college student interested in completing an educational experience for educational credit.
- Other

**Commitment and Requirements:** Adult volunteers consent to a minimum one-year commitment and 50 hours during the year. A three-hour shift at the Holiday Tree Festival, a major fundraiser presented by the Volunteers of Akron Children's Hospital, is also required.

**Interview:** A volunteer recruiter will contact you to schedule an interview. The purpose of the interview is to help us become acquainted and, if accepted, determine your volunteer placement/schedule.

**Volunteer Orientation:** Volunteer orientation provides important information about the hospital and your role. Once accepted, you will be required to complete an online orientation.

### Immunization Requirements

**1. 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.

**2. Tdap or Td** A single dose of Tdap is required for those who have never received Tdap regardless of the time since their most recent Td vaccination. After receiving one dose of Tdap, you should receive a dose of Td or Tdap every 10 years.

**3. Hepatitis B**

Completion of series of three vaccines.

**4. PPD Mantoux Test**

PPD Mantoux tests are given to volunteers through Employee Health Office free of 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.

**5. Varicella (Chickenpox)**

All individuals must make known their varicella (chickenpox) immune status. A history of having the disease is acceptable or proof of two doses of the varicella vaccine must be provided.

**6. Flu Vaccine**

All individuals are required to receive or have proof of an annual flu vaccine. The FluMist is not acceptable.

### Application Process

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

1. Use the submit button at the bottom of this form.
2. Fax: 330-543-8008
3. U.S. Mail: Akron Children's Hospital, Volunteer Services, One Perkins Square, Akron, Ohio 44308-6176



# ADULT VOLUNTEER APPLICATION

PLEASE PRINT

PERSONAL INFORMATION			
Today's Date			
Last Name, First Name, Middle Initial			
Home Street Address			
City		State	Zip
Cell Phone	Home Phone	Work Phone	
E-mail (required)			
EMPLOYMENT HISTORY			
Are you currently employed?	Employment Status:		
	<input type="radio"/> Full Time	<input type="radio"/> Part Time	<input type="radio"/> Retired
Current Employer			
Previous Employer	Start Date	End Date	
Reason for Leaving			
EMERGENCY INFORMATION			
Emergency Contact	Relationship		
Cell Phone	Home Phone	Work Phone	
EDUCATIONAL INFORMATION			
High School/GED			Year Graduated
Tech/Trade School	Certification	Year Graduated	
College/University <input type="radio"/> Undergraduate	College and Degree		Year Graduated
<input type="radio"/> Graduate	College and Degree		
VOLUNTEER EXPERIENCES			
Name and address of organization <i>(Please list your two most recent organizations)</i>	Position Held	Start Date	End Date

**VOLUNTEER REASON**

Please describe why you want to volunteer and why you have chosen to apply to Akron Children’s Hospital (social, extra time, want to give back, community service, etc.).

**VOLUNTEER ASSIGNMENTS**

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 place a check in any of the boxes based on your availability.

Volunteer Shift Approximate Start Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b> 8 a.m. – Noon							
<b>Afternoon</b> Noon – 4 p.m.							
<b>Evenings</b> 4 p.m. – 7 p.m.							

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

- WHEREVER NEEDED
- GREETER (escort patients, customer service)
- ACTIVITY VOLUNTEER (*Cookie, Craft, Glamour, Character, Teen or Good Night Cart, Reading Rover, Expressive Therapy*)
- ERRANDS/TRANSPORT (*Discharging/transporting patients in wheelchairs, making deliveries, sitting with a child/children*)
- PATIENT SUPPORT (*Direct patient interaction – limited positions available*)
- CLERICAL VOLUNTEER (*Jobs that require clerical skills, attention to detail, customer service*)
- EVENT VOLUNTEER (*Holiday Tree Festival, Friends Golf Outing*)

**PROFESSIONAL REFERENCES** We require two “*professional*” references such as boss, co-worker, clergy, educator, etc. **(No Family Members)**

Name	Daytime Phone	E-mail	Relationship
Name	Daytime Phone	E-mail	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 50 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 Public Safety Department

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

<b>Hospital</b>	<b>Women’s Board</b>	<b>Employee</b>	<b>Project Volunteer</b>	<b>Internship</b>	<b>Research</b>	<b>Committee</b>
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Submit

Revised 6.12.2023