



Dear Prospective Volunteer:

Thank you for expressing an interest in becoming a Volunteer at Connecticut Children's Medical Center. We are eager for you to join our very special team. Our Volunteers provide numerous forms of support throughout the Medical Center and are an integral part of providing family centered care.

Please find enclosed the application packet containing the necessary forms to be completed before becoming a Volunteer. We require all Volunteers to make a commitment of at least three hours per week for one year. We do make exceptions for students. We also require that all Volunteers be at least 18 years old to volunteer on the inpatient floors. Please remember that the two references must be non-relatives, and the immunization form must be filled out and signed by your doctor. Incomplete application submissions will not be considered.

When you have completed these forms, please return them to the Volunteer Services Office. We will review your application, and will contact you for an interview upon finding an appropriate match. If you are accepted into the program you will be expected to complete our hospital orientation process and any required additional training. Applications for our Summer Youth Program are accepted each year during a specific time period only. Please visit the website for current dates and additional information. If you have any questions regarding the application packet, please do not hesitate to contact us at

VolunteerServices@connecticutchildrens.org.

Again thank you for your interest in our program and we hope to be hearing from you soon!

Sincerely,

A handwritten signature in blue ink that reads "Marisol Rodriguez-Colón".

Marisol Rodriguez-Colón
Volunteer Services Coordinator

Connecticut Children's Medical Center
Volunteer Services
282 Washington Street
Hartford, CT 06106
Phone: 860/545-8540
Fax: 860/545-9525



VOLUNTEER APPLICATION

(Please Print)

Today's Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Home Work Mobile

E-Mail _____

(Please provide a valid e-mail address for ongoing correspondence)

Are you over 18 years of age? Yes No Date of Birth _____

I am available to volunteer at the following locations: (please check all that apply)

Hartford (Main Campus)

OFFSITE LOCATIONS

Hartford (Primary Care Clinic) East Hartford Farmington Glastonbury

Are you pursuing a volunteer placement for:

- Ongoing Volunteer Service
(Minimum of three hours once per week for 1 year required)
- College Student Volunteer Service
(Minimum of three hours once per week for two semesters)
- Court Mandated Community Service

OFFICE USE ONLY:

Rcvd/Ack _____ / _____

Complete: Yes No

Int. Request _____

Int. Scheduled _____

Dept. _____

Comments: _____

Shift: _____

PIN: _____

How did you hear about volunteer opportunities at Connecticut Children's?

Have you ever applied to this program before? Yes No

Do you have relatives employed at Connecticut Children's? Yes No

Name: _____

Relationship: _____

Department: _____

Have you or any family member ever received services at Connecticut Children's or any of their satellite offices? Yes No

If yes, date of most recent visit. _____

Do you have your own means of transportation? Yes No

If not, what kind of transportation do you plan to use?

EMPLOYMENT INFORMATION

Are you presently employed? Yes No

If yes, what kind of work do you do?

Explain why you want to be a Volunteer.

AREAS OF INTEREST

Using **1, 2, and 3**, please indicate your first, second and third choice of placement within the Medical Center. Placement in the Volunteer Program will be based on Connecticut Children’s current needs, your availability, and department-specific requirements.

POSSIBLE PLACEMENTS

15 years of age	Administrative Volunteer
	Clerical
16 years of age and older	Emergency Department
	Environmental Services Linen Tech
	Family Resource Center Ambassador
	Gift Shop
	Support Groups
18 years of age and older	ArtReach Inpatient
	Child Life
	Patient & Family Mobile Snack Cart Attendant
21 years of age and older	Neonatal Intensive Care Unit Cuddler
	Surgical Lounge

Availability

Check (✓) boxes to indicate what days/times you would be available to volunteer.

Flexibility in your availability will increase the probability of securing a volunteer placement.

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
7:00am – 11:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00am – 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30am – 12:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00am – 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00pm – 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:30pm – 4:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00pm – 6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00pm – 8:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00pm – 9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What qualities, skills and knowledge do you have that would make you a great Volunteer?

Describe what you hope to gain through your volunteer experience at the Connecticut Children's?

What is your experience with working with a variety of people?

What are your hobbies and interests?

Other organizations to which you have provided volunteer services:

Please give us the names and phone numbers of two people who know you well and whom we may call for references. They should not be members of your family.

Name: _____

Relationship: _____

Phone: _____

How long have you known this person? _____

Please give us the name and number of a family member or other person whom we should contact in case of emergency:

Name: _____

Relationship: _____

Telephone: _____

Home Work Mobile

AUTHORIZATION

I understand that Connecticut Children’s Medical Center will consider me for a volunteer position on the basis of the information I have furnished on this application form, and that any false, misleading or incomplete statements made by me, or any omission of material fact shall prevent my volunteering or shall be cause for immediate dismissal from my volunteer assignment. I understand that the staff of the Volunteer Services Department will be calling the references I have listed on this application, and conducting a background check on me prior to being placed in the hospital. As part of the volunteer application process, and at any time during my volunteer placement, I authorize Connecticut Children’s or any of its affiliates to obtain the record of any conviction for commission of a felony.

Signature

Date

Due to the large volume of applications received, submissions cannot be personally delivered to the Medical Center. Completed application packets must be faxed or mailed to the address listed below

Connecticut Children’s Medical Center
Volunteer Services Department
282 Washington Street
Hartford, CT 06106
FAX (860) 545-9525

APPLICATION PACKET CHECKLIST

***** BEFORE SUBMITTING YOUR APPLICATION *****

Please review the list of required documents as outlined below. Incomplete applications or applications submitted without all required documentation will not be considered.

- _____ **Volunteer Application**
- _____ **Volunteer Agreement**
- _____ **Pledge of Confidentiality**
- _____ **Immunization Documentation**
this includes a PPD test (within one year) and a TDap

Additional Documentation required:
(*under 18 only*)

- _____ **Parental Consent**
- _____ **Consent for Treatment**



CONNECTICUT CHILDREN'S MEDICAL CENTER VOLUNTEER OPPORTUNITIES

ADMINISTRATIVE VOLUNTEER

15 years of age and older

Weekday placements available. 9:30am - 12:30pm or 12:30pm - 3:30pm only

Supports the Volunteer staff with office duties including but not limited to filing, phone calls, database entry, and additional clerical tasks.

ARTREACH PROGRAM - Inpatient Areas

18 years of age and older

Monday through Friday 1:30pm - 4:30pm only

Five afternoons a week, ArtReach volunteers help lead patients, siblings and families in creating an art or craft project in one of the inpatient playrooms. For patients who are unable to come to the playroom, ArtReach volunteers will deliver a package of materials to their room so they can participate on their own schedule.

CHILD LIFE

18 years of age and older

Weekday, Evening and Weekend placements available.

Provide play activities to children and/or teens. These activities might include cuddling babies, arts and crafts, games, reading, and other play activities. Volunteers will also make rounds on patient floors to distribute items that are on our entertainment cart. When children are unable to physically go to a playroom, or activity center, the volunteer can provide activities at the bedside in the patient's room.

CLERICAL SUPPORT

15 years of age and older

Monday through Friday 9:30am - 12:30pm or 12:30pm - 3:30pm only

Volunteers are placed in offices throughout the Medical Center, offering support to the staff by running errands, photocopying information, filing, assembling mailings, and various other clerical type functions.

EMERGENCY DEPARTMENT

16 years of age and older

Weekday, Evening and Weekend placements available.

Provide clerical assistance to the office staff in the Emergency Department. Duties might include photocopying, filing, courier to mailroom or other clinical areas in the hospital for delivery of materials, intermittent support of children being seen in area (i.e., reading a story, playing a game, etc.)

GIFT SHOP

16 years of age and older

Monday through Friday 10:00am - 1:00pm or 1:00pm - 4:00pm

Located on the second floor atrium lobby, the Gift Shop offers a large selection of personal and gift items, cards, crafts, toys and games, snacks and flowers.

NEONATAL INTENSIVE CARE UNIT CUDDLER

21 years of age and older

Weekday, Evening and Weekend placements available.

Provides affection, love, and warmth to patients and families in the Neonatal Intensive Care Unit. Assist staff with daily tasks as needed.

PET THERAPY

18 years of age and older

Weekdays only

Connecticut Children's Medical Center uses trained volunteers and their own adult dogs to visit with consenting patients on patient care units and waiting areas in the Medical Center. Please note that any dog accepted into the Pet Therapy Program, must have current certification in a program specifically geared towards therapy dogs. Additionally, we accept no dog under the age of two years, and/or under 25 pounds.

SUPPORT GROUPS

16 years of age and older

Assist with patients and/or siblings while parents attend support groups. Activities may include playing games, reading, etc. Day and evening groups.

SURGICAL LOUNGE

18 years of age and older

Weekdays 7:00am – 1:00pm only

Provide a warm, supportive, empathetic environment to the families of children undergoing surgery. Must be extremely mature and able to provide support to family members who are experiencing stress. Serve as a liaison between parents and the medical staff. Volunteer hours are broken into two shifts.



VOLUNTEER AGREEMENT

If I am accepted as a volunteer at Connecticut Children's Medical Center, I agree that:

- I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients or employees, and not seek to obtain confidential information from a patient.
- My services are donated to the medical center without contemplation of compensation or future employment.
- I shall not sell goods or services, request contributions, or distribute political or religious materials on medical center premises.
- I will provide documentation of a current TB test and I will submit documentation for the MMR series if requested by Volunteer Services. I understand that if my TB test is positive I will need to have further testing done by my own physician at my own expense and provide a physician's letter stating the findings.
- I shall make my best effort to fulfill my commitment to the medical center by completing all assignments that I accept.
- I shall attempt to resolve any problems related to my volunteer activities with my supervisor and if unsuccessful attempt to resolve such problems with the Volunteer Services staff.
- I shall notify my immediate supervisor if I am unable to work as scheduled.
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of
 1. failure to comply with medical center policies, rules and regulations;
 2. absences without prior notification;
 3. unsatisfactory attitude, work appearance; or
 4. any other circumstances which, in the judgment of the Coordinator of Volunteer Services, would make my continued service as a volunteer contrary to the best interests of the medical center.

I have read each of the above conditions and I agree to be bound by them.

Signature

Date



VOLUNTEER PLEDGE OF CONFIDENTIALITY
Volunteer Services Department
Connecticut Children's Medical Center

I, _____, have requested to be a volunteer. I understand that as a volunteer, I may have access to confidential patient information or information about a family. I understand that communication of, or access to such information, is acceptable only in discharge of my duties and responsibilities. Any such discussion shall not take place in public places (elevators, lobbies, cafeteria, off premises, etc.) or in the presence of persons not entitled to such information.

I further understand that the law provides for possible civil and criminal penalties for disclosure of confidential patient information. As such, I agree that I will not:

- Reveal to anyone the name or identity of a patient.
- Repeat to anyone any statements or communications made by or about the patient.
- Reveal to anyone any information that I learn about the patient as a result of discussions with others providing care to the patient.
- Write or publish any articles, papers, stories or other written materials that the names or identities of any patient can be discerned. If a paper or student journal is written about my volunteer work here, I agree that I will submit it to my hospital supervisor for review.

I have read this statement and understand my obligation to maintain patient confidentiality. I agree to honor that obligation and I understand that any breach of this policy may result in termination from the volunteer program.

Signature

Date

Printed



VOLUNTEER SERVICES PARENTAL CONSENT FORM *(For Volunteers 15-17 years old)*

In order for your child to become a volunteer at the Connecticut Children's Medical Center, we need your consent. Your involvement will enable your child to enjoy a meaningful volunteer experience. Please read and sign this Parental Consent Form if you would like Connecticut Children's to continue the process of considering your child as a volunteer.

To Be Completed by Parent or Legal Guardian

(Please Print)

Name of Child: _____ Date of Birth: _____

(Initials) I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for my child to serve in that capacity if accepted by Connecticut Children's.

(Initials) I am aware that regular attendance and adherence to the Connecticut Children's policies and procedures will be required of my child.

(Initials) I understand that it is my child's responsibility to complete a Mandatory volunteer orientation and participate in any required training prior to beginning any service.

(Initials) I understand that Connecticut Children's has a dress code policy that my child will be required to follow. Volunteers in violation of the dress code will be sent home.

(Initials) I understand the Connecticut Children's Volunteer Services staff will determine, in its sole discretion, whether a particular assignment is appropriate for my child. My child may be reassigned to a different department or a new assignment at any time.

(Initials) I understand that no monetary compensation for the services performed will be received.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS

Print Name

Relationship to Volunteer

Signature

Date



VOLUNTEER SERVICES CONSENT FOR TREATMENT *(For Volunteers 15-17 years old)*

All minors (under the age of 18) must have on file Consent for Treatment Form. This is a preventable measure in case of illness or injury while on duty, and would be used only after reasonable attempts to reach the parent or guardian had been made.

To Be Completed by Parent or Legal Guardian

(Please Print)

In the event _____ (name of child) requires medical and/or surgical treatment while volunteering within the Connecticut Children's Medical Center, I, the undersigned, hereby give my consent for any medical and/or surgical treatment as the attending physician and/or surgeon deems necessary. This includes the use of anesthetics. I have read the foregoing and understand it.

Print Name

Relationship to Volunteer

Signature of Parent/Legal Guardian

Date