



Dear Prospective Volunteer:

Thank you for your interest in becoming a Jefferson Health volunteer.

Volunteerism is an integral part of the healthcare received by our patients & families. Volunteers can serve in a wide variety of our hospitals' clinical and support services departments. An application and information sheets are enclosed for your review, completion, and signature.

You will need to obtain the proper immunization documentation from your physician, attaching it to the enclosed form. In addition, it is our hospital's policy for you to receive a FLU VACCINE if you will be serving in the hospital between October 1st and April 1st of each year and a one-time PPD test (for Tuberculosis). Also, because of the COVID 19 Virus Pandemic, you will also need proof that you are vaccinated (proof of two vaccinations from Moderna or Pfizer or one vaccination of the Johnson & Johnson vaccine).

Please return all your immunization information and the completed application to the Volunteer Services Department.

As a Volunteer, you are a vital part of our commitment to provide exceptional patient care and customer service to the patients and communities we serve. Thank you for considering Jefferson Health for providing your volunteer service.

Sincerely,

Tricia Nichols

Tricia Nichols MSN, RN, NEA-BC, CPXP
Jefferson Health North
Regional Director of Patient Experience - North
Office – 215-612-4787 Cell- 215-360-6089
Patricia.nichols@jefferson.edu



Interview Date/Time _____

Start Date: _____

Assignment: _____

ADULT VOLUNTEER APPLICATION

Name _____

Home Phone: _____

Address _____

Cell Phone: _____

Email Address: _____

City/State/Zip _____

Date of Birth: _____

SSN: _____

Have you ever been convicted of, or pled guilty to, a felony or misdemeanor (must answer)? Yes ___ No ___.

If yes, please describe the nature of the offense, the date of the offense, and your rehabilitation since conviction. (A conviction record will not necessarily bar you from a volunteer position with the hospital.)

The hospital will conduct a criminal background check if you are accepted into the volunteer program.

Why are you interested in becoming a volunteer at Jefferson Health – North?

Have you previously served as a hospital or other healthcare volunteer? _____

If yes, where did you volunteer and in what position? _____

Are you a college student? _____ College/University _____

What are you currently studying _____

Are you available to volunteer during the school year? _____

What do you plan to do after graduation? _____

Are you currently employed? _____ Retired? _____ Occupation (current or prior): _____

What days and hours (including weekends) are you available? _____

What volunteer role would you be most interested?

- Office Work: General clerical duties
- Information Desk Greeters/Wayfinders: Medical office building, Main Lobbies, Door entries, Corridors
- Animal – Assisted Therapy - must have “certified” dog: visit patients and staff
- Music – Music Therapy – play music for staff and patients
- Nutrition Department: Clear tables, stock supplies, wrap utensils and other related duties
- H.E.L.P. Program (Hospital Elder Life Program) – A specialized program that provides direct inpatient experiences with older patients. During patient interviews, you will have the opportunity to listen and learn about the cultural, ethnical, experiential, and unbiased side of healthcare. Listening to patient stories and understanding the need for individualized care will guide your career to a truly patient centered focus. Rounding guide will be provided.
- Inpatient Ambassador Role – patient rounding, assisting with ordering meals, answering call bells, assistance with throughput and discharge lounge.
- ED Ambassador Role – concierge the ED waiting room, assist patients with ice packs, blankets, or comfort items; patient rounding, assist with stocking/organizing the patient rooms, labeling patient belonging bags, and patient throughput.
- Perioperative Services Ambassador – assist patients in pre and post procedure area. Bring patients to the exit when preparing to leave. Round on patients and families to ensure all questions and needs are met.
- Radiology Ambassador – assist patients waiting for radiology study, rounding, wayfinding. Keep patients’ company that are waiting for test.
- Processing Technician Internship (if unpaid position is available)
- Jefferson Immersive Healthcare Experience – must be approved by administration
- Need of volunteer hours for school

Are you able to perform all functions of the volunteer position for which you are applying, with or without reasonable accommodation? _____ Yes _____ No

If no, please explain: _____

PLEASE NOTE: Jefferson Health reserves the right to reject an applicant or terminate the service of a volunteer if, in the hospital’s opinion, it is in the best interest of the hospital to do so.

The information I have provided above is accurate to the best of my knowledge.

Date: _____

Signature _____

Return the completed application to: Volunteer Services Department
10800 Knights Road
Philadelphia, PA 19114

Or fax completed application to 215-612-5027

Or Scan and send completed application to: patricia.nichols@jefferson.edu

We appreciate your interest in our hospital. Please review the following conditions and sign to indicate your agreement:

I give permission to Jefferson Health to investigate all information concerning my application to determine my qualifications. This includes, but is not limited to, medical clearance, criminal background checks, employment and personnel reference checks and education or certification verification. I understand that any misrepresentation of facts contained in this application may be the cause for my rejection or dismissal.

1. I agree to be photographed by the hospital.
2. I agree that any personal property carried by me from hospital premises, including my packages, briefcase, or any other hand luggage may be inspected by authorized personnel.
3. I agree to abide by all hospital rules and regulations. I understand that my placement will be subject to the conditions of any applicable introductory period established by hospital policies. I understand that this application and any other hospital documents are not contracts of employment, and that any volunteer who is placed may voluntarily leave under proper notice and may be terminated by the hospital at any time and for any reason.
4. In the event of resignation or termination, I agree to return all hospital property loaned to me, including but not limited to, identification badges, uniforms, equipment, keys, parking cards, etc.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the hospital to request any information concerning my application.

Signature: _____ Date: _____

References: Please provide two

First reference: _____ Phone number: _____

Second reference: _____ Phone number: _____



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

IMMUNIZATION POLICY FOR PROSPECTIVE VOLUNTEERS

TB SCREENING

- IGRA (T-spot or QuantiFERON Gold) Date: _____ Result: _____ (must be within 3 months of start date)
- Volunteer previously positive TB Test-CXR performed on _____ results no active disease (must be within 6 months of start date) Date of Treatment: _____

RUBEOLA

- History of 2 doses of vaccination. Date: _____
- Positive by titer. Date: _____
- Negative by titer-booster vaccination given on _____

MUMPS

- History of vaccination. Date: _____
- Positive by titer. Date: _____
- Negative by titer-booster vaccination given on _____

RUBELLA

- History of vaccination. Date: _____
- Positive by titer. Date: _____
- Negative by titer-booster vaccination given on _____

HEPATITIS B History of vaccination. Date: _____

- Positive by titer. Date: _____
- Presently in vaccination program. Dates of vaccination: _____

VARICELLA

- Positive by titer. Date: _____
- Presently in vaccination program. Dates of vaccination: _____

INFLUENZA

- Vaccinated in current influenza season. Date: _____

TDAP

- History of vaccination. Date: _____

COVID 19

- History of Vaccination. Date: _____ Date: _____

_____ is supplying the above information to Jefferson Health for the sole purpose of
(Name of Facility/Physician)

the Student/Volunteer participating in a clinical rotation or volunteering at Jefferson Health – North. The information provided is confidential and will be shared with Employee Health Services and Volunteer Service departments.

Physician or Facility stamp required:

Signature of Physician/RN completing form: _____ Date: _____

Volunteers excluded from measles/mumps/rubella immunization are pregnant volunteers and volunteers with immuno-suppression.

PROOF OF IMMUNIZATION MUST BE SUBMITTED ON YOUR PHYSICIAN’S FORMAL LETTERHEAD WITH ACCOMPANYING REPORTS. APPLICATIONS WITHOUT THIS DOCUMENTATION WILL BE RETURNED.

Any questions, please feel free to call our office at 215-612-4170.

Tricia Nichols MSN, RN, NEA-BC, CPXP

Patricia.nichols@jefferson.edu

Jefferson Health North

Regional Director of Patient Experience



Date _____

Emergency Contact Information

Please take a few minutes to fill out the information below.

Name: _____

Address: _____

City, State Zip _____

Phone # _____

Campus Key: _____

Emergency Contact Person: _____

Relationship _____

Emergency Contact Phone Number: _____