



**Shriners Hospitals
for Children®**
Love to the rescue.™

Houston Volunteer Application

Name: _____ Date: _____ D.O.B. _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-mail Address: _____

Highest Education Level: _____ Present Employer: _____

Position: _____ Work Schedule: _____

Emergency Contact: _____ Phone Number: _____

What days and times would you like to volunteer? _____

Will you report hours to an agency? If yes, please list. _____

How did you hear about us? _____

Interests/Skills: _____

Computer Skills

Photography

Office Duties: Filing, Shredding Mailing,
Phones, Copies, etc.

Graphic Design

Foreign Language _____

Lead Tour Groups

Other _____

Public Speaking

Please list 3 Professional References (Names/Contact Information):

1.) _____

2.) _____

3.) _____

I affirm the above information is accurate and correct to the best of my knowledge. I give Shriners Hospitals for Children approval to check references. I agree to obtain medical clearance from a physician and take required immunizations. I authorize the release of test results and any other related medical information to the management of Shriners Hospitals for Children. I agree to abide by the rules and regulations of the Board or Trustees. I understand the organization is not obligated to provide placement nor am I obligated to accept the position offered. Under 18 years of age requires a parent or guardian signature.

Applicant Signature: _____

Thank you for your interest in volunteering at the Shriners Hospitals for Children® – Houston.
Please return forms to the address below. You will be contacted when your application is processed.

**SHRINERS HOSPITALS FOR CHILDREN
HOUSTON**

Medical History: Personnel and Volunteers

NOTE: All information will be kept confidential in locked employee health files.

1. _____
Name (Last, First, Initial) Date of Birth Sex Age Social Security #

Address (Number, Street, City, State, Zip Code) Cell Phone

2. _____
Department Title Shift Date of Employment

3. Past History (Please check if you have, or have had, any of the following):

A. Disease or Condition

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Back Strain/ Mobility Issues | <input type="checkbox"/> Latex allergy |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Asthma/ Resp. Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> _____
(Other) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> _____
(Other) |
| <input type="checkbox"/> Convulsions/ Epilepsy | <input type="checkbox"/> Eye Disease (glaucoma, cataract,
wandering or "lazy" eye, retinal detachment) | |
| <input type="checkbox"/> Deafness | | |

B. Recent Operations, Hospital Admissions, Injuries (Please specify): _____

C. Are you currently under a physician's care for any of the above conditions? Yes No

D. Do you have any physical limitations or restrictions? No If yes, please describe: _____

E. Previous work related injuries: (Describe) _____

F. Are you taking any medication prescribed by a doctor? No List provided If yes, please describe: _____

G. Are you taking any medication which may impair your ability to drive or operate machinery? No Yes

Emergency Contact Info

Print Name _____ Phone _____

Hospital Preference _____ Physician Name _____

Signature of Personnel/ Volunteer Date

Signature of Reviewer Date

4. Past History, Communicable Diseases (Please check if you have, or have had, any of the following):

A. Disease or Condition

- | | | |
|--|--|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chicken Pox (varicella) | <input type="checkbox"/> Measles (3-day or rubella) |
| <input type="checkbox"/> Hepatitis B/C | <input type="checkbox"/> Shingles | <input type="checkbox"/> Measles (7-day, or rubeola) |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Mumps |

5. A. Common Diseases History Immunizations/ tests (verification required):

- Tetanus Toxoid, Td (last date): _____ Tdap _____
- Hepatitis B Vaccine Series, 3 total (last date): _____ Anti-HBS titer checked? Date _____
- Hepatitis A Vaccine Series, 2 total (last date) _____
- MMR vaccine (dates) #1 _____ #2 _____
- Rubella titer (date): _____ Rubeola titer (date): _____ Mumps titer (date) _____
- Varicella titer or vaccine ;Date _____

B. Tuberculosis (T.B.) History

T.B. Skin Test; Date: _____ Results: Negative _____ Positive _____ Sz _____ mm

If positive, date of last chest x-ray _____ INH prescribed? Yes _____ No _____

T.B. Questionnaire

Place a mark in the appropriate box:	Yes	No	Don't Know
Have you had any of these symptoms: Fever, Chills, Cough, Night Sweats, unexplained Weight Loss lasting for more than 2 weeks?			
Have you traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe, Middle East, or Asia for longer than 3 weeks?			
To your knowledge have you spent time (longer than 3 weeks) with anyone who is/has been a drug user, HIV-infected, in jail or prison, or recently came to the United States from another country?			

A yes answer on the questionnaire above identifies your risk of possible exposure to tuberculosis. Testing required at this time.

EMPLOYEE HEALTH TO COMPLETE: Post-Offer screening: Date _____

T.B. No risk identified Testing not done, see results < 12mos provided Testing, recommended or requested
 PPD Administered Yes No
 Titers: Rubella _____ Rubeola _____ Mumps _____ Varicella _____ antiHBs _____ HIV _____ HCV _____
 (above required for surgeons)

Immunizations Required or Declination: MMR Hepatitis B Hepatitis A Tdap Flu

PAPR Fit recommended No _____ Yes _____ OSHA Medical Evaluation Form completed No _____ Yes _____

Color Blind Screening: Pass Fail Extra Life Safety Education Yes _____ Comments _____

 Legible Signature of Screener Date

DRIVER SCREEN (Selected personnel, contract workers, & volunteers)

Vision results: Pass Fail R- 20 / _____ L- 20 / _____
 Correction: None Eyeglasses Contacts Lasik/ Procedure(s) Cataract /Lens Other _____

Hearing results: Pass Fail Hearing aids worn? No Yes R / L If, Yes, whisper screen completed.

25 - 35 dB	R	L
500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		

 Legible Signature of Screener Date

Shriners Hospital Houston # 1121
VOLUNTEER AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

Shriners Hospital Houston # 1121
VOLUNTEER DISCLOSURE

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

Shriners Hospital Houston # 1121

VOLUNTEER INFORMATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Before answering the question below, you **MUST** carefully read the following information:

Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? If you answer Yes, you must provide details. Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

2. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

3. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

4. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

STATE LAW NOTICES

California applicants or employees only: Please mark this field to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas, Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas, Alamogordo, NM 88310; [1-888-773-2432. Place an X here for a disclosure to be sent to you. Place an X here for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: ____.

Oklahoma applicants or employees only: Mark an X here ____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

**Shriners Hospital for Children Houston
Annual TB Symptom Review**

Last Name First Name

Date of Birth Date Form Completed

Department Title

Date of last TB Skin Test (TST):

Result (Circle one): Negative Positive Size: _____

Date of last T-Spot (IGRA):

Result (Circle one): Negative Positive

Date of last Chest x-ray Result: _____

I have/have not taken medication to treat TB in the past. (Circle one)

If yes; Name of medication _____ Length of treatment: _____

CHECK APPROPRIATE SPACE:

1. Have you ever been diagnosed as having **active** TB? Yes No
2. Since your last TB review, have you worked in a location where patients with possible active TB received care or services? Yes No
3. Since your last TB review, have you lived with or had a close contact with someone who has TB disease? Yes No
4. Since your last TB review, have you had an abnormal chest x-ray? Yes No
5. Since your last TB review, have you traveled outside of the USA? Yes No
6. Do you work in another facility that treats patients with TB? Yes No
7. Have you recently been exposed to someone with TB? Yes No
8. In the past years have you experienced any of the following symptoms for longer than 3 weeks?
 - a. Persistent coughing? Yes No
 - b. Fevers and/or chills? Yes No
 - c. Night sweats? Yes No
 - d. Coughing up bloody sputum? Yes No
 - e. Easily fatigued? Yes No
 - f. Loss of appetite? Yes No
 - g. Unexplained weight loss? Yes No
 - h. Hoarseness Yes No

Comments: _____

I certify that, to the best of my knowledge, the above statements concerning my medical assessment are true. I understand if a medical referral is required, my condition changes, or new symptoms appear, I will contact employee health immediately.

Employee Signature

Date

Tuberculosis – General Information!

What is tuberculosis?

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. TB germs are put into the air when a person with TB disease of the lungs coughs or sneezes. When a person inhales air that contains TB germs, he or she may become infected. People with TB infection do not feel sick and do not have any symptoms. However, they may develop TB disease at some time in the future.

The Difference Between Latent TB Infection and TB Disease:

People with latent TB infection but not TB disease have the germ that causes TB in their bodies. They are not sick because the germs are inactive in the bodies. They cannot spread the germs to others. However, these people may develop TB disease in the future. They are often prescribed treatment to prevent them from developing the disease.

People with TB disease are sick from germs that are active in their body. They usually have symptoms of TB, such as feeling weak or sick, weight loss, fever, and/or night sweats. Symptoms of TB of the lungs may include productive cough, chest pain, and/or coughing up blood. Other symptoms depend on the particular part of the body that is affected. Usually, people with TB disease of the lungs are capable of spreading the disease to others. They are prescribed drugs that can cure TB.

How is TB Spread?

TB is spread from person to person through the air. When people with TB disease of the lungs or throat cough or sneeze, they can put TB germs into the air. Then other people who breathe in the air containing these germs can become infected.

Who gets TB?

Worldwide about 8 million new cases occur each year; over 22,000 cases are reported in the United States. There are an estimated 10 to 15 million people in the U.S. who are infected with the TB germ. LA reported 357 cases in 1999 with nineteen cases of TB in children. The CDC ranked Louisiana 8th in the nation according to TB case rate. The greatest number of cases was in the New Orleans area, with Shreveport being second.

What is a Tuberculin Skin Test?

The tuberculin skin test is used for finding out whether a person is infected with the TB germs. It does not tell whether a person has TB disease. For the skin test, a small amount of fluid called tuberculin is injected under the skin in the lower part of the arm. The person getting the test must return in 48 to 72 hours to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured.

What Does a Positive Reaction Mean?

A positive reaction to the tuberculin skin test usually means that the person has been infected with the TB germ. It does not necessarily mean that the person has TB disease. Other tests, such as a chest x-ray and a sample of phlegm, are needed to see whether the person has TB disease. People who have a positive reaction to the skin test but who do not have TB disease cannot spread the germs to others. Persons with positive reactions are referred to the Health Department for evaluation of preventive therapy. They may be given a drug to treat the infection and prevent them from developing TB disease.

Treatment of Latent TB Infection

If you have latent TB infection but not TB disease, the health department may want you to take a drug to treat the infection and prevent you from developing the disease. The decision about taking treatment for latent infection will be based on your age and on the changes that you will develop the disease. Some people are more likely than others to develop TB disease once they have TB infection; this includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

Treatment for TB Disease

Taking several drugs for 6 to 12 months can cure TB disease. It is very important that people who have TB disease take the drugs exactly as prescribed. If they stop taking the drugs too soon or if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder to treat.