



Shriners Hospitals
for Children™

Shreveport

Pediatric Specialty Care

Orthopedics

Cleft Lip and Palate

Mary Lynn Stuart

Volunteer Coordinator

Patient Services

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Shreveport, LA 71103

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Dear Prospective Volunteer,

Thank you for your interest in the volunteer program at Shriners Hospitals for Children®-Shreveport. Every year wonderful people like you want to join us in providing top-notch care and services to our patients.

Attached is an application to begin the process of becoming a volunteer in our hospital. You will also find a Release Authorization and Fair Credit Reporting Act Disclosure for a background check enclosed with this letter. This release must be completed, signed and returned with your application.

After I receive your application and release for background check, I will mail out letters to your references and process the background check. In addition, you will need a current tuberculosis test. Our infection control nurse can administer the test at no cost. Our hospital requires a **two-part test**, which means that you are tested in both right and left arms. I have included an information sheet on tuberculosis for you to review. You will need to fill out the attached form and bring that with you when you are scheduled to meet with the Infection Control Nurse who will be administering your TB skin test.

The next step is to come in and visit with me to review our hospital's drug/alcohol policy. We will provide you with the appropriate paperwork to take to Lab Corp on Knight Street in Shreveport where your drug screening will be performed. At Shriners Hospitals for Children® we take all measures to assure our patients are in a safe environment. The final step is to complete a brief volunteer orientation and training relative to HIPAA, the federal law covering patient confidentiality and release of information.

While the application process may seem a bit lengthy, we must comply with our hospital's rules and regulations. We have a wonderful group of volunteers in our hospital, and they all have been taken through this process prior to volunteering. **(Please note our hospital asks a minimum of a 6 month commitment.) All applicants should consider if this is a possibility prior to initiating any paperwork.**

Sincerely,

Mary Lynn Stuart
Volunteer Coordinator

Encl.: Application, Release Authorization, TB Information and Screening Sheet

Volunteer Application
Shriners Hospital for Children
3100 Samford Avenue - Shreveport, LA 71103
Telephone: (318)226-3315 - Fax: (318)226-3319

Name _____ Home Phone (____) _____ Work Phone (____) _____

(Home Address) _____ (City/State) _____ (Zip Code) _____ (E-mail Address) _____

Birth date _____ Occupation _____

Education: High School _____ College _____ Degree _____

Previous volunteer experience: _____ Yes _____ NO

If your volunteer hours will fulfill a schooling/agency requirement, please state school/agency and # of hours needed.

School/Agency _____ # hours needed/completion date _____

Please indicate days/hours you are available to volunteer _____

Length of time interested in volunteering (i.e., 80 hours, June - August 20____, indefinite) _____

Do you speak a second language? _____ Yes _____ No If yes, which one _____

List two personal references (*no relatives*). Provide full addresses as your references will be contacted via mail:

1. _____
(Name) (Street Address) (City/State) (Zip)

2. _____
(Name) (Street Address) (City/State) (Zip)

Thank you for applying with the Volunteer Program at Shriners Hospital for Children. Your application will be complete once replies from your references are received. We value our volunteers, and they are an important part of our Organization. Please take a moment to let us know why you chose to volunteer with us.

Application Date: _____ Signature _____

Shriners Hospitals for Children-Shreveport

Volunteer Health Profile

Name: _____

The following information is needed in case you have a medical emergency. It will not be used to determine eligibility for shadowing/observing. This information will be kept confidential.

Name/Telephone number of Personal Physician : _____

Address of Physician or Hospital : _____ Allergies: _____

Do you wear: _____ contact lenses _____ hearing aid _____ cardiac pacemaker

Is there any additional information, such as medical condition we should know about if a medical emergency occurs?

Contact Person in Case of Emergency

Name: _____ Relationship: _____

Phone: _____ Address: _____

Vaccination History

Our hospital makes every effort to protect you, our staff and our patients from contagious/infectious disease. Proof of immunity can be shown by (1) proof of a recommended vaccination(s), (2) a positive lab titer (blood drawn and checked to make sure you are immune), or (3) history of a physician documented case. Copies of documentation must be provided.

Please provide your vaccination records for proof of vaccines with this application.

If you have not had recommended vaccines, ask your physician to check your blood for immunity and/or give you the vaccine as needed.

Measles, Mumps, Rubella _____ (dose 1) _____ (dose 2) OR Lab Titer Results _____

Varicella _____ (dose 1) _____ (dose 2) OR Lab Titer Results _____

TB Skin test _____ (date)

SHC-Shreveport strongly recommends that volunteers and shadow/observers receive:

TDAP _____ (date)

Influenza Vaccine _____ (date) If volunteering during flu season – Sept – March.

I am aware that I may come in contact with these childhood diseases while volunteering/shadowing/observing at SHC-Shreveport.

RETURN COMPLETED APPLICATION TO VOLUNTEER COORDINATOR – 318.226.3315



Shriners Hospitals
for Children™

Release Form for Criminal Background Report

The applicant for employment (including contract for services, and/or hospital privileges) acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission’s web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

Print Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

For Identification Purposes

Date of Birth:

MM/DD/YYYY _____

Gender: M F

Other or Former Names: _____

Addresses of residence outside of the State of Louisiana for the past 7 years: *(If more space is needed, continue on back of this page)*

1) _____

2) _____

Signature: _____ Date: _____

Shriners Hospitals for Children – Shreveport
Volunteer TB Screening

Name: _____ Department: _____ Volunteer _____

The TB Skin Test process must be completed before appointment to volunteer status.

This process requires 2 TB skin test (2-step) be administered. Once a skin test is applied it must be read within 48 – 72 hours. This will require 3 - 4 visits to the Employee Health Nurse to complete.

A 2-step test is not required:

If you have had negative TB skin test for the past 2 years, a copy of those test results will complete the necessary documentation.

OR

If you have had a positive TB skin test in the past, a copy of the treatment card from the Office of Public Health will complete the necessary documentation.

Please read the attached information on Tuberculosis; bring this completed questionnaire and a copy of any of the above documentation to the Employee Health Nurse on your scheduled visit.

TB QUESTIONNAIRE

1. Do you have any of the signs and symptoms discussed in the information about Tuberculosis?

Yes No **If yes, please list:** _____

2. Have you had any known exposure to Tuberculosis? Yes No

If yes, please list date and relationship: _____

3. Have you had negative TB skin test for the past 2 years? Yes No N/A

If yes, please attach copies of test results.

4. Have you ever had a positive TB skin test? Yes No

If yes, please list date and parish/county of treatment and attach a copy of treatment card. _____
Date and parish/county of treatment.

5. Were you born outside of the USA? Yes No Have you traveled outside the USA? Yes No

If yes, please list dates and countries: _____

Comments: _____

Tuberculin Purified Protein Derivative (PPD) for Mantoux testing is an aid in the detection of infection with Mycobacterium Tuberculosis (TB). I understand if I test positive, a local reaction at the site of injection will occur. I understand if I am highly sensitive, a more severe reaction may occur. For the test to be valid, the Employee Health Nurse or designee must read it at an appropriate interval (48-72 hours). All my questions have been answered to my satisfaction.

Yes, I understand the information provided and consent to the administration PPD.

Signature: _____
(Parent/Guardian – If Minor)

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.