



Thank you for your interest in our volunteer program. Every year wonderful people like *you* want to join us in providing top-notch care and services to our patients.

Attached is a volunteer application to become a volunteer in our hospital. As of January 2002, all volunteer applicants are required to undergo a background check as well as complete a drug screening as part of the application process. 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 your application and release for background check is received, letters will be distributed to your references and the background check process will begin. In addition, you will need a current tuberculosis test. Our Infection Control Nurse can administer the test to you at no cost. Our hospital requires a two-part test, which means that you are tested in both the right and left arm. An information sheet on tuberculosis follows for you to review. You will need to fill out the attached form and bring it 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 the volunteer coordinator to review our hospital's drug/alcohol policy. Our human resources director will provide you with the appropriate paperwork to take to Lab Corp on Knight Street where your drug screening will be performed. At Shriners Hospital, we take all measures to assure our patients are in a safe environment. The final step is to complete a volunteer orientation class that covers general information as well as a departmental specific orientation.

While the application process might seem a bit lengthy, we must comply with our hospital's rules and regulations in the interest of our patients and staff. 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.** We look forward to welcoming you to the Shriners volunteer family!

Sincerely,
Linda Bozeman
Volunteer Coordinator

Enc: Volunteer Application
Release Authorization and Fair Credit Reporting Act Disclosure
TB Information Sheet

3100 Samford Ave.
Shreveport, LA 71103
Tel: 318.226.3315
Fax: 318.424.7610
www.shrinershospitals.org

Volunteer Application
Shriners Hospital for Children

3100 Samford Avenue - Shreveport, LA 71103
Telephone: (318)222-5704 - Fax: (318)424-7610

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

(Home Address) _____ (City/State) _____ (Zip Code) _____

Birthdate _____ Occupation _____

Education: High School _____ College _____ Degree _____

Do you have previous volunteer experience? _____ Yes _____ No

If yes, name of organization _____ Dates, from _____ to _____

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 _____

How long are you interested in volunteering for (i.e., 80 hours, June - August 20____, indefinite) _____

Check activities you enjoy doing: _____ filing _____ typing _____ arts/crafts _____ play instrument
_____ clinic support/patient contact _____ play games/color with children _____ other: _____

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 _____

Volunteer Health Profile

The following information is needed in case you are stricken with a sudden medical emergency while on duty - it will not be used to determine eligibility for volunteering. This information will be kept confidential.

Name of Physician: _____ Telephone: _____

Name of Hospital or Address of Physician's Office: _____

Medications: Are you allergic to any drugs? _____ Yes _____ No

If yes, what are they? _____

Past History

Please check if you have had any of the following:

_____ Measles (3-day) _____ Chicken Pox _____ Measles (7-day) Rubella _____ Mumps

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

Do you have a history of the following:

_____ High Blood Pressure _____ Back Problems
_____ Epilepsy _____ Heart Condition
_____ Diabetes _____ Asthma/Emphysema

Have you had a Tetanus shot in the last ten (10) years? _____ Yes _____ No If yes, date: _____

Do you wear (check if yes) _____ contact lenses _____ hearing aid _____ cardiac pacemaker ?

Is there any additional information (such as, medical conditions) we may need to know about you should a medical emergency arise? _____

(As part of our orientation process, a TB test will be given prior to appointment to volunteer status.)

In Case of Emergency, We Will Notify

Name _____ Relationship to You _____

Home Phone _____ Work Phone _____

Address _____ City/State/Zip _____

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that in connection with your application for volunteering/employment or contract, we may procure a consumer report on you as part of the process of considering your application. 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 you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

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.

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Certiphi Screening, Inc.

This release and authorization shall remain valid and in effect during the term of your volunteering/employment or contract. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Date

Authorized Signature

First Name

Full Middle Name (no initial)

Last Name

Date of Birth*

Social Security Number

Driver's License Number

State of Issue

Current Residence Address:

*Date of Birth required for background investigation purposes only, and will be used for no other purpose.

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 (2006 and 2007), 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: _____

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.