

APPLICATION FOR VOLUNTEER GROUPS

Contact Information / Group Leader

Name: _____ Title: _____
Organization: _____
E-Mail Address: _____ Phone: _____
Postal Address: _____
City: _____ State: _____ Zip: _____

Desired Dates to Visit

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
Reason/Purpose for Visit: _____

Time Availability Preference

Morning (10 AM – Noon) Afternoon (1 PM – 4 PM) Evening (4 PM – 8 PM)

Frequency of Volunteer Group Visit

One-Time Only Annually Monthly Quarterly
 Other: _____

Groups coming more than 4 times a year should inquire about becoming Regularly Scheduled Volunteers

Transportation

Car – Number of Cars: _____ Bus (if bus parking is required) Other: _____

Location of Volunteer Group Activity:

Hines CBOC: _____
Hines Main Campus:
 Main Hospital (Bldg. 200) Spinal Cord Injury - RCF (Bldg. 221) Spinal Cord Injury (Bldg 128)
 Recreation Therapy Blind Rehabilitation (Bldg. 113) Fisher House (Bldg. 100)
 Community Living Center (CLC) (Bldg. 217) Other: _____

Number of Individuals

1-5 6-10 11-15
 >15 (*must be discussed/approved with Voluntary Service prior to scheduling*)

Type of Volunteers

Adults *Number:* _____
 High School/College Students *Number:* _____
 Middle/Elementary School Students *Number:* _____
Number of Chaperones: _____

Type of Interaction/Activity

Recreational Activity (what activity?): _____
 Gift Distribution (what will be distributed?): _____
 Music: _____
 Outdoor/Grounds Beautification: _____
 Other: _____

I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a “without compensation basis”. I understand that this waiver applies only to compensation for specific services rendered in the Voluntary Service Program and has no relation to any compensation for other services or benefits to which I may be entitled. (VA has entered into this agreement by the authority of 38 U.S.C., Section 513. Either party upon written notification may cancel this agreement.)

Please sign and date below to indicate you have reviewed the attached Guidelines for Volunteer Groups:

Signature Date

HINES VA HOSPITAL, VOLUNTARY SERVICE

5000 SOUTH 5TH AVENUE (BUILDING 9), HINES, IL 60141 (Phone: 708-202-2523 Fax: 708-202-2246)

GUIDELINES FOR VOLUNTEER GROUPS

The goal is to create a successful, appropriate environment for patients participating in activities generously donated by the community.

Groups must always check-in with the designated staff person or at the Nursing Station of the unit.

BEHAVIOR GUIDELINES

- All guests are expected to adhere to guidelines presented by the VA staff, to include respecting the confidentiality of all patients and any contact precautions.
- Please note that children must be at least 12 years of age to be present on a patient unit.
- Voluntary Service reserves the right to terminate a volunteer or group for:
 - Inappropriate behavior.
 - Drinking or coming to the hospital under the influence of drugs or alcohol.
 - Taking government property.
 - Violating patient confidentiality or taking pictures without authorization.
 - Negative attitudes or poor customer service.

ANIMALS

- Only certified animal assisted therapy dogs (with registered volunteers approved through Voluntary Service) and certified service dogs are permitted at any events. If a person has a certified service dog, this dog should not interact with other Veterans and guests.

PHOTOGRAPHS

- Due to the necessity of consent forms when taking pictures of patients, a request to take pictures must be arranged with Recreation Therapy prior to the event date.

MEDIA

- The Hospital Director and Public Affairs Office must review and clear all media requests at least one week prior to the event date.

PARKING

- Parking is available in any legal spot not otherwise designated with specific space or parking lot signage.

FOOD SAFETY

- *Any food distribution must be approved by Voluntary Service and Recreation Therapy prior to the event.*
- All food items served to our patients must be from a store or prepared by an Illinois Licensed Food Service Worker. Homemade items are not permitted per hospital policy on patient safety.
- For the safety of our Veterans, activities are only open to the designated patients/unit for which the event is approved. (Many of our Veterans have special dietary and safety restrictions, allergies, and other medical conditions that may not be obvious to guests. Clinicians review and “clear” patients attending an activity prior to the event – offering other patients food may put their health and safety at risk.)
- Patients from other units should not be invited to activities unless previously cleared by the Recreation Therapy staff. Please do not take food to patients in other areas of the hospital - our patients safety is priority!
- Check with Nursing staff prior to offering any patient a food item to ensure it is within their dietary guidelines.
- Only bring enough food to serve the number of patients on the unit of the pre-approved event.

ALCOHOL

- Alcohol is never permitted at any activity at Hines VA coordinated by Recreation Therapy or Voluntary Service.