

**HINES VA HOSPITAL, VOLUNTARY SERVICE  
5000 SOUTH 5TH AVENUE (BUILDING 9), HINES, IL 60141  
708-202-2523**

**Office Hours: Monday-Friday, 7:00 a.m. to 3:30 p.m. (closed all federal holidays)**

**BECOMING AN ADULT VOLUNTEER**

*Thank you for considering Hines for your volunteer opportunity! Complete the steps below to start the process.*

**Step 1**

**Background (Fingerprint) Check**

- Take the Special Agreement Check (SAC) with the signature of a Voluntary Service staff member to **Human Resources (Building 17)**
- HR is available Monday-Friday, 8:00 a.m. to 3:00 p.m. (708-202-2072 for questions)
- No charge to the potential volunteer

**Step 2**

**Tuberculosis (TB) Screening/Test**

- Provided at no charge by **Occupational Health Service (Building 1, Room E147)**, 8:00 a.m. to 3:30 p.m.
- **Screening/Tests are done Monday, Tuesday, Wednesday, and Friday**
- If you had a TB test/ lab screen or Chest X-ray within the last year, please bring a copy of it with you.
- Anticipate 2 to 3 visits to complete the testing process (708-202-2186 for questions)
- **Take the test verification form to Voluntary Service once you complete the tests.**

**Step 3**

**Two weeks after completing Steps 1 and 2 call Voluntary Service**

- 708-202-2523, during normal business hours
- This is to verify your background check has cleared and to register for an orientation date (Space is limited)

**Step 4**

**Orientation**

- All orientations are in **Building 9, Auditorium** (next to the Voluntary Service office)
- Allow 1 ½ -2 hours
- Sessions start promptly at the time indicated – latecomers will be asked to reschedule
- Bring your completed application with you to orientation (do not send it to the Voluntary Service office prior to orientation)

**Parking**

- Parking is limited around the Hines campus. You may park in a "Volunteer" spot and get a 1-day permit from the Voluntary Service office. **Vehicles parked illegally will be ticketed.**

**Community Service, Internships, Shadowing**

- Voluntary Service does NOT oversee internships, students seeking academic credit, individuals seeking to observe/shadow medical personnel, or community service requirements.

**2015 Orientation Dates & Times**

|                                  |                                 |                                |
|----------------------------------|---------------------------------|--------------------------------|
| Wednesday, January 7- 9:00 a.m.  | Tuesday, April 21- 9:00 a.m.    | Monday, October 5- 9:00 a.m.   |
| Wednesday, January 28- 9:00 a.m. | Tuesday, May 19- 9:00 a.m.      | Tuesday, October 20- 9:00 a.m. |
| Tuesday, February 3- 9:00 a.m.   | Wednesday, May 27- 9:00 a.m.    | Tuesday, November 3- 9:00 a.m. |
| Tuesday, February 17- 9:00 a.m.  | Tuesday, August 4- 9:00 a.m.    | Monday, November 16- 9:00 a.m. |
| Monday, March 2- 9:00 a.m.       | Tuesday, August 18- 9:00 a.m.   | Tuesday, December 1- 9:00 a.m. |
| Monday, March 16- 9:00 a.m.      | Tuesday, September 8- 9:00 a.m. |                                |
| Monday, April 6- 1:00 p.m.       | Monday, September 21- 9:00 a.m. |                                |

# SECURITY ALERT!

Any person over the age of 18 applying to become a regularly scheduled VOLUNTEER at the Edward Hines VA is required to have fingerprints taken. Please be advised that potential Volunteer acceptance approval is determined by the Chief of Voluntary Services and the decision is FINAL.

## **PLEASE READ THE FOLLOWING CAREFULLY**

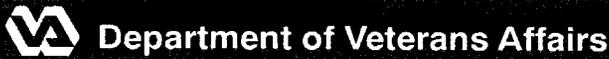
1. **This form must be signed by a Voluntary Service Employee prior to visiting Human Resources for your fingerprints. Voluntary Service is located in Bldg. 9.**
2. You must get your fingerprints completed and they must clear prior to attending the Voluntary Service Orientation. Fingerprinting can be completed in bldg.17, Human Resources, Monday - Friday from 8:00am-3:00pm., except Federal holidays, no appointment necessary.
3. If your fingerprints did not clear, you will not qualify to become a volunteer at Hines. If for any reason your fingerprints do not clear you are encouraged to contact your local Circuit Court regarding your background (personal history, past), Voluntary Services or Human Resources cannot and will not provide this information to you.
3. If computer access for the volunteer is requested by volunteer's supervisor, E-Qip- (Federal Background Investigation) is required to be completed for any volunteer that will be given access to the Federal Governmental computer system. E-Qip is an electronic system that can easily be accessed through your internet browser by utilizing the following internet address for E-Qip at [www.opm.gov/e-qip/](http://www.opm.gov/e-qip/), please be aware that you will only have access to the system after you have been fingerprinted. An email notification will be sent to the email address you provide. You will be given (FOUR) 4 business days to complete the online questionnaire.

I authorize the following perspective volunteer to be fingerprinted.

X \_\_\_\_\_  
Voluntary Service Staff Member Signature

**THANK YOU FOR YOUR COOPERATION  
HINES VA HOSPITAL STAFF**





## APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of veteran patients in all VA facilities.

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under the authority of 38 U.S.C. 513 and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA125 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

|  |                          |  |               |
|--|--------------------------|--|---------------|
| NAME (Last, First, Middle Initial)                             |                          | ADDRESS (Street, City, State and Zip Code) | DATE          |
| [ ]  |                          | [ ]  | [ ]           |
| Telephone Number   | Email Address (Optional) | Date of Birth                              |               |
| [ ]  | [ ]                      | [ ]  |               |
| ORGANIZATION MEMBERSHIP(S) Unit, Post, Chapter, if affiliated) |                          | ASSIGNMENT PREFERENCES                     |               |
| [ ]  |                          | 1. [ ]                                     | 2. [ ] 3. [ ] |

EXPERIENCE AND TRAINING (special skills/abilities)

[ ]

|  |                               |
|--|-------------------------------|
| RESTRICTIONS, LIMITATIONS OF SERVICE (Health concerns, medications, allergies, etc.) | AVAILABILITY (Days and times) |
| [ ]  | [ ]                           |

IN CASE OF EMERGENCY PLEASE CONTACT (name, relationship, phone number)

[ ]

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

|                       |      |
|-----------------------|------|
| [ ]                   | [ ]  |
| Volunteer's Signature | Date |

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

\_\_\_\_\_  
 VAVS Program Manager - Appointing Official Signature Date

**OFFICE USE ONLY**

|                     |                                |
|---------------------|--------------------------------|
| 1. SUPERVISOR [ ]   | 2. SUPERVISOR PHONE NUMBER [ ] |
| 3. ORIENTATIONS [ ] | 4. UNIFORM [ ]                 |

|          |                            |      |
|----------|----------------------------|------|
| COMMENTS | NAME AND TITLE OF REVIEWER | DATE |
| [ ]      | [ ]                        | [ ]  |

**EDWARD HINES, JR. VA HOSPITAL**  
**HOSPITAL RULES**

**YOU MUST** take a Mantoux (tuberculosis) 2-step skin test prior to beginning you assignment.

**DON'T** discuss or argue conversational topics such as race, religion or politics.

**DON'T** interrupt anyone while in a patient's room. Any patient information will not be discussed with anyone.

**DON'T** become financially involved with a patient. This means you **CANNOT** handle any banking needs, including check cashing, handling of patient cash, or any other personal banking requests.

**DON'T** sign wills, legal or business papers of any kind.

**DON'T** accept gifts, loan or borrow money to or from anyone.

**DON'T** allow yourself to become emotionally involved with patients. You **MUST NOT** show any partiality.

**DON'T** give anyone your address or phone number.

**DON'T** bring gifts, food, alcohol, narcotics, cigarettes, or medicine to any patient.

**DON'T** photograph, film, video or audio tape any patient without prior written authorization.

**DON'T** probe or ask personal questions.

**DO** be a good listener, friendly but impersonal. Conduct yourself with dignity and courtesy at all times.

**DO** report any unusual or sudden changes in a patient's condition to the ward nurse, doctor or appropriate VA employee.

**DO** accept and respect any advice or suggestions from the staff; we are here to help you.

**DO** report any accidents or injuries to your supervisor immediately.

**YOU MUST** wear your identification badge **AT ALL TIMES** while you are volunteering at this hospital. **BE PROUD** of volunteering at Hines.

All volunteer/group/organizational activities **MUST** be coordinated through Voluntary Service.

**I HAVE READ AND UNDERSTAND THE ABOVE HINES VA HOSPITAL RULES. I ALSO UNDERSTAND THAT ANY VIOLATION OF THESE RULES IS GROUNDS FOR IMMEDIATE DISMISSAL.**

\_\_\_\_\_  
**SIGNATURE OF VOLUNTEER**

\_\_\_\_\_  
**DATE**

**Edward J. Hines, Jr. Hospital  
Hines, IL  
Confidentiality Statement**

I \_\_\_\_\_,  
am aware of the requirements for confidentiality. I will not divulge any information in any way to any person except in accordance with established confidentiality regulations. The penalties for unauthorized disclosure of confidential and privileged records have been explained to me.

Under Section 3305, 38 U.S.C. and VA confidentiality regulations, records and documents which are confidential and privileged information, except as authorized by established confidentiality regulations, shall be fined not more than \$5,000.00 in the case of the first offense and not more than \$20,000.00 in the case of each subsequent offense.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMPLOYEE HEALTH Tb (Tuberculosis) SKIN TEST DOCUMENTATION FORM**  
 Edward Hines, Jr. VA Hospital 5000 S. 5<sup>th</sup> Avenue, Hines, IL 60141  
 Employee Health Bldg. 1, Section E, Room 120 - Phone 708.202.2186 - Fax 708.202.2310

|                               |                                    |   |
|-------------------------------|------------------------------------|---|
| VOLUNTEER/EMPLOYEE NAME _____ | SS# (last four) _____              | DATE _____  |
| ADDRESS _____                 | DAYTIME PHONE WITH AREA CODE _____ |   |
| CITY, STATE & ZIP CODE _____  | DATE OF BIRTH _____                | SEX _____   |
| E-MAIL ADDRESS _____          | <input type="checkbox"/> EMPLOYEE  | <input type="checkbox"/> ADULT VOLUNTEER <input type="checkbox"/> STUDENT VOLUNTEER |

Employees/Volunteers are **REQUIRED** to be screened for tuberculosis (Tb) prior to your start date. If available, please provide documentation of previous Tb testing documentation. If you have a history of a positive Tb skin test, you may receive a chest x-ray unless evidence of a negative chest x-ray is presented. In addition, please review the symptoms of Tb highlighted in the last paragraph and sign below.

Please bring this form to Employee Health (see above) on Mondays, Tuesdays, Wednesdays or Fridays (**not on Thursdays**) between **8 a.m.-12 p.m.** or **2 p.m. and PRIOR to 4 p.m.** for the test. Please anticipate 2 or more additional visits for evaluation and administration with the dates to be determined. If you fail to return for the reading, you may need to have the test repeated.

\*\*\*\*\***INFORMATION BELOW TO BE COMPLETED BY EHS MEDICAL PERSONNEL**\*\*\*\*\*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> NKDA                               | <input type="checkbox"/> Allergy                      | (To be performed 1-3 weeks after first test<br>and only if first test is negative/not positive) |
| <input type="checkbox"/> No Hx of +TST                      | <input type="checkbox"/> No Immuno/Medical Compromise |   |
| <input type="checkbox"/> No Hx of Latex sensitivity/allergy |   |   |
| If yes, reviewed latex form _____ (initial)                 |   |   |

TEST #1

TEST #2

|   |   |
|---|---|
| Administration Date: _____ CPRS <input type="checkbox"/><br>Lot #: _____ Exp. _____ Mfr. _____<br>0.10cc L or R forearm ID (circle L or R)  | Administration Date: _____ CPRS <input type="checkbox"/><br>Lot #: _____ Exp. _____ Mfr. _____<br>0.10cc L or R forearm ID (circle L or R)  |
| Titled Signature: _____   | Titled Signature: _____   |
| Date Test Read: _____ CPRS <input type="checkbox"/><br>Result: Negative: _____ ( ) mm of induration<br>Not Positive: _____ ( ) mm of induration<br>Positive: _____ ( ) mm of induration<br>Indeterminate: _____ | Date Test Read: _____ CPRS <input type="checkbox"/><br>Result: Negative: _____ ( ) mm of induration<br>Not Positive: _____ ( ) mm of induration<br>Positive: _____ ( ) mm of induration<br>Indeterminate: _____ |
| Titled Signature: _____   | Titled Signature: _____   |

|  |  |
|--|--|
| Quantiferon T-spot Test ordered/reviewed (circle one)<br>Date: _____ Result: _____<br>If positive, will need chest x-ray<br>** POSITIVE results/history of the following tests will<br>Require a chest x-ray:<br>✓ TST<br>✓ Quantiferon<br>✓ T-spot Test | Results Reviewed<br>Titled Signature _____<br>Chest x-ray Date: _____<br>Chest x-ray Results _____<br>Results Reviewed<br>Titled Signature _____ |
|--|--|

\*\*\*\*FOR THOSE WITH A POSITIVE TB SKIN TEST HISTORY\*\*\*\*

If you have had a positive Tb skin test in the past and are NOT experiencing any Tb symptoms **such as persistent cough, night sweats, coughing up blood, malaise or weight loss**, please sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR EHS PERSONNEL ONLY: Clearance Form to Voluntary Services via  VOLUNTEER or  I/O MAIL