

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

BECOMING A VOLUNTEER

Step 1. Complete the Special Agreement Check (SAC), a fingerprint check, which is given to you here at no charge. Take the attached completed form to the Human Resource Office (**Building 17**) the hours are Monday – Friday 8:00am to 4:30pm. Upon completion you will receive an SAC receipt that also must be brought to Employee Health Office (**Room E 120 – Building 1**) for copying and the original must be brought to the Voluntary Service Office (**Building 9**).

Step 2. New Volunteer Mantoux Test (a 2-step tuberculosis (TB) skin test) which is given to you here at no charge. If you have had a TB skin test within the past year, please bring a copy of the results with you. You will be retested in one to three weeks after your initial testing. Upon completion of the 2-step you will receive a Mantoux Test Verification form that must be brought to the Voluntary Service Office (**Building 9**). The Employee Health Office (**Room E 120 – Building 1**) is open Monday – Friday from 8:00am to 4:00pm. **SORRY...NO TESTING ON THURSDAYS**

If you are performing Court Ordered Community Service, you must bring in all appropriate paperwork from the court prior to beginning any step.

Step 3. 3 WEEKS after completing Steps 1& 2, you must call this office to check if the fingerprint results have cleared, and **pre-register** for one of the orientation sessions listed below, by calling (708) 202 – 2523 the hours of 7:00am & 3:00pm, Monday through Friday (except Federal Holidays). There are a limited number of spaces, so some dates may not be available.

Orientations are in Voluntary Service area in **Building 9** and start at **9:00am**. You must be prompt, if you are late, you will be advised to call and reschedule. Bring the remainder of the paperwork you received with you to the orientation. Parking is an issue, there may be some volunteer parking spots available, you must come in and ask for a one day parking pass for your vehicle, if you park in one of those spots.

Orientations are in Voluntary Service Area in building 9 beginning **promptly at 9:00am & last approximately 1 to 1 ½ hours.**

2013

Tuesday, January 8	Monday, August 5
Thursday, January 24	Wednesday, August 21
Monday, February 4	Monday, September 9
Thursday, February 14	Thursday, September 19
Wednesday, March 6	Tuesday, October 8
Monday, March 25	Wednesday, October 23
Tuesday, April 9	Thursday, November 7
Monday, April 22	Tuesday, November 26
Tuesday, May 14	Wednesday, December 4
Thursday, May 30	

**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

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

YOU MUST take a Mantoux (tuberculosis) (2-step) skin test prior to beginning your 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 to anyone.

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 an 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

Hines VA Hospital
5000 S. 5th Avenue
Hines, IL 60141

NEW VOLUNTEER MANTOUX TEST

VOLUNTEER NAME

DATE

ADDRESS

SOCIAL SECURITY

CITY, STATE & ZIP CODE

DATE OF BIRTH

PHONE # WITH AREA CODE

SEX

Employees/Volunteers are **REQUIRED** to take a tuberculin skin test (2-step) prior to starting.

If the reaction is negative, a second test will be administered within two (2) weeks, except for those with written evidence of a negative Mantoux test within the previous twelve (12) months.

If the reaction is positive, a chest x-ray will be administered.

If you have a history of a previous positive Mantoux test, you will receive a chest x-ray unless evidence of a negative chest x-ray within the previous twelve (12) months is presented.

Please report with this notice to the Employee Health Section, **Building 1, Room E120** any day, except **THURSDAYS** for the test between 8:00am and 4:00pm. The skin test **MUST** be checked by Employee Health personnel 48 to 72 hours after being administered. If you have any questions, please call (708) 202 - 2186. Those tests not read are invalid and will have to be repeated.

SAC

HINES VOLUNTEER SPECIAL AGREEMENT CHECK

NAME: _____
(Last Name) *(First Name)* *(Middle Name)*

SSN: _____ DATE OF BIRTH: _____

ALIAS: _____ RACE: _____ SEX: _____

EYE COLOR: _____ HAIR COLOR: _____

HEIGHT: _____ WEIGHT: _____

PLACE OF BIRTH: _____
(CITY & STATE / COUNTRY)

RESIDENT ADDRESS: _____

Including (STREET/CITY/STATE/ZIP CODE)

PERSONAL EMAIL ADDRESS: _____

SCHOOL EMAIL ADDRESS: _____

CITIZEN: _____ JOB TITLE: **VOLUNTEER**

SCARS, MARKS, TATTOO(S): _____

NAME OF COLLEGE/UNIVERSITY/MEDICAL SCHOOL _____

TYPE OF APPOINTMENT *(check one)*

_____ Employment (Paid) _____ Fee Basis (Consultant) _____ WOC **XXXX VOLUNTEER**

_____ Intern _____ Resident _____ Work-Study _____ IPA _____ Other (specify): _____

Kim D. Rusiecki, Voluntary Service Specialist

Signature of Appropriate Service / Service Line Official

Date