

HINES VA HOSPITAL
VOLUNTARY SERVICE
5000 S. 5th AVENUE
HINES, IL 60141-3030
(708) 202 2523

BECOMING A STUDENT VOLUNTEER

STUDENT MUST BE at least 12 years old by the date of orientation.

Complete the entire volunteer application packet and bring it with you on your scheduled orientation date. Note: The report of medical history MUST be completed & signed by a parent or guardian.

YOU MUST CALL & MUST BE PRE - REGISTERED for only one of the orientation dates below by calling (708) 202-2523 Monday through Friday **7:00 to 3:00pm.**
No walk -ins allowed.

These are the only dates for student volunteer orientations

A MANDATORY Mantoux/Tuberculosis (TB) skin test will be given to you during the orientation. You **MUST** return 2 days later to get the results read. The Employee Health staff can give you more information. If you have received a TB Test during the past year, bring a copy of the results.

ORIENTATIONS TAKE PLACE IN BUILDING 9 - AUDITORIUM

2012 STUDENT VOLUNTEER ORIENTATION DATES

TUESDAY, MAY, 29
TUESDAY, JUNE, 5
MONDAY, JUNE 18

YOU MUST BE ON TIME – NO EXCEPTIONS

ORIENTATION BEGIN AT 9:00 AM PROMPTLY
& TAKE APPROXIMATELY 4 - 5 HOURS INCLUDING LUNCH
Meal Tickets for lunch will be provided

You will not be allowed to enter once the orientation has begun.

If you are late, you will be advised by staff to call and reschedule for another orientation.
If there are no other dates available you will have to wait until next year to apply.

**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

NOTE TO STUDENTS AND PARENTS: The VA hospital is a federal building, and, as such, must be open to the public. Our employees, patients and volunteers come from diverse backgrounds. Eligible veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide veterans care and to protect our employees, patients and volunteers as that care is provided.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VA Voluntary Service (VAVS) staff member.

Signature _____

Date _____

PARENT/GUARDIAN: The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program.

Signature _____

Date _____

NOTE: Completion of this application does not guarantee acceptance into this program.

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

YOU MUST take a Mantoux (tuberculosis/TB) 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 handling of patient cash or take any or ask for any money from patients or staff. .

DON'T accept gifts, from anyone.

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

DON'T give any personal information like 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 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
Hines, IL 60141

NEW STUDENT VOLUNTEER MANTOUX TEST

VOLUNTEER NAME

DATE

ADDRESS

CITY, STATE & ZIP CODE

CITY, STATE & ZIP CODE

DATE OF BIRTH

PHONE # WITH AREA CODE

SEX

Employees/Volunteers are **REQUIRED** to take a tuberculin skin test prior to starting **their employment**.

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 between 8:00am and 4:00pm except Thursdays for the test. The skin test **MUST** be checked by Employee Health personnel 2 days after being administered. If you have any questions, please call Ext. 22186. Those tests not read are invalid and will have to be repeated.

**Hines VA Hospital
Medical Authorization**

NAME OF STUDENT _____
(Please Print Name)

History of allergy to: _____

I also grant permission for my child to receive emergency medical treatment, including injections, surgery or hospitalization, if injured while volunteering, and to have an initial tuberculin skin test.

PARENT DAYTIME TELEPHONE NUMBER: _____

NAME OF PARENT/GUARDIAN: _____
(Please print name)

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

The following person(s) may also be contacted in case of an emergency:

Name

Daytime Telephone #

Name

Daytime Telephone #