

VCU Medical Center
Volunteer Services Department
Box 980256, Richmond VA 23298-0256 804-828-0922

FALL 2006 Volunteer Orientation
NEW REQUIREMENT FOR FALL 2006:

Before we accept your application and before you sign up to volunteer, you must present your immunization record and the results of a TB test given on or after 8/12/06. Returning volunteers also will need to get a TB test before signing up for a fall volunteer placement

The **2006 Fall Orientation** will be for all current and new college and graduate students who wish to become volunteers this semester. You **must** complete the following steps:

1. Complete the attached application form, the 50-hour commitment form, the confidentiality statement and the advisor information. If this is the first time you have volunteered with us, you need to present a copy of your immunization records completed and signed by either your own physician or by your school's Student Health Office. TB tests are required annually for all volunteers. There are exemptions to this since some people cannot take this test.
2. Bring your **completed volunteer application** to the Volunteer Services Office, beginning on **AUGUST 15** and sign up for an Orientation session. You will also be choosing the area in which you wish to volunteer from a list of currently available placements. Bring your driver's license (or other official identification - i.e.: passport) and your student ID if you attend Virginia Commonwealth University. We need to make copies of these forms of identification in order for you to obtain a VCUHS Volunteer ID. *Please note that our office hours are: 8:30 am - 4:00 pm Monday through Friday.*
3. **New** college volunteers need to bring the completed immunization form and proof of a TB test to **Volunteer Services**. Returning volunteers just need proof of a current negative result of the TB test. If you have any questions about the date of your last TB test, please ask us.

Sign-Up will be on a first come, first serve basis. Please come on time!

You only need to attend one session

We will offer **ORIENTATION SESSIONS** on the following dates:

Orientation Session 1	Wednesday, Sept. 6	2:00 – 4:00 pm
Orientation Session 2	Wednesday, Sept. 6	5:00 – 7:00 pm
Orientation Session 3	Thursday, Sept. 7	9:00 – 11:00 am
Orientation Session 4	Thursday, Sept. 7	2:00 – 4:00 pm
Orientation Session 5	Friday, Sept. 8	9:00 – 11:00 am

At the end of each Orientation session, you will be asked to purchase a Volunteer shirt for \$10. All volunteers **must** wear the volunteer shirt and volunteer identification when volunteering in the hospital unless the placement requires scrubs. If you have any questions, please call the Volunteer Office at 804-828-0922. We are located on the first floor of the Main Hospital near the Coffee Shop and the Cashiers' Office. VCU Student Health has changed its policies as it relates to TB testing: Full time VCU students can be tested for TB at no charge. Part-time students will be charged \$10 for a TB test.

**COLLEGE/GRADUATE STUDENT
VOLUNTEER APPLICATION**

NAME _____
(Last) (First) (MI)

Name you prefer to be called _____ SS# _____

College Address _____
(Street)

(City) (State) (Zip)

Phone Number _____ Date of Birth _____ Sex _____

College you attend _____ Major/Year _____

E-Mail Address _____
(Please Print)

Have you ever been charged with a misdemeanor or a felony? _____ If yes,
please explain:

In case of emergency, we should contact:

Name _____ Phone _____

Relationship to student _____

I hereby apply for a volunteer position with the VCU Medical Center. I understand and agree to comply with the requirements and regulations of the Medical Center. Additionally, I agree to return my hospital identification badge to Volunteer Services when I complete my volunteer work.

Volunteer Signature _____ Date _____

VCU Medical Center
EMPLOYEE HEALTH
West Hospital – 1st floor
828-0584

Please provide the following information to Employee Health prior to registering as a volunteer at the VCU Medical Center.

NAME _____ Date of Birth _____
Address _____ City _____ State _____ Zip code _____
Social Security# _____ VCUHS Medical Record # _____
Will Be Completed By Employee Health Staff

Measles vaccine (2 live doses) is required. (May be as 1 MMR and 1 measles.)

Dates: (1) _____ and (2) _____

Has had chickenpox? YES _____ NO _____ If YES, give date _____

Has had chickenpox (Varicella) vaccine? NO _____ YES _____ If YES, give dates 1) _____ 2) _____

Has had a PPD in the last year? NO _____ YES _____ If YES, give date _____

If YES, give results: Negative _____ Positive _____

If positive, was a chest X-ray done? NO _____ YES _____ If YES, give date _____

Also, if yes, give results _____

Please include a copy of the X-Ray if done within the last year.

INH was taken: NO _____ YES _____ If YES, give dates _____

If you have NOT had a PPD within 30 days of your start date for volunteering, you will need to have one and present the results to Employee Health before beginning to volunteer. If you have questions, you can call the Volunteer Office at 804-828-0922 or Employee Health at 804-828-0584.

Signature of Physician or Student Health Staff _____ Date _____

NOTE: If you are unable to have your physician or someone from your student health department sign this form, please attach a copy of your student health record to this form and return it to VCUHS Employee Health.