

OHSU

HOSPITALS AND CLINICS

We are delighted you have contacted us regarding the volunteer program here at Oregon Health & Science University. We offer a wide array of volunteer opportunities in a variety of settings. Volunteers are an integral part of the health care team at OHSU and we are looking for people who are willing to make a firm commitment of their time and talents to our volunteer program.

Volunteers are asked to commit to the following:

- ✓ Contribute a **3-4 hour** shift **per week** for a minimum **six month (26 consecutive weeks)** period.
- ✓ Attend appropriate training/orientation meetings as they pertain to the volunteer assignment.
- ✓ Purchase a volunteer uniform at the cost of \$12.00.
- ✓ Obtain an initial **2-step** tuberculin (TB) skin test screening (provided free of charge).
- ✓ Obtain annual tuberculin (TB) skin test (provided free of charge).
- ✓ Provide information for a national criminal background check.
- ✓ Show proof of identity (driver's license, passport, birth certificate)
- ✓ Participate in the interview, screening and placement process.
- ✓ Complete compliance trainings

Our minimum age requirements are as follows:

- **HIGH SCHOOL STUDENTS:** At least 14 years of age **and** in 9th grade
- **ADULT PROGRAM:** At least 18 years of age

Please review the enclosed information, and if you are ready to get involved at this time;

- 1st. Complete the application forms, and start the TB screening process.
****Please, for your own security, DO NOT mail or fax your application forms. Bring them with you to our office.**
- 2nd. Contact us at **503-494-0248** to schedule an interview for volunteering at OHSU Hospital & Clinics.

We look forward to hearing from you!
Sincerely,

Ivy M. Nelson
Director, Volunteer Services

DEPARTMENT OF VOLUNTEER SERVICES
OREGON HEALTH & SCIENCE UNIVERSITY
3181 SW SAM JACKSON PARK RD, UHS-21 • PORTLAND, OR 97239-3098 • 503-494-8236
www.ohsu.edu/volserv • volnteer@ohsu.edu

OHSU

HOSPITAL AND CLINICS

NAME _____ LAST 5 DIGITS OF SS# _____
(Last) (First) (Middle)

ADDRESS _____ CITY _____ ZIP _____

PRIMARY PHONE _____ BUSINESS PHONE _____ EMAIL _____

EMPLOYER _____ JOB TITLE _____ MAY WE CONTACT YOU
AT WORK? YES NO

PRESENTLY IN SCHOOL? IF SO, NAME OF SCHOOL & GRADE _____

COURSE OF STUDY _____ HIGHEST DEGREE ATTAINED _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE(S) _____

REFERENCES:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

ADDITIONAL INFORMATION:

BIRTHDATE _____ OTHER LANGUAGE (S) SPOKEN _____

Month - Day - Year

SPECIAL SKILLS/INTERESTS _____

VOLUNTEER EXPERIENCE _____

WORK EXPERIENCE _____

DO YOU HAVE ANY RELATIVES WORKING AT OHSU? IF SO WHAT DEPARTMENT? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (circle one) YES NO -IF YES, PLEASE EXPLAIN: _____

VOLUNTEER PREFERENCES: (mark preferences)

VOLUNTEER TIME (Indicate hours available): Mornings _____ Afternoons _____ Evenings _____

VOLUNTEER DAYS (Circle availability): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

VOLUNTEER PREFERENCE: (Indicate Areas of Interest) _____

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE. BY SIGNING THIS VOLUNTEER APPLICATION FORM I AGREE TO COMMIT TO A MINIMUM OF 6 MONTHS (26 WEEKS) OF VOLUNTEER SERVICE AT OHSU.

SIGNATURE _____ DATE _____

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OHSU VOLUNTEER AGREEMENT

If accepted as a volunteer, I agree to the following:

1. I shall not seek to obtain information from or about patients and hold as absolutely CONFIDENTIAL all information that I may obtain directly or indirectly concerning patients, doctors, or staff.
2. I will commit to volunteering at OHSU for a minimum of 6 months (26 weeks).
3. I shall not solicit my political or religious beliefs to patients and/or their families.
4. My services are donated to the hospital without contemplation of compensation or promise of future employment.
5. I understand that it is a violation of the hospital policy to solicit business or act as an agent for an outside business or to solicit business from patients or staff.
6. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital property, unless I receive the express authorization of the Director of Volunteer Services to engage in such activities.
7. I shall submit to a medical screening, which may include: TB screen, chest x-ray and or immunizations, that may be necessary as part of my volunteer assignment.
8. I shall be punctual and conscientious; conduct myself with dignity, courtesy and consideration of others; and endeavor to make my work professional in quality.
9. I shall attempt to resolve any problems related to my volunteer assignment with my supervisor and the Director of Volunteer Services.
10. I shall make my best effort to fulfill my commitment to OHSU by completing all volunteer assignments that I accept.
11. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with hospital policy; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; (d) any other circumstances which in judgment of the department director, would make my continued service as a volunteer contrary to the best interest of the hospital.
12. At the end of my volunteer assignment I will return my ID badge and parking pass (when applicable) to the Department of Volunteer Services

I have read each of the above conditions and agree to be bound by them.

Volunteer Name (please print)

Volunteer Signature

date

Parent/Guardian signature (if volunteer is under 18 years of age)

date

Send request to Public Safety, PP22C, Fax #503-494-4839

OHSU - BACKGROUND DISCLOSURE

Application for employment, volunteer services or other designated affiliations with Oregon Health & Science University requires the completion of this background disclosure form and authorization to conduct a consumer report under the FCRA guidelines (separate form). If you are a finalist for a position of employment, volunteer services or other designated affiliation, as part of the application process, a background check including, but not limited to, criminal offender inquiry must be completed. Prior conviction does not necessarily disqualify any applicant from employment, volunteer service or designated affiliation. A risk assessment will be made that considers the conviction relative to the essential job functions, the time frame in which the offense occurred and any mitigating circumstances.

The information below will be used only as identifying information for the purpose of this background check. Oregon State Police Identification Services Section Administrative Rule 257-10-035 adopted under ORS 181.555 allows an individual to review his/her Criminal History for inaccurate or incomplete information. If after review the individual believes that the record is incomplete or incorrect he/she must notify the Department of State Police of their concern and request completion or correction. You, as an individual, have certain rights under Title VII of the Civil Rights Act of 1964. If you wish to become informed of these rights under this Act, you may obtain further information by contacting the Equal Employment Opportunity Commission, 909 First Avenue, Suite 400, Seattle Washington 98104-1061; telephone: (800) 669-3362. Information regarding federal civil rights law and arrest records can be obtained by contacting the Bureau of Labor and Industries.

Please print clearly:

Full Name (Last, First, Middle): _____

Other legal names you have used: _____

Mailing Address: _____ **City/State/Zip:** _____

Date of Birth: _____ **Social Security #:** _____ **Sex:** M() F()

Position Applied for: _____ **DL or State ID#** _____ **State of Issue:** _____

Department: _____ **New Hire** ____ **Transfer Application** ____ **Student** ____

Does the position you are applying for require driving as part of the job responsibilities? No ____ Yes ____

Have you ever been convicted of any crimes (misdemeanors and/or felonies), including DUI? No ____ Yes ____

If yes, list ALL convictions, including details of date, city/state, and offense(s):

Have you lived outside of Oregon including school or temporary work at any time during the last ten (10) years? No ____ Yes ____

If yes, please complete the following for each such residence: (If more than three, please list on separate page)

County of Residence	City of Residence	State of Residence	Dates of Residence

I certify that the above information is true, correct and complete. I understand that a background check will be made if I am a final candidate for employment, volunteer services or other designated affiliation, and further understand that if an investigation discloses untruthful or misleading answers, my application may be removed from consideration. I also understand that if my appointment to a position at OHSU is confirmed, I will be required to disclose any convictions that may occur during the course of my affiliation with OHSU to the Office of Public Safety. I understand that the information provided by me is considered confidential.

Signature of Applicant _____ Date Signed _____

Hiring Manager (please print): _____ E-mail: _____

Department: Volunteer Services Fax: 4-3980 Mail Code: UHS-21 Ext. _____

Mission: ☒ Hospital/Clinics ☐ Research Inst/Central Svcs/West Campus ☐ Academic Units

Send request to Public Safety, PP22C, Fax #503-494-4839

**Oregon Health & Science University
Fair Credit Reporting Act Disclosure and Authorization Form**

FOR VOLUNTEER USE ONLY

DISCLOSURE

As an applicant for Volunteer Services, you have rights under the Fair Credit Reporting Act ("FCRA"). By this document, OHSU discloses to you that a report regarding your criminal background and your previous addresses may be obtained for volunteer purposes as part of the initial background investigation and/or at any time during your volunteer services. This report may qualify as a "Consumer Report" subject to the requirements of FCRA. If OHSU obtains a criminal background and previous address report about you and if OHSU considers any information in the report when making a volunteer related decision that directly and adversely affects you, OHSU will provide you with a copy of the report and a summary of your rights under FCRA before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA.

AUTHORIZATION

By signing below, I, _____, acknowledge that I have received the foregoing disclosures that OHSU may obtain a report regarding my criminal background and previous addresses as part of its initial background investigation and during the course of my volunteer work. By signing below, I voluntarily authorize OHSU to obtain this report about me and to consider the report in its background investigation and when making decisions during the course of my volunteer work. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed about. Such a report will be obtained for volunteer purposes only.

Applicant Signature and Date

OHSU Representative and Date

Oregon Health & Science University

HOSPITAL AND CLINIC VOLUNTEER OPPORTUNITIES

PATIENT SERVICES

Ambassador Service on the Marquam Hill Campus: Greet incoming patients as they arrive for their appointments and direct them to their clinic visits assuring they arrive to the appropriate clinic building in a timely manner and via the most direct route. Provide direct escort, and/or wheelchair assistance if needed.

Ambassador Service at the Center for Health and Healing: Volunteers assist with greeting and directing arriving patients and visitors to the Center for Health and Healing, located on the South Waterfront in the OHSU Commons. They will assist with directions and escorting patients to their various appointments.

Animal Assisted Therapy Program: Volunteer teams (dog/cat) who have been approved by the [DoveLewis Animal Assisted Therapy Education \(DLAATE\) Program](#) through the DoveLewis Emergency Animal Hospital, visit patients in our hospitals and clinics providing comfort, relaxation and companionship

Emergency Department/Triage: Greet and assist incoming patients as they arrive to the Emergency Department. Assist the triage nurse, assuring every patient is seen and greeted in a friendly manner. Assist patients to their exam room and escort patients to further testing, such as x-ray, lab, etc. Stay in touch with patients as they wait in the lounge, reassuring them, and trying to make their wait comfortable.

Emergency Research – CRISP (Critical Research Investigative Study Program): Volunteers assist with gathering data from emergency room patients as part of a research program for purpose of compiling information regarding patients access to and from the emergency department. Volunteers ask questions such as: why they have come? Do they have a doctor? Etc. They do this by speaking directly with the patient and then enter this data into a computer.

Healing Through Music Program: Volunteers with musical talents perform in select areas of the hospital and clinics promoting healing and relaxation for patients, visitors and employees.

MRI: Volunteers greet and welcome arriving patients to the MRI (Magnetic Resonance Imaging) Center. They give patients the MRI screening form, helping them to fill it out if needed. They notify staff of the patient's arrival. They also assist with providing directions and escort when called to do so.

Neurology Clinic Patient Survey Assistance: Volunteers assist in the surveying of patients in the movement disorder clinic during their regular appointments. The data gathered assists with a registry that has been developed to track the patient's progress.

Nursing Units: Volunteers assist staff by taking care of the patient's comfort needs, such as: answering patient call lights, feeding patients, assisting with the ambulating patients, bathing patients, providing a friendly visit, and helping with the discharge process. Volunteers also help with passing nourishments, stocking supplies and running errands for staff.

Oregon Health & Science University

HOSPITAL AND CLINIC VOLUNTEER OPPORTUNITIES

PATIENT SERVICES CONTINUED

Patient Meal Tray Delivery: Volunteers deliver patients meals during lunch and dinner ensuring patients receive their meals in an efficient and timely manner.

Women's Health Resource Library: Volunteers assist patients visiting the Center for Women's Health, by retrieving information regarding specific medical conditions. This may include pamphlets, reference books, or internet searches.

FAMILY AND GUEST SERVICES

Kohler Pavilion ICU Waiting Room: Volunteers greet and welcome families into the ICU waiting room, informing them of visiting policies and protocol as well as the amenities that are available. They instruct family on the procedure for entering into the ICU nursing unit, and answer any questions family may have. Volunteers maintain a compassionate and caring atmosphere, making sure refreshment center is adequately supplied, and maintaining a tidy and neat area for everyone.

No One Dies Alone (NODA): This program provides the reassuring presence of a volunteer companion for the adult, dying patients who would otherwise be alone. With the support of nursing staff, companions are thus able to help provide patients with that most valuable of human gifts ~ a dignified death.

Seasons Specialty Shoppe: Volunteers will assist in the Seasons Specialty Shoppe located inside the Center for Women's Health, in the Kohler Pavilion. The store carries tea, healthy snacks, fine chocolates, unique cards, hand crafted jewelry and body products. It is primarily geared toward women's health issues and carries clinician recommended books and products.

Surgery Waiting Room: Volunteers are the liaison between the operating room and family members during surgery. They keep families informed of their loved one's progress through surgery, when they arrive into the recovery room and when they are ready to return to their room. They make sure surgeons are able to locate and meet with families for consultations. They also make sure that the waiting room is adequately supplied.

Treasures Gift Shop: Volunteers assist in the retail sales of a very busy gift shop that provides gift items, jewelry, toys, cards, magazines, candy, etc., for sale to families, visitors and employees. Volunteers will operate the cash register, handle cash, assist customers in making selections, and also get involved with providing directions to various areas of the hospital.

MISCELLANEOUS OFFICE/CLERICAL POSITIONS: Volunteers can be assigned to various departments to assist in office work. Duties may include word processing, data entry, filing, answering phones, mailings, greeting visitors, copying and collating materials, preparing handouts, compiling reports, looking up materials/subjects in the internet, and various other office related work.

OHSU VOLUNTEER SERVICES

Tuberculin (TB) Screening

All new volunteers are required to participate in a “Two Step” tuberculin (TB) screening. In addition all active volunteers are required to receive an annual screening in order to continue to volunteer in any of the areas of OHSU.

ALL NEW VOLUNTEERS:

- Receive an initial TB test/screen
- 2-3 days later they have the test read
- Repeat the TB test 1 week from the initial test
- 2 -3 days later they have the final reading

This screening is provided free of charge to volunteer candidates at the OHSU EMPLOYEE HEALTH DEPARTMENT located in the Multnomah Pavilion, Room 1SE. The Multnomah Pavilion is located behind the Physicians Pavilion.

*If you have had a TB test with in the last 12 months AND have a copy of the official test reading, this will qualify as your first test. Please bring a copy in to our office with your application. You will then need to complete one more TB skin test.

**If you have a history of positive skin screening, or if the initial tests results in a positive reading, you will be asked to submit to a chest x-ray and answer a health questionnaire.

ALL ACTIVE VOLUNTEERS NEED AN ANNUAL TB SCREEN:

All active volunteers are required to obtain an annual screening. TB screenings are performed free of charge at the OHSU EMPLOYEE HEALTH DEPARTMENT located in the Multnomah Pavilion, Room 1SE. Multnomah Pavilion is located behind the Physicians Pavilion.

Employee Health Hours of Operation

Monday, Tuesday, Thursday & Friday BY APPOINTMENT ONLY

Call 503-494-5271 - you may leave a message

Mondays: 7:00a.m. - 4:00p.m.

Tuesdays & Thursdays: 7:00a.m. - 4:00p.m.

Fridays: 7:00a.m. - 4:00p.m.

DROP IN TIME (no appointment necessary) Wednesdays

Wednesdays: 7:00a.m. – 4:00p.m.

Employee Health is closed on weekends.

Your TB test can be read and signed off by anyone of the following people: Employee Health Nurse, Registered Nurse, Medical Doctor, Ivy or Raul in Volunteer Services

Please complete the top portion to the best of your knowledge. Follow instructions for **TB testing** and other vaccines as needed and, when complete, return this form to Volunteer Services. If you know you have had the vaccine, but do not remember when, please mark "yes" and indicate an approximate date. If you are unable to mark at least one "yes" in each of the 3 sections, you need to contact Employee Health for a vaccination, titer, or waiver.

Name (please print): _____

Home phone: (____) _____ Volunteer at: ☐ Doernbecher ☐ OHSU ☐ Both

Varicella or Chicken pox	Have you had the Chicken pox?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has your blood been tested for immunity to chicken pox?	If Yes, Year _____ & result _____	<input type="checkbox"/> No
	Have you had chickenpox vaccine?	If yes, # of doses _____ and year _____	<input type="checkbox"/> No
Rubella: 3 Day or German Measles	Have you had one or more doses of rubella vaccine?	If yes, give year _____	<input type="checkbox"/> No
	Has your blood been tested for immunity to rubella?	If yes, give year _____ And result _____	<input type="checkbox"/> No
Measles 10 Day or Hard Measles	Is your birth day after 1957?	If yes, give year _____	<input type="checkbox"/> No
	Have you had a case of measles that was diagnosed by a physician?	If yes, give year _____	<input type="checkbox"/> No
	Have you had at least two doses of live virus measles vaccine?	if yes, give years _____	<input type="checkbox"/> No
	Has your blood been tested for immunity to measles?	If yes, give year _____ & Result _____	<input type="checkbox"/> No

Tuberculosis History:

When was your last TB skin test? ____/____/____, Results: ☐ Negative ☐ Positive ☐ Unknown

If positive, When was your first positive test? ____/____/____

Have you ever taken INH? ☐ No ☐ Yes, from ____/____/____ to ____/____/____

When was your last chest X-ray? ____/____/____ Result: ☐ Normal ☐ Abnormal

Nurse to indicate (date and initial) vaccines given: _____

MMR (Mumps, Measles, Rubella Vaccination) _____ Influenza _____

Other (specify): _____

<p>First Step PPD*</p> <p>Date applied _____</p> <p>Applied to <input type="checkbox"/> right <input type="checkbox"/> left forearm</p> <p>Date read** _____</p> <p>Result: <input type="checkbox"/> negative (0mm induration - Any other result must be evaluated by OHSU Employee Health)</p> <p>Read by: _____ (name and title)</p>	<p>Second Step PPD*</p> <p>Date applied _____</p> <p>Applied to <input type="checkbox"/> right <input type="checkbox"/> left forearm</p> <p>Date read** _____</p> <p>Result: <input type="checkbox"/> negative (0mm induration. Any other result must be evaluated by OHSU Employee Health)</p> <p>Read by: _____ (name and title)</p>
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*First and second step required unless the volunteer has had a negative PPD within the previous 12 months, in which case the second step may be applied. Second step may be applied no sooner than 7 days after the first step

** PPDs must be read 48-72 hours after application unless applying 2nd step at the same time as the evaluation, in which case the first step (only) test may be read at 7 - 10 days after application, if completely negative.

Directions to OHSU

YOUR APPOINTMENT WILL BE IN THE **OHSU HOSPITAL BUILDING**. THE VOLUNTEER OFFICE IS LOCATED ON THE 9TH FLOOR OF THIS BUILDING, ROOM 9A-11. AS YOU ENTER THIS BUILDING YOU WILL BE ON THE 9TH FLOOR. KEEP WALKING STRAIGHT AHEAD, WE ARE LOCATED JUST PAST THE GIFT SHOP. TAKE A LEFT AFTER THE SIGN FOR **SURGERYWAITING -VOLUNTEER SERVICES**. THE FIRST OFFICE ON YOUR LEFT IS OURS, ROOM 9A-11.

By Bus

Tri-Met Bus #8, To Jackson Park, which runs about every 20 minutes, Monday through Friday, from the downtown Portland transit mall, (on SW 5th Ave) and goes directly to the OHSU campus.

By Car. *Please note the parking information below

From the West

Travel east on Hwy. 26/Sunset Hwy. Stay in the right lane and follow the signs to I-405 (Salem/The Dalles). After passing through the Vista Ridge tunnel, stay to the right as the freeway branches. Take the S.W. 6th Avenue exit. Turn right onto S.W. 6th Avenue and follow the signed directions to the OHSU hospital.

From the East

Travel west on I-84 to the juncture with I-5. Follow I-5 south toward Salem. Cross the Marquam Bridge, merging into one of the two left lanes. Follow the signs to City Center/ Beaverton. Take the S.W. 6th Avenue exit. Get in the left lane immediately and turn left on College Street. Turn left on Broadway Avenue and get in the right lane. Bear right onto S.W. 6th Avenue, following signs to hospital.

From the South

Travel north on I-5. Take exit 297 (Terwilliger Boulevard). Turn left at stop light on S.W. Terwilliger Boulevard. Turn right on Barbur Boulevard and continue for approximately 2.5 miles. Make a sharp left turn on S.W. Caruthers Street (second light past the YMCA). Turn left on S.W. 6th Avenue and follow the signed directions to the OHSU hospital.

From the Southeast

Travel north on S.E. McLoughlin Boulevard or west on S.E. Powell Boulevard. Cross the Ross Island Bridge and take the City Center exit. Follow Corbett Avenue, staying in the left lane. This road will turn into S.W. Kelly, S.W. Arthur and S.W. Caruthers streets before ending at S.W. 6th Avenue. Turn left on S.W. 6th Avenue and follow the signed directions to the OHSU hospital.

From the North

Travel south on I-5. Cross the Marquam Bridge, following signs to City Center/ Beaverton. Take the S.W. 6th Avenue exit. Get in the left lane. Turn left on S.W. Broadway Avenue and get in the right lane. Bear right onto S.W. 6th Avenue, following the signs to OHSU hospital.

From the Northwest

Travel southeast on Hwy. 30 (St. Helens Road) toward City Center, following signs to I-405. Take I-405 south. Take the S.W. 6th Avenue exit. Turn right on S.W. 6th Avenue and follow the signed directions to the OHSU hospital.

From Lake Oswego Area

Travel north on S.W. Macadam Avenue. Turn left on S.W. Boundary Street just past John's Landing. Proceed one block and turn right on S.W. Corbett Avenue; then left on S.W. Hamilton Street. Turn right on S.W. Barbur Boulevard and continue for approximately 2.5 miles. Make a sharp left turn on S.W. Caruthers Street (second light past the YMCA). Turn left on S.W. 6th Avenue and follow the signed directions to the OHSU hospital.

Or travel north on S.W. Boones Ferry Road. Turn left on S.W. Terwilliger Boulevard. Turn right on S.W. Barbur Boulevard and continue for approximately 2.5 miles. Make a sharp left turn at the second light onto S.W. Caruthers Street (second light past the YMCA). Turn left at the second light onto S.W. 6th Avenue and follow the signed directions to the OHSU hospital.

***Parking Information:**

Payment is required for parking on the OHSU/Marquam Hill Campus Monday through Friday, 7 a.m. to 5 p.m.

Parking meters: \$1 per hour (quarters only)

Parking lot passes: \$10 all day, \$6 half day.

Passes may be purchased at the Parking Information Booth at the intersection of S.W. Sam Jackson Park Road and U.S. Veterans Hospital Road

*Assistance is also available at the Parking Information Booth, or by calling OHSU Parking at 503-494-8283.