



CHOC

Quick Response Team
Volunteer Application

Name of Team Leader _____

Address of Team Leader _____

Home phone _____ Cell phone _____ Work Phone _____

Email address (may we contact you via email?) _____

Best time and method to contact _____

If any members of the team are under 18 years of age, you must have an adult advisor(s) with you at all times. An Adult Advisor does not need to be the team leader, but must be a registered team member.

Please attach a roster of names, birth dates and contact information for adult advisors (if there will be members under the age of 18 on the team)

Please attach a roster with the names, birth dates and contact information for all team members

What is your team's name? _____

With what school or organization is your team affiliated _____

Organization's Address _____

Organization's Main Phone _____ Organization's Web Site _____

How did you hear about this opportunity to volunteer at CHOC? _____

Why would your team like to volunteer at CHOC? (500 words or less) _____

Has anyone on your team volunteered at CHOC before? If yes, please list these members and note when they last volunteered, where they worked and why they left. _____

Does your team speak a foreign language fluently? _____ Spanish _____ Vietnamese _____ Other (please specify)

Does your team have any special skills, talents or interests you would be willing to share with us? _____

At what time of day are you interested in holding your four **pre-scheduled work parties**?

Morning (9:00 am -1:00 pm) _____

Afternoon (1:00 pm – 5:00 pm) _____

Evening (5:00 pm – 9:00 pm) _____

Other (please explain) _____

(please select all that apply)

On which days are you interested in holding your four **pre-scheduled work parties**?

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

(please check all that apply)

At what time of day would you be available to participate in **special projects**?

Morning (9:00 am -1:00 pm) _____

Afternoon (1:00 pm – 5:00 pm) _____

Evening (5:00 pm – 9:00 pm) _____

Other (please explain) _____

(please select all that apply)

On which days would you be available to participate in **special projects**?

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

(please check all that apply)

Are there any restrictions to your team's ability to volunteer? (Please consider any physical limitations as well as any calendar conflicts) _____

Will your team participate in the CHOC Walk in early October '05?(Walk teams must have a minimum of six members and raise an average of \$50/member) Yes _____ No _____

EACH TEAM MEMBER MUST COMPLETE THIS PAGE

Pre-screening Requirements

All CHOC Associates and Volunteers are required to undergo a routine health screening and a background check prior to working at the hospital. If your team is selected to participate in this the CHOC volunteer program, we will need to collect the following information from all of your team members:

Background Check - Birthdate, Social Security Number and Gender (only required for team members who are 18 years and older)

Health Screening - Two TB tests in a 12-month period. Our Associate Health office can administer these once you have submitted this application and you have been accepted into the volunteer program.

Proof of MMR Vaccine and proof of Chicken Pox Vaccine. Pertinent results from lab work can be submitted in lieu of a proof of vaccine records. However, there will be an additional fee for this process if you have it completed by the CHOC Associate Health office

Please initial here to indicate that you have read the pre-screening requirements, that your team will be able to provide the required information _____

Administrative fee: \$30.00 for adults, \$15.00 for children under 18 years of age.

In order to help defray the administrative costs associated with our volunteer program, we ask that each volunteer pay an orientation fee. This fee covers your preliminary health screening, your background check, your orientation and your badge. Please note that this fee does not cover additional medical tests that may be required by the CHOC Associate Health Office.

Quick Response Teams may request that they be reimbursed for these fees following a minimum of a cumulative 300 hours of service within a 12-month period.

Confidentiality and Commitment Statement

I understand and agree that in the performance of my duties as a volunteer at Children's Hospital of Orange County [CHOC], I must abide by all policies and procedures, including to hold as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I am volunteering my services to CHOC solely for my personal purposes or benefit without promise or expectation of compensation or benefits.

I agree to serve as a member of my quick Response Team for a total of 300 cumulative hours or more over a minimum of twelve months. During this time, I agree to commit to participate in the pre-scheduled work parties, the CHOC Walk and the special projects my team accepts. I will notify my Team Leader if I am unable to volunteer as scheduled.

Name of Volunteer

Signature of Volunteer

Name of Parent or Guardian if under 18

Signature of Parent or Guardian if under 18