The 2004 SPRING Orientation will be for all current college and graduate students who wish to become volunteers this semester. You must complete the following steps. There will be no exceptions made for the dates listed or for incomplete data.

1. Complete the attached application form, the 50-hour commitment form, the confidentiality statement and the advisor information. The orange immunization record needs to be completed and signed by either your own physician or by your school's Student Health Office. It is helpful if you have a copy of your immunization records.

2. Bring your completed volunteer application to the MCV Volunteer Services Office (located on the first floor of Main Hospital) beginning on TUESDAY, January 27 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 - ie: 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 Volunteer ID.

3. All college volunteers need to bring the completed orange immunization form to Employee Health, which is located on the first floor of West Hospital. The preferred times for college volunteers will be on Friday, January 30 from 9:00 - 10:30 am and from 1:30 - 3:30 pm. If these times are not workable for you due to your class schedule, please let us know and we will set up another time for you. Employee Health will do your health screening and TB test. Depending on your past history of immunizations, it may be necessary for Employee Health to take a blood sample or to give you a second TB test. The nurse will give you a card indicating that you have completed your health screening and we ask that you bring that card back to us in the Volunteer Services Office for our records.

We will offer 3 Orientation sessions this semester.
Sign-Up will be on a first come, first serve basis.
All sessions will be held in the Volunteer Services Office, First Floor Main Hospital.

<table>
<thead>
<tr>
<th>Orientation Session 1</th>
<th>Thursday January 29</th>
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<tbody>
<tr>
<td></td>
<td>2:00 - 4:00 pm</td>
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<table>
<thead>
<tr>
<th>Orientation Session 2</th>
<th>Thursday January 29</th>
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<tbody>
<tr>
<td></td>
<td>Please come on time!</td>
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<tr>
<td></td>
<td>5:00 - 7:00 pm</td>
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<table>
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<tr>
<th>Orientation Session 3</th>
<th>Friday January 30</th>
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<tbody>
<tr>
<td></td>
<td>9:00 - 11:00 am</td>
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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.
COLLEGE STUDENT VOLUNTEER APPLICATION

NAME ____________________________ (Last) ____________________________ (First)

Name you prefer to be called ____________________________ SS# ______________

Address ________________________________________________________________

(Street) __________________________________________________________________

(City) ____________________________ (State) ____________________________ (Zip)

Phone Number ____________________________ Date of Birth ______________________

College you attend ____________________________ Major/Year ______________________

E-Mail Address ____________________________________________________________

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 a volunteer position with the Medical College of Virginia Hospitals. I understand and agree to comply with the requirements and regulations of the Hospitals. Additionally, I agree to return my hospital identification badge (except VCU students) to Volunteer Services when I complete my volunteer work.

Volunteer Signature ____________________________ Date ______________________
CONFIDENTIALITY STATEMENT

As a volunteer with the Medical College of Virginia Hospitals of Virginia Commonwealth University, I acknowledge and understand that I may have access to proprietary or other confidential business information belonging to MCVH. In addition, I acknowledge and understand that I may have access to confidential information regarding MCV Hospitals’ employees, patients and patient care. Therefore, except as required by MCVH or by law, I agree that I will not review or disclose to any other person or allow any other person access to any information related to MCVH which is proprietary or confidential and/or pertains to employees, patients or patient care. “Disclosure of Information” includes, but is not limited to, verbal discussions, fax transmissions, electronic mail messages, voice mail communications, written documentation, “loaning” computer access codes, and/or another electronic transmissions or sharing of data.

I understand that MCV Hospitals, its patients, staff or others may suffer irreparable harm by disclosure of proprietary or confidential information and the MCVH may seek legal remedies available to it should such disclosure occur. Further, I understand that violations of this agreement or any other MCVH policy regarding confidentiality may result in disciplinary action, up to and including termination of my volunteer status.

My signature below indicates that I have read and understand the above agreement and that I accept it as a condition of my acceptance as a volunteer at the Medical College of Virginia of Virginia Commonwealth University.

__________________________________________
(Signature)

__________________________________________
Date

AGREEMENT TO 50 HOUR VOLUNTEER COMMITMENT

I understand that in exchange for the valuable learning experience provided to me by MCVH, I will fulfill my commitment of 50 Hours of Volunteer Service in the placement of my choice to be completed this semester. I further understand that if I fail to finish the 50 hours, I will not receive a reference letter from MCVH Volunteer Services.

College Volunteer’s Signature _____________________________ Date ____________

The following will be sent to your advisor/dean at the end of this semester to confirm your volunteer service at MCV Hospitals.

College Advisor’s Name (or Dean of the School) ____________________________

Box # ___________ Phone ____________________________

__________________________________________

made a commitment to volunteer 50 hours this semester at MCV Hospitals. He/She volunteered ______ number of hours which did ______ did not ______ fulfill this commitment.

__________________________________________

Date

Director, MCVH Volunteer Services
Please provide the following information to Employee Health, prior to registering as a Volunteer at MCV Hospitals.

Name of Volunteer________________________ Date of Birth________________________

Address________________________ City_________ State______ Zip Code____

Social Security #________________________ MCV Medical Record #________________________

(To be completed by MCVH Employee Health)

Will you be volunteering in a pediatric setting? No______ Yes______

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

Dates: (1)________________________ and (2)________________________

Has had chickenpox? No______ Yes______ 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, also give reaction: 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 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, MCVH will provide one free of charge.)

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 MCVH Employee Health Department.
VCU HEALTH SYSTEM
MCV Hospitals
Volunteer Opportunities for College and Graduate Students

NURSING AREAS

The Volunteer duties in the various Nursing Units are very similar. Volunteers run errands, help with discharge of patients, answer the phone, fill water pitchers, etc.

Acute Care Medicine Unit
Admission Unit
Burn Unit
Cardiology/Medicine Unit
Dialysis Unit
ECT Suite - Electroconvulsive Therapy
General/Oncology Surgery Unit
Vascular

CLINICS

Volunteers assist clinic staff with clerical duties such as answering the phone, directing patients to the waiting areas and to the examination rooms and with filing.

Occupational Medicine
Primary Care Clinic
Pediatric Clinic
Pediatric Primary Care Clinic
Pediatric Specialty Clinic
Pre-Op Clinic
Tenth Street Clinic

701 West Grace Street on the VCU campus
2nd Floor in A.D. Williams
3rd Floor in Children’s Pavilion
1st Floor in Children’s Pavilion
4th Floor in Children’s Pavilion
3rd Floor in Ambulatory Care Center
Located at 10th and Clay Street in the Richmond Health Department

PHARMACY

Outpatient Pharmacy
Inpatient Pharmacy

OTHER VOLUNTEER AREAS

Care Coordination
Child Care Center *
Community Health Education Center
Emergency Department - Pediatrics *
Emergency Department – Radiology *
Massey Cancer Center
Occupational Therapy
( Call Gara Lawson for more information 828-3170.)
Physical Therapy
Volunteers must contact Bob McCall at 828-2941 for placement in PT.
Priority will be given to juniors and seniors who are working on completion of PT School admission requirements.
Post Anesthesia Care Unit
Psychiatry Education Office
Volunteer Services Office

OTHER VOLUNTEER NEEDS

Interpreters
PeriSurgical Unit – Surgery Waiting Area