

NEW VOLUNTEER INSTRUCTIONS

1. Complete following handouts:
 - a. Volunteer Training Agenda
 - b. Volunteer Application
 - c. Disclosure and Authorization to Obtain Background Information
 - d. Background Information Form
 - e. Acknowledgement of Volunteer Status Form
 - f. Volunteer Data/Emergency Sheet
 - g. Volunteer Agreement
 - h. Statement of Confidentiality

2. Contact the Employee Health Department (Located: HC1, 1st Floor) at 323-442-8830 and make an appointment for a TB test. Mention that you are a **NEW** volunteer. Take all the health questionnaire paperwork to appointment. **PLEASE NOTE: You can only make an appointment for your health assessment after you have attended an orientation.**

If you have previously had a TB test within the last 30 days, please notify the Employee Health representative when calling, and you will only need to make an appointment for clearance.

324-At your 2nd appointment (to read your TB results) you will be receiving your “Yellow” copy of the health questionnaire form.

3. Please email, Volunteer@med.usc.edu or call 323-442-8436 to schedule an appointment to meet with us.
 - a. You will return all required paperwork.
 - b. Finalize your placement
 - c. Issue you your badge request, uniform and time card instructions
 - d. Finalize your parking permit

Keck Medical Center of USC

Department of Volunteer Services
1500 San Pablo Street, Los Angeles, CA 90033 (323) 442-8436

VOLUNTEER APPLICATION

In all services, the volunteer must be mindful that he/she represents the quality and high standard of care - while in uniform he/she is the spirit of KECK Medical Center of USC

Today's Date _____

Birthdate _____

Name _____

First Middle Last

Address _____

Street City State Zip

Code _____

Telephone _____

Home Cell Business

E-Mail Address _____

Volunteer/Professional Organizations currently/previously committed to _____

Please list names of any friends and/or relatives currently employed or volunteering at KECK Medical Center of USC:

Special Interests _____

EDUCATION:

High School College/Trade School	Major/Degree/Emphasis	Dates Attended From (Mo/Yr) To (Mo/Yr)	Graduate? Yes/No

Languages (Other than English) _____ Speak Read Write
_____ Speak Read Write

Education: What was your last year of school completed? _____

What other classes, workshops or special training have you had? _____

How did you come to know about KECK Medical Center of USC Volunteer Services? _____

How do you envision your volunteer activities here at KECK Medical Center of USC _____

What do you hope to gain? _____

What is it about volunteering that you feel will enrich your life and those you will help?

Do you prefer a: Patient Care Area Office/Clerical area

Have you ever been convicted of a misdemeanor or felony? (note: a conviction will not necessarily bar you from volunteering)

NO Yes Please explain: _____

PERSONAL STATEMENT: (please write a sentence or paragraph stating what you hope to gain at KECK Medical Center of USC and why you chose to be a volunteer with us) _____

Final placement is contingent upon satisfactory completion of all pre-placement procedures which includes an interview, Attendance at Orientation, criminal background investigation (applicants 18 years and over), and health clearance. Misrepresentation of facts will be cause for rejection of this application. In addition, I will agree to abide by all policies of KECK Medical Center of USC and the Volunteer Services Department.

Volunteer Applicant: _____

Signature

Date

ACKNOWLEDGEMENT OF VOLUNTEER STATUS

I _____ hereby acknowledge and understand, that I am a volunteer for KECK Hospital of USC. I understand and agree that as a volunteer I am not an employee of KECK Hospital of USC under federal, state and local laws, because: (1) I am donating my services to KECK Medical Center of USC for altruistic reasons; (2) I have no expectation of any compensation, pay, fee, or benefits for my services; (3) I am not entitled to any wages or employee benefits to which KECK Medical Center of USC employees are entitled; (4) KECK Medical Center of USC has not promised me any compensation for service as a volunteer, and (5) KECK Medical Center of USC has not promised or suggested that I will receive any employment opportunities, or greater consideration for any future employment opportunity, as a result of my volunteer service.

If at any time I believe that I should be compensated for my services, or that I am acting as an employee rather than as a volunteer, I will immediately notify the Director of Human Resources of this belief in writing.

I further acknowledge that I have not been coerced or forced to sign this agreement and have entered into it voluntarily under my own free will.

NAME: _____

SIGNATURE: _____

Date: _____

VOLUNTEER DATA/EMERGENCY SHEET

Last name _____

First _____ middle _____

Address _____ City _____ Zip _____
(NUMBER, STREET)

Phone (H) _____ Phone (W) _____ Phone (C) _____

Email _____

Birth Date _____ Married or Single _____

Please provide any information that will help us help you in an emergency, by naming an emergency contact person/persons

Name _____

Address _____

Phone _____

Please list any medications that you are taking _____

Is there any medical condition you have that we need to be aware of? _____

Please list medications if any: _____

Your physicians name and phone _____

Is there any other information you would like us to have for your records _____

UNIVERSITY OF SOUTHERN CALIFORNIA

VOLUNTEER AGREEMENT

We are pleased that you have decided to volunteer your services to the University of Southern California and the [department, lab, institute, etc.] (hereinafter referred to as USC).

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to USC.

1. I am:
 - a. not currently working for USC as an employee (faculty, staff or student worker), as an employee of a temporary agency assigned to work at USC, or as an independent contractor providing services to USC. Should this status change, I agree to notify the [department] immediately;
 - b. currently a USC employee (faculty, staff or student worker),
 a former USC employee (faculty, staff or student worker),
 an employee of a temporary agency assigned to work at USC, or
 an independent contractor providing services to USC; andI understand that the services provided as a volunteer are distinct and separate from the services provided in the capacity noted above and that I will not receive compensation, payment, benefits or other valuable consideration for the services provided as a volunteer under this agreement.
2. I acknowledge that I have initiated the request for an opportunity to volunteer. I acknowledge and agree that I am undertaking the volunteer arrangement for my own benefit and that the volunteer work that I perform primarily benefits me, not USC.
3. I agree that as a university volunteer my participation in the activities outlined in the attached USC Description of Volunteer Service, I will not receive any compensation from USC. That document shall be considered a part of this agreement.
4. I understand that the university shall have the right to release me as a university volunteer without prior notice. I understand that I do not have a formal work appointment for these particular services.
5. I understand that anything I may create (inventions, copyrightable works, etc.) during my volunteer period shall belong to the university and I hereby assign all my rights and interests in and to such creations to USC.
6. While volunteering on USC premises I agree to abide by all rules, regulations, policies, procedures, practices and instructions of the university, many of which are available at www.usc.edu/policies, as they may be changed from time to time and to use reasonable care in all that I do. My compliance with university policy includes the responsibility to respect the highest level of privacy for all members of the university community. Because many offices handle a variety of proprietary and private information concerning colleagues, students, patients, alumni, donors, and others associated with the university, protecting privacy is the responsibility of the

entire university community. As a volunteer, I agree not to disclose or to discuss any confidential information obtained from the university, school or departmental records, either during or after your volunteer work with the university. This includes, but is not limited to, intellectual property, proprietary trade information, student records, payroll figures, personal data such as employee home addresses, patient records and donor files.

7. I understand that as a university volunteer I am not entitled to employee benefits as a result of my university volunteer affiliation.
8. USC agrees to provide me with workers compensation and third party liability insurance to protect me from any claims filed against me related to the duties described in the attached USC Description of Volunteer Duties. In exchange, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless USC or any of its officers, agents, or employees from any and all liability, damage, or claim of any nature that arises out of or related to my volunteer activities.
9. I am aware of the terms and conditions of this agreement and am signing this agreement of my own free will. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.
10. This agreement is valid for the period beginning [date] and ending [date] and that I will spend at least 100 hours [per day or per week or per year] providing volunteer services.
11. I understand and agree that USC may only provide proof of hours under this agreement if the above minimum is met.

Volunteer's Signature _____

Date _____

Home Address _____

Telephone _____ E-mail _____

Provide one copy of this agreement to the university volunteer. The department should retain this agreement for three years from university volunteer separation

VOLUNTEER CONFIDENTIALITY AGREEMENT

STATEMENT OF CONFIDENTIALITY

I understand that in the performance of my duties as a Volunteer at KECK Medical Center of USC , I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of confidentiality policies may result in punitive action including termination, possible fine, or imprisonment.

Please print name _____

SIGNATURE _____

DATE _____

Revised: 2013

KECK MEDICAL CENTER OF USC
1500 San Pablo Street
Los Angeles, CA 90033
323-442-8436