East Tennessee Children's Hospital

Children's Hospital is a smoke-free environment.

Thank you for your interest in East Tennessee Children's Hospital's Volunteer Program. Volunteers play an important part in our hospital's effort to deliver quality healthcare to the children of East Tennessee, Southeastern Kentucky and Southwestern Virginia. The generosity of community volunteers has supported East Tennessee Children's Hospital in its mission to provide the best possible care for our patients and their families, no matter their ability to pay, since 1937.

Volunteer positions are available in both direct and indirect patient care areas. New volunteer placements are based on availability and appropriateness of the applicant to the volunteer program and will be determined by the Volunteer Services Department based on the information you submit, a personal interview, and a criminal background check.

In order to begin the application process, please complete and return the following forms:

Form Checklist	Page Number(s)
☐ Volunteer Application	1-3
☐ Placement Preference Form	4
☐ Skillbank Assessment	5
☐ Reference Sheets (2)	6-7

Note that your two references should mail their completed reference forms directly to us at the following address. We will match them with your application. We recommend providing your references with stamped addressed envelopes. When all of the sheets (7 total, no need to return this cover) have been returned to the address below, we will move forward with the application process:

Children's Hospital
Volunteer Services & Resources
P.O. Box 15010
Knoxville, TN 37901-9947

After receiving your information, a representative of the Volunteer Services Department will contact you to let you know your next step in the application process. E-mail is our most utilized contact route. If you do not have an e-mail address, you will be contacted by mail or phone. Please note the application process takes approximately four to six weeks.

Thank you for your desire to be of help to our children, their families, and our staff. If you have any questions, please do not hesitate to contact us at (865) 541-8136.

East Tennessee Children's Hospital Volunteer Application

Section I - Personal Information:

Please Print Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____

If a Student, School/College: _____ Major: _____

☐ Check here if we can call you at work Date of Birth _____/_____/_____

Please check the days and specific shifts you are usually available for a volunteer assignment

(shifts are: Morning 8:30 a.m. - 12:30 p.m., Afternoon: 12:30 - 4:30 p.m., and Evening: 4:30 - 8:30 p.m.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐ Morning	☐ Morning	☐ Morning	☐ Morning	☐ Morning	☐ Morning	☐ Morning
☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon
☐ Evening	☐ Evening	☐ Evening	☐ Evening	☐ Evening	☐ Evening	☐ Evening

Please select the program(s) you are interested in.

☐ Hospital Volunteer

☐ Children's Rehabilitation Center Are you volunteering as part of a group: ☐ Yes ☐ No

☐ Corporate/Civic Group Name of Group: _____

Please select the type of volunteer activity you are interested in.

☐ Clerical/Office ☐ Support Services (info desk, gift shop, etc.)

☐ Patient Care

How did you hear about Children's Hospital?

☐ Friend ☐ Newspaper

☐ Hospital Employee ☐ Internet

☐ Volunteer ☐ Other _____

Return completed forms to:

Volunteer Services and Resources, East Tennessee Children's Hospital, P.O. Box 15010 • Knoxville, TN 37901

Volunteer Position Application

Section II - Volunteer Interests and Experience:

What would you like to do as a volunteer at Children's Hospital? _____

_____

_____

Why would you like to volunteer for Children's Hospital? _____

_____

_____

What do you enjoy most in a volunteer assignment? What do you wish to avoid? _____

_____

_____

Are there any specific interests that you wish to pursue as a volunteer? _____

_____

_____

Some volunteer jobs require volunteers to work independently without direct supervision. Do you prefer to have a supervisor readily available or are you comfortable working alone? _____

_____

_____

Please list any applicable education or work experience that you have.

_____

_____

Please list any additional skills we might like to know about.

_____

_____

Please list any other volunteer experience you may have:

Name of Organization Dates

_____

_____

_____

Return completed forms to:

Volunteer Services and Resources, East Tennessee Children's Hospital, P.O. Box 15010 • Knoxville, TN 37901

Volunteer Position Application

Section III - Background Reference:

A background check will be performed upon acceptance into this volunteer program.

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please complete the following for each:

Offense: _____ Date: _____

Location: _____ Disposition: _____

Explain: _____

Conviction records will not necessarily be a bar to volunteer opportunities, factors such as age at the time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Provide three references that are familiar with your qualifications.
No family members please.

Name	Mailing Address	Phone Number
1. _____	_____	_____
	_____	_____
2. _____	_____	_____
	_____	_____
3. _____	_____	_____
	_____	_____

Permission to Verify Content:

I _____ (applicant) hereby authorize verification of all statements herein and release Children's Hospital and all others from liability in connection with same.

_____ _____

Applicant's Signature Date

Please return to:
Volunteer Services and Resources
East Tennessee Children's Hospital

Return completed forms to:

Volunteer Services and Resources, East Tennessee Children's Hospital, P.O. Box 15010 • Knoxville, TN 37901

Volunteer Position Application

Placement Preference Form

Please return this form with your application

Name: _____

Place a check in the box next to each volunteer position that interests you. This information is important in matching your interests with the volunteer positions currently available. If a position is not available in your area(s) of interest when your application is received, your application will be kept on file for 90 days and reviewed periodically for a match within that 90-day period.
•Positions in italics are available only during weekday, daytime hours.

- ☐ *Central Services: Sort supplies, label items, deliver materials to patient floors. (weekday hours only)*
- ☐ *Child Life Hematology/Oncology Clinic: Work with Child Life Staff to provide play and nurturing experience for patients, organizing toys and crafts supplies.*
- ☐ Child Life Volunteer/Patient Floor: Work with Child life Staff to provide positive nurturing play experience for patients. Playroom responsibilities.
- ☐ Floor Volunteer: Assist with patient/family needs.
- ☐ *Rehab Center: Assist teaching staff with patients, clerical work and other assignments as needed. (Note: East Tennessee Children's Hospital Rehabilitation Center is an affiliate of Children's Hospital and is located on Westland at Pellissippi, adjacent to Children's Surgery Center, in West Knoxville.)*
- ☐ *Humor Cart: Work with Hematology/Oncology Clinic staff and/or Social Worker to provide positive play experience for patients. Includes music, jokes, and entertaining.*
- ☐ Gift Shop: Assist the Gift Shop with cashiering, sales, and stocking merchandise.
- ☐ Family Resource Center: Assist patient families in a library setting. Support Library staff.
- ☐ Emergency Department: Assist in the lobby area and provide directions to patients and families; assist staff as needed; various errands and general clerical work.
- ☐ ICU/ICN Waiting: Host/Hostess the acute care waiting room; assist in meeting needs of parents; run errands for staff.
- ☐ Information Greeters: Staff main lobby information desk. Answer phone, deliver flowers escort patients to rooms, help with mail, various clerical duties and run errands as needed.
- ☐ *Surgery Waiting: Host/Hostess in the surgery waiting room, answer phone, provide family assistance.*
- ☐ *Pharmacy: Provide assistance and clerical support to Pharmacy staff.*
- ☐ Camp Counselor (summers only)
- ☐ Patient Services Volunteer: Collect patient's menu requests, distribute magazines and books. Help with daily management of Clothing Closet and deliver family lunches.

Return completed forms to:

Volunteer Services and Resources, East Tennessee Children's Hospital, P.O. Box 15010 • Knoxville, TN 37901

Volunteer Position Application

Skillbank Please check the box next to all of those that apply.

BUSINESS PROFESSIONALS

- ☐ Architect
- ☐ Attorney
  Type: _____
- ☐ Business planning consultant
- ☐ Certified public accountant
- ☐ Dispute mediator
- ☐ Employment counselor
- ☐ Financial planner
- ☐ Human resource specialist
- ☐ Insurance agent
- ☐ Paralegal
- ☐ Risk management consultant
- ☐ Strategic planning consultant
- ☐ Other: _____

SKILLED TRADES

- ☐ Auto mechanic
- ☐ Carpenter
- ☐ Drafting
- ☐ Drywall
- ☐ Electrician
- ☐ Hair stylist
- ☐ Handyman
- ☐ Heating and air conditioning repair (HVAC)
- ☐ House painting
- ☐ Makeup artist
- ☐ Manicurist
- ☐ Plumber
- ☐ Roofer
- ☐ Yard maintenance
- ☐ Other: _____

ARTS & ENTERTAINMENT

- ☐ Acting
- ☐ Balloon art
- ☐ Band
- ☐ Bingo
- ☐ Dance troupe
- ☐ Dancing
- ☐ Type: _____
- ☐ Face painting
- ☐ Juggling
- ☐ Magic
- ☐ Musical Instrument
  Type: _____

ARTS & ENTERTAINMENT (con't)

- ☐ Puppetry
- ☐ Singing
- ☐ Storyteller
- ☐ Other: _____

ADMINISTRATIVE SUPPORT

- ☐ Bookkeeping
- ☐ Bulk mail
- ☐ Data entry
- ☐ General office assistance
- ☐ Receptionist
- ☐ Word processing
- ☐ Programs: _____
- ☐ Other: _____

HEALTH & MEDICAL SERVICES

- ☐ CPR/first aid
- ☐ Dentist
- ☐ Disabled assistance
- ☐ Home health assistance
- ☐ Hospice services
- ☐ Hygiene instruction
- ☐ Mental health services
- ☐ Nurse
- ☐ Nutritionist
- ☐ Optometrist
- ☐ Physical therapist
- ☐ Physician
- ☐ Type: _____
- ☐ Visually impaired services
- ☐ Other: _____

SPORTS & RECREATION

- ☐ Camp counselor
- ☐ Cheerleading/drill team
- ☐ Coaching
  Sport: _____
- ☐ Disabled sports activities
- ☐ Exercise/aerobics
- ☐ Lifeguard
- ☐ Wildlife/nature leader
- ☐ Other: _____

COMPUTER SUPPORT

- ☐ Hardware
- ☐ Internet
- ☐ Networks
- ☐ Software
- ☐ Other: _____

COMMUNICATION

- ☐ Calligraphy
- ☐ Foreign language
  Language: _____
- ☐ Graphic design
- ☐ Marketing/promotion
- ☐ Multimedia production
- ☐ Newsletter/brochure
- ☐ Publishing
- ☐ Photography
- ☐ Public Relations
- ☐ Public Speaking
- ☐ Sign language
- ☐ Tour guides
- ☐ Video production
- ☐ Writing
- ☐ Other: _____

EDUCATION

- ☐ Day care aide
- ☐ Elementary school teacher
  Subject: _____
- ☐ ESL Instructor
- ☐ High school tutor
  Subject: _____
- ☐ GED instructor
- ☐ Librarian
- ☐ Life skills instructor
- ☐ Literacy instructor
- ☐ Mentor
- ☐ Middle school tutor
  Subject: _____
- ☐ Parenting skills instructor
- ☐ Special education
- ☐ Other: _____

NONPROFIT ADMINISTRATION

- ☐ Fundraising
- ☐ Grant writing
- ☐ Special event planning
- ☐ Volunteer recruitment and training
- ☐ Other: _____

HAND CRAFT SKILLS

- ☐ Arts and crafts
- ☐ Ceramics/pottery
- ☐ Needlecraft
- ☐ Sewing
- ☐ Woodworking
- ☐ Other: _____

CORPORATE TRAINING

- ☐ Cultural sensitivity
- ☐ Facilitator
- ☐ Leadership development
- ☐ Management skills
- ☐ Motivational
- ☐ Stress management
- ☐ Team building
- ☐ Time management
- ☐ Other: _____

NATURAL RESOURCES

- ☐ Environmental education
- ☐ Gardening/horticulture
- ☐ Landscape architect
- ☐ Recycling
- ☐ Veterinarian
- ☐ Other: _____

GENERAL ASSISTANCE

- ☐ Companion/visiting
- ☐ Telephone reassurance
- ☐ Transportation/driver
- ☐ Other: _____

Return completed forms to:

Volunteer Services and Resources, East Tennessee Children's Hospital, P.O. Box 15010 • Knoxville, TN 37901

Volunteer Position Application
Reference Sheet

_____ has applied to East Tennessee Children's Hospital to be a volunteer. It is mandatory that all applicants submit two (2) references. Please return this form to the Volunteer Services Department as soon as possible. The application will not be processed until reference forms are returned.

Please indicate before how you perceive this applicant in each of the categories.

CATEGORY	Not Observed	Excellent	Very Good	Average	Fair	Poor
Promptness						
Initiative						
Emotional Maturity						
Verbal communication skills						
Demeanor/disposition						
Ability to work in a team						
Ability to accept correction/criticism						
Ability to work independently						
Ability to understand and adhere to organizational structure, policies and procedures						
Ability to work with children						
Ability to fulfill commitments/responsibility						
Ability to manage stressful situations						
Ability to follow instructions						
Task performance						

COMMENTS: _____

_____

_____

_____
Please Print Name

_____
Relationship to Volunteer Applicant/# of Years Known

_____
Signature

_____
Date

_____
Phone

Please return to:
East Tennessee Children's Hospital
Volunteer Services and Resources
P.O. Box 15010, Knoxville, TN 37901

Thank you for your cooperation!

Return completed forms to:
Volunteer Services and Resources, East Tennessee Children's Hospital, P.O. Box 15010 • Knoxville, TN 37901

Volunteer Position Application
Reference Sheet

_____ has applied to East Tennessee Children's Hospital to be a volunteer. It is mandatory that all applicants submit two (2) references. Please return this form to the Volunteer Services Department as soon as possible. The application will not be processed until reference forms are returned.

Please indicate before how you perceive this applicant in each of the categories.

CATEGORY	Not Observed	Excellent	Very Good	Average	Fair	Poor
Promptness						
Initiative						
Emotional Maturity						
Verbal communication skills						
Demeanor/disposition						
Ability to work in a team						
Ability to accept correction/criticism						
Ability to work independently						
Ability to understand and adhere to organizational structure, policies and procedures						
Ability to work with children						
Ability to fulfill commitments/responsibility						
Ability to manage stressful situations						
Ability to follow instructions						
Task performance						

COMMENTS: _____

_____

_____

_____
Please Print Name

_____
Relationship to Volunteer Applicant/# of Years Known

_____
Signature

_____
Date

_____
Phone

Please return to:
East Tennessee Children's Hospital
Volunteer Services and Resources
P.O. Box 15010, Knoxville, TN 37901

Thank you for your cooperation

Return completed forms to:
Volunteer Services and Resources, East Tennessee Children's Hospital, P.O. Box 15010 • Knoxville, TN 37901