



255 West Lancaster Avenue Suite 102 Paoli. PA 19301

484-565-1099 mainlinehealth.org

Dear Community Member:

We are delighted that you have expressed an interest in becoming a volunteer at Paoli Hospital!

Volunteers are our most valuable asset, performing a variety of non-medical services in both patient and non-patient departments. Included in the application is a list of most of the areas of volunteer assignment, and I hope that several might be of interest to you.

Paoli Hospital volunteers come from all walks of life in the surrounding community, but all share the common goal of assisting our professional staff in providing the excellent patient care for which the hospital is known. They also enable the hospital to provide services for both the patients and the community that could not be provided otherwise.

You will be making a commitment to the hospital of both reliability and responsibility. Our volunteers are an integral part of the Paoli family, and an assignment and schedule will be worked out for you depending upon your interests, skills, time availability and the needs of the hospital.

In order to facilitate your application, please follow these guidelines:

- 1. Fill out the application and return it to the Department of Volunteer Services.
- 2. Give the two reference forms to employers, co-workers or someone who would be willing to attest to your good character and work ethic. Please ask them to return the forms to the Volunteer Office.

Once your application and both references are received and reviewed, my office will call you to schedule an appointment to discuss your interests and develop a placement.

I will be looking forward to meeting you and to having you become a member of the Paoli team!

Sincerely,

Dana Mc Kee, Director Volunteer Services

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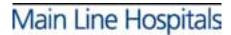
## **APPLICATION FOR VOLUNTEER SERVICE**

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Previous Address Street		City		_ State	Zip
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Physician			Telephone		
CAN YOU COMMIT TO AT LEAST	6 MONTHS OF WE	EKLY VOLUN	TEER SERVICE?	YES	_NO
Time Available:	Weekdays		Evening/Weeke	end	
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Career Experience					
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Court Ordered Community Ser	vice HoursF	robation Off	icer	Teleph	one
References:					
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2					
Name	Α	ddress		7	Telephone
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MAIN LINE HEALTH PROVIDES OPPORTUNITIES FOR VOLUNTEERISM WITHOUT DISCRIMIATION DUE TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, AGE OR HANDICAP.

### **VOLUNTEER DEPARTMENT USE ONLY**

Data Entry:		Name Tag Memo:	
File Card:		Time Sheet:	
Uniform: _			
Volunteer H	landbook:	Photo:	
QuantiFER	ON:	Immunization Read:	
Position De	escription:		
Date of Vol	unteer Orientation:		
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Availability:	Months of year	Days of Week	Time
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INACTIVE DA	TF:		



Bryn Mawr Hospital Lankenau Hospital Paoli Hospital

#### APPLICATION FOR VOLUNTEER SERVICE

#### APPLICANT CERTIFICATION AND STATEMENT OF AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

PLEASE CIRCLE THE APPROPRIATE ANSWER

- 1. Are you 18 years of age or older? YES NO
- 2. Have you ever been convicted of a felony or misdemeanor? (Conviction includes a guilty plea)
  YES NO

(Please note: A criminal conviction will not necessarily disqualify you from volunteering but will be considered in relation to specific assignment.)

3. Are you or have you ever been employed by any Main Line Health entity? YES NO

I certify that the information contained in this application is true and correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for rejection of this application, or for dismissal if such statement is discovered subsequent to an assignment.

I authorize a criminal background check to be conducted on me with the report to be provided to Main Line Hospitals (Bryn Mawr Hospital, Lankenau Hospital and Paoli Hospital).

I authorize any of the persons or organizations referenced in this application to give to Main Line Hospitals any and all information concerning my previous volunteer service, criminal background, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties, Main Line Hospitals, Inc., its parent, affiliates, and their respective officers, trustees, directors, agents, and employees from any and all liability for damages for or in connection with the collection, use, release or disclosure of such information. I authorize Main Line Hospitals to request and receive such information.

I agree that if offered an assignment, I will consent to a health screening, including, but not limited, to PPD testing. I understand that my assignment is conditional upon the satisfactory results of this screening.

I understand that I must be punctual and regular in attendance, helpful in my assignment and careful to honor the confidential nature of what I observe. I agree to comply with the rules, regulations, and policies of Main Line Hospitals and the Volunteer Services Department and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented at any time, and without prior notice to me. I understand that my service as a volunteer is conditional, based on need and satisfactory service, and that either I or Main Line Hospitals may terminate my volunteer service at any time, with or without notice, for any reason. I understand that I will not be compensated for my volunteer service and that being accepted for volunteer service does not give rise to or create an employment relationship with Main Line Hospitals.

Signature	Date



#### DEPARTMENT OF VOLUNTEER SERVICES

#### STATEMENT OF AGREEMENT/CONFIDENTIALITY STATEMENT

I understand and agree that I must be punctual and regular in attendance, helpful in my assignments and careful to honor the confidential nature of what I observe and all other rules and regulations of the Volunteer Department. As a volunteer of the Paoli Hospital and the Main Line Health system, I may have access to privileged information of a highly confidential nature.

Privileged information consists of, but is not limited to, data regarding the following:

Employees: Salary and demographic information.

Patients: Diagnosis and procedures, content of medical records,

and any personal information.

Family members of patients: Any and all personal information.

The confidentiality of privileged information is protected by law, and as a volunteer of the Main Line Health System, it is my responsibility to preserve and protect this confidentiality.

I am responsible for maintaining the strictest confidentiality regarding computer system access and information. This prohibits sharing of sign-on ID/password information and/or providing physical access to a terminal in "active" status. I will only access information on patients/employees about whom I have a business need to know. Likewise, I will discuss information only with employees who have a business need to know. I will not attempt to gain access to areas of the system(s) that are not necessary for the performance of my job.

Any unauthorized disclosure of privileged information, or any confidential information concerning current or past patient, or employee of the Main Line Health System, may result in immediate discharge from service with the System, and possible legal action against me.

I certify that the information on this application is true and correct to the best of my knowledge. I understand any falsification on this application may be considered cause for rejection. I give permission to Paoli Hospital to investigate the information contained in this application, including inquiries of Law Enforcement agencies, agencies where I have previously volunteered, and the U.S. Government to release information on me to Paoli Hospital.

DATE:	SIGNATURE:



## **VOLUNTEER SERVICE AREAS**

## WEEKDAY/EVENING/WEEKEND

## Please check off all areas of interest and return with application.

POSITION AVAILABLE ON:	1	DEPARTMENT	DUTIES
	,	ASU/ AMBULATORY	
WEEKDAY		SURGERY AREA	ASSIST NURSES AS DIRECTED, TRANSPORT PATIENTS
WEEKDAY		BREAST HEALTH CENTER	GREET PATIENTS; ASSIST IN COLLECTING PAPERWORK, INSURANCE CARD, ETC. GIVE FORM TO PATIENT TO FILL OUT. SCAN APPROPRATE PAPERWORK, ANSWER PHONES.
WEEKDAY		Cafeteria	ASSISTING THE STAFF IN FOOD SERVICES, I.E. KEEPING THE AREA CLEAN FOR VISITORS
WEEKDAY		CANCER CENTER	CLERICAL DUTIES IN FRONT OFFICE. PATIENT CARE, HELPING NURSES WORKING IN THE CHEMOTHERAPY AND RADIATION ROOMS
WEEKDAY		CLERICAL	CLERICAL DUTIES IN VARIOUS DEPARTMENTS
WEEKDAY, WEEKEND		EMERGENCY ROOM	ASSIST PATIENTS AND RELATIVES IN WAITING AREA; ASSIST REGISTRAR. HELPING NURSING
& EVENINGS		LIAISON	STAFF BY RESTOCKING SUPPLIES; CLEANING EQUIPMENT AND MAKING BEDS.
WEEKDAY & WEEKENDS		ESCORT SERVICE	PATIENT TRANSPORTATION; ERRANDS FOR NURSING STAFF
WEEKDAY, WEEKEND			,
& EVENINGS		GIFT SHOP	SHOP-KEEPING DUTIES.
WEEKDAY		MAIL ROOM	HELP SORT POSTAL MAIL, COUNT OUTGOING BULK MAIL AND DELIVER MAIL THROUGHOUT THE HOSPITAL
		GREETER RECEPTION	OUTPATIENT LAB DESK- CARDIOLOGY DESK - RADIOLOGY RECEPTION DESK
WEEKDAY		Desk	ASSIST STAFF WITH PATIENT FLOW.
WEEKDAY		MATERIALS MANAGEMENT	DELIVER SUPPLIES, STOCK SHELVES, FOLD LINENS, AND UNPACK DELIVERIES.
WEEKDAY/& WEEKEND		PALM TREE RESALE SHOP	SHOPKEEPING DUTIES: CONSIGNING, WRITING TICKETS, CASHIERING, AND ARRANGING ITEMS FOR DISPLAY.
WEEKDAY, EVENINGS WEEKEND		Pastoral Care	SOME EXPERIENCE REQUIRED FOR ASSISTING OUR CHAPLAIN WITH NON-DENOMINATIONAL PATIENT VISITATION.
WEEKDAY & WEEKEND		PATIENT ACCESS	ASSISTING PATIENTS WITH COMPUTER ENTRY REGISTRATION FOR OUTPATIENT STUDIES.
WEEKDAY		PATIENT AMBASSADOR	VISIT PATIENTS. MAKE SURE PATIENTS ARE KNOWLEDGEABLE WITH PATIENT INFORMATION BOOKLET, MENU, ETC.
WEEKDAY		RADIOLOGY TRANSPORT	TRANSPORT PATIENTS TO AND FROM RADIOLOGY DEPARTMENT
WEEKDAY & EVENINGS		PACU (Post- ANESTHESIA CARE UNIT) RECOVERY RM.	ASSIST NURSES AS DIRECTED.
WEEKDAY, WEEKENDS AND EVENINGS		RECEPTION DESK AMBASSADOR	DIRECT AND GREET VISITORS AT LOBBY DESKS IN THE PAVILION AND MAIN BLDG.  PAVILION INFORMATION DESK- ASSISTING VISITORS WITH PATIENT ROOM NUBMERS, DIRECTIONS OR QUESTIONS ABOUT THE FACILITY.  PAVILION SURGERY DESK—LIAISONS TO FAMILY MEMBERS OF PATIENTS AND MEDICAL STAFF. KEEPING FAMILY MEMBERS/FRIENDS INFORMED THROUGHOUT THE SURGERY PROCESS.  VALET LOBBY DESK—DELIVER FLOWERS, MAIL AND NEWSPAPERS TO PATIENTS. ASSIST VISITORS/PATIENTS WITH DIRECTIONS TO VARIOUS DEPARTMENTS WITHIN THE HOSPITAL
WEEKDAY, WEEKENDS AND EVENINGS		UNIT HOST/HOSTESS	ASSIST NURSES AS REQUESTED ON PATIENT FLOORS.



# **VOLUNTEER REFERENCE**

		has appli	ed for a volunt	teer position at	t
Paoli Hospital. Your name h complete this form and retur be kept confidential.		n as a persona	I reference. V	Vould you plea	ise
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Relationship to applicant					
How would you rate the follo	wing characte	eristics?			
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Ability to follow directions					
Reliability					
Sound judgment					
Exhibits initiative					
Honesty/integrity					
Ability to work with others					
Any other comments or infor Please inform us about spec					
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Name of Recommender					
Telephone Number		Date			
Dana McKee Director of Volunteer Service Paoli Hospital	es				

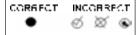


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Paoli Hospital. Your name h complete this form and retur be kept confidential.		n as a persona	I reference. V	Vould you plea	ise
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Name of Recommender					
Telephone Number		Date			
Dana McKee Director of Volunteer Service Paoli Hospital	es				



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### **CONSENT AND DISCLOSURE**

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For Office Use Only - Group ID (optional)

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Para informacion en espanol, visite <a href="http://www.ftc.gov/credit">http://www.ftc.gov/credit</a> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

#### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <a href="http://www.ftc.gov/credit">http://www.ftc.gov/credit</a> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - o you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <a href="http://www.ftc.gov/credit">http://www.ftc.gov/credit</a> for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness
  based on information from credit bureaus. You may request a credit score from consumer reporting agencies that
  create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some
  mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <a href="http://www.ftc.gov/creditfor">http://www.ftc.gov/creditfor</a> an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.
   Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer
  reporting agency may not report negative information that is more than seven years old, or bankruptcies that are
  more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people
  with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other
  business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer-reporting agency may not
  give out information about you to your employer, or a potential employer, without your written consent given to the
  employer. Written consent generally is not required in the trucking industry. For more information, go to
  www.ftc.gov/credit.



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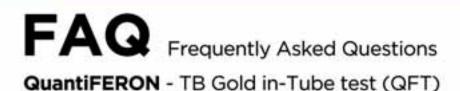


You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051



# Q: What is QuantiFERON TB Gold in-Tube test?

A: QuantiFERON - TB Gold in-Tube is an accurate, blood test that provides results showing if someone is either infected or not with the TB bacterium. QFT is unaffected by previous BCG vaccinations and most other environmental mycobacteria.

# Q: Why is the QuantiFERON test better than the TB skin test?

A: The results through QFT are shown to be more accurate at detecting a tuberculosis infection than a TB skin test. A traditional TB skin test requires multiple visits to complete. A TB skin test may also result in false positives due to cross-reactivity with the BCG vaccination or responses to environmental mycobacteria. These and other limitations have shown QFT to be the most effective and best alternative to TB skin testing.

### Q: What are the benefits of the QuantiFERON® - TB Gold in-Tube test?

A: Some of the benefits include:

- · Requires only one visit
- Does not compromise previous test results
- Is a controlled laboratory test
- Is objective and not affected by interpretation
- Results can be available in as little as 72 hours

### Q: Is the QuantiFERON test approved by the CDC and FDA for TB testing?

A: Yes, both the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) have approved the use of the QuantiFERON - TB Gold in-Tube test (QFT).



#### Q: Who at Main Line Health will be required to receive the QuantiFERON test?

A: Currently, all new-hires of Main Line Health are receiving the QFT test, and Main Line Health will be transitioning all annual tuberculosis required employees and volunteers to the QFT test beginning July 1, 2012.

## Q: I am a MLH employee who is currently required to complete an annual PPD Skin Test, will I need to complete the QuantiFERON test?

A: Infection Control is currently working to redefine which employees at MLH will be required to complete an annual tuberculosis test. If it is determined that your position will require an annual tuberculosis test to be completed, you will be required to complete the QuantiFERON test instead of the PPD Skin Test.

## Q: I have a history of a past-positive PPD and normally complete an annual Positive PPD Questionnaire, will I be required to complete the QuantiFERON test for medical surveillance?

A: Yes, you will be required to receive the QuantiFERON test initially which will determine if you are a confirmed positive. If you are confirmed as a positive, you will be required to continue annual monitoring, regardless if your position is taken off the annual requirement list by Infection Control. If you are confirmed negative by the QFT test, the Infection Control guidelines will determine if you are required to complete an annual tuberculosis test.

# Q: Where will the QuantiFERON test be offered?

A: Currently, the QFT test is being offered at the Paoli and Lankenau Occupational Health offices. Other testing locations are as listed on the QFT instructions sheet.

#### Additional Questions?

Please contact Occupational Health at 484-565-1293 and someone will assit you.