El Paso Children’s Hospital is making history in our community! EPCH provides excellent pediatric care and is the region’s only not-for-profit, separately licensed children’s hospital.

Our 10-story 225,000 square foot facility features:
- All private pediatric rooms
- 50 Neonatal Intensive Care Bassinets
- 22 Pediatric Intensive Care Beds
- One floor dedicated to Pediatric Hematology and Oncology
- In/Outpatient Pediatric Imaging and Cardiac Services Labs
- Pediatric Emergency Department
- Family Resource Center and Library
- Family Lounge Areas, Children’s Play Rooms, and Teen Rooms

It’s definitely an exciting time to become an EPCH volunteer! We are looking for committed adults who want to make a difference in the lives of our young patients and their families. Together, we will continue to improve the health and well-being of children across our community.

**Minimum Requirements:**
- Volunteers must be at least 18 years old
- Be in good general health
- Be culturally sensitive
- Complete all required paperwork and health assessments
- Attend an EPCH Volunteer Orientation workshop
- Commit to their volunteer assignment

**Volunteer Commitment:**
It is expected that volunteers commit to 100 hours of service over a 4 month period. We ask that volunteers report at least once a week for 4-5 hours.

**How can I submit my Volunteer Application?**

**DROP OFF:**
El Paso Children’s Hospital  
Information Desk  
4845 Alameda Avenue  
El Paso, Texas 79905  
(915) 258-5444

**MAIL:**
El Paso Children’s Hospital  
ATTN: Benjamin Fresquez, Volunteer Services  
4845 Alameda Avenue  
El Paso, Texas 79905

**SCAN & EMAIL:**  
bfresquez@elpasochildrens.org

QUESTIONS? Contact the Volunteer Services Department at (915) 242-8641.
# Adult Volunteer Application

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
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<thead>
<tr>
<th>Home or Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Email Address</th>
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<thead>
<tr>
<th>Emergency Contact Name</th>
<th>Relationship</th>
<th>Phone</th>
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**Why do you want to volunteer at El Paso Children’s Hospital (EPCH)?**

________________________________________________________________________

________________________________________________________________________

**What education, previous training, skills, or experience do you bring to EPCH?**

________________________________________________________________________

________________________________________________________________________

**Do you have any previous volunteer experience? If so, please list organization and volunteer duties.**

________________________________________________________________________

________________________________________________________________________

**Do you speak a foreign language?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

**Language:**

______________

**Do you have any health limitations?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

If so, please list below.

________________________________________________________________________

**Name of Employer & Job Title:**

________________________________________________________________________

**Previous Work Experience:**

________________________________________________________________________
Do you have a relative or family member currently working at EPCH?  
YES  
NO

Name:  ___________________________  Relationship:  ___________________________

Department:  ___________________________

Please tell us which areas of interest you would like to volunteer:

[ ] Advocacy  [ ] Baby Cuddler  [ ] Clerical & Filing

[ ] Education & Training  [ ] Event Planning  [ ] Family Library

[ ] General Office  [ ] Info Desk & Lobby  [ ] Other:  ___________________________

[ ] Children’s Activities:

[ ] Arts & Crafts  [ ] Patient Visits  [ ] Play Time  [ ] Story Telling

[ ] Other Children’s Activities:  ___________________________

Please tell us the days and times you are available to volunteer:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td>Morning</td>
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<td>Evening</td>
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</tbody>
</table>

Volunteers are placed according to hospital needs and your availability.  
We will do our best to accommodate your interest areas.

Volunteers are required to commit to 100 hours of service over 4 months.  
Volunteers are expected to work at least 4-5 hours each time they volunteer.

- I am able to volunteer at least 4-5 hours each time I volunteer.  
  YES  
  NO

- If NO, please indicate why you are unable to volunteer at least 4-5 hours per shift:

________________________________________________________________________________________

Are you able to perform the duties of the volunteer position you have just applied for in a reasonable and
safe manner?  
YES  
NO

Accommodations requested:  ___________________________
Have you ever pled guilty, no contest ("nolo contendere"), entered into a deferred adjudication, been convicted of a crime (other than a minor traffic offense) which has not been removed/dismissed by the Court or do you have any related items pending with the Court System?

YES  NO  PENDING

If YES or PENDING, give full details including dates:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Have you ever performed mandated community service work?  YES  NO

If YES, provide total hours completed, organization/location where work was performed, and duties:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

A conviction record will not necessarily be a bar to selection as a volunteer. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.

PLEASE CHECK THIS APPLICATION FOR ACCURACY AND COMPLETENESS FOR CONSIDERATION AS A VOLUNTEER.
Please read each statement carefully before signing.

I certify that all information provided in this volunteer application is true and complete. I understand that any false information, omission, or misrepresentation may disqualify from further consideration as a volunteer and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, sanction screening, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation, and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the placement for which I am being considered or any future volunteer placement in the event that I am selected as a volunteer.

I understand that compliance with the Code of Conduct is a condition of my volunteerism. I agree to comply with the Hospital rules, regulations and policies and acknowledge that they may be revised supplemented, or withdrawn at any time without prior notice to me.

I understand that I am providing services strictly on a voluntary basis and that I have no expectation of compensation. The organization is not obligated to provide a placement, nor am I obligated to accept the volunteer position offered. I understand and agree that any volunteer assignment offered to me by EPCH is “at will” and of indefinite duration and that EPCH may terminate that assignment at any time, with or without notice and for any reason.

I understand that I must complete all required paperwork, health assessments, and attend a volunteer orientation session prior to beginning my service with EPCH. If placed in a volunteer position at EPCH, I will commit to a minimum of 100 hours of service over a 4 month period.

I have read, understand, and by my signature consent to these statements.

X ___________________________________________ ________________________
Volunteer Applicant Signature Date

_________________________________________
EPCH Volunteer Services Signature Date

This Volunteer Application will remain on file for a period of six months for recruitment purposes only.

Opportunities for volunteers are provided without regard to race, color, sex, age, religion, national origin, disability, status as a veteran or veteran of the Vietnam era.
Confidentiality Agreement

The purpose of this Confidentiality Agreement is to protect the identity and privacy our patients and families at El Paso Children’s Hospital (EPCH). Staff and volunteers at EPCH encounter personal and sensitive information about patients and it is very important to refrain from disclosing any information to third parties concerning our patients and families.

I understand that:

- I may have access to confidential patient and family information.
- I must hold in strictest confidence any observations I make or hear regarding patients, families, or staff.
- Any information I learn about a patient is confidential and that patient information cannot be disclosed to anyone.
- Intentional or involuntary violation of confidentiality, including violation of EPCH policies may result in disciplinary action, including termination of my volunteer status.
- The law provides for civil and criminal penalties for disclosure of confidential patient information.

By signing this Confidentiality Agreement, you agree to the highest ethical standards to abide by the following provisions:

- I will not reveal to anyone the name or identity of any patient.
- I will not repeat to anyone any statements or communications made by or about any patient.
- I will not reveal to anyone any information that I learn about the patient as a result of discussions with others providing care to any patient.
- I will not photograph any patient nor will I publish, print, or post any photograph taken at EPCH.
- I will not write or publish any articles, stories, papers, diary or journal entries, blogs, or any other written/printed materials in any way discussing EPCH patients or staff members. If I write a scholarly paper or article about my volunteer work here, I agree that I will submit it to the Volunteer Supervisor for approval.

I, ______________________________, have read the EPCH Confidentiality Agreement and understand my obligation to maintain patient confidentiality and agree to its terms.

__________________________________________  __________________________
Volunteer Applicant Signature                 Date

__________________________________________  __________________________
EPCH Volunteer Services Signature             Date
El Paso Children’s Hospital (EPCH) is an Equal Opportunity Employer (EEO). EPCH complies with government regulations that may require the reporting of EEO data. To comply with these laws, EPCH asks applicants, employees, and volunteers to voluntarily identify their race, ethnicity, gender, military status, and whether disabled.

EEO information is entered into a secure database and kept confidential. Once this information has been entered into our database, this form is destroyed. Reported data will not identify any specific individual.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement.

Applicant Name: ____________________________________________________________  
Last  First  Middle

Date of Birth:  
Month  /  Day  /  Year

Today’s Date:  
Month  /  Day  /  Year

Gender:  
[ ]  Male  [ ]  Female

Vietnam Era Veteran:  
[ ]  Yes  [ ]  No

Disabled Veteran:  
[ ]  Yes  [ ]  No

Disabled Individual:  
[ ]  Yes  [ ]  No

Race/Ethnic Group:  
[ ]  Caucasian
[ ]  Black
[ ]  Hispanic
[ ]  American Indian / Alaska Native
[ ]  Asian / Pacific Islander
[ ]  Other

[ ]  I decline to complete part or all of the above information.
If accepted as an El Paso Children’s Hospital (EPCH) volunteer, I agree that:

I have a responsibility to be loyal to EPCH. I understand that hospital affairs are strictly confidential and I am responsible for complying with the same Code of Conduct which governs the hospital staff. I am expected to comply with the policies and procedures of EPCH and the Volunteer Services Department.

I do not expect to receive compensation or employment at EPCH and my services are donated for humanitarian, religious, or charitable reasons. I understand that soliciting employment while serving as a volunteer is against EPCH policies.

As a volunteer, I agree to complete four (4) months of service for a minimum total of 100 service hours. My service hours do not translate into internship or externship credits/hours. I have made a commitment to provide a service of both my time and ability and will complete all assignments I accept.

I will sign-in at the Volunteer Services Department each time I report to EPCH to begin my service. When leaving EPCH, I will sign-out. I understand that if I forget to sign-in/out, I must inform the Volunteer Services Supervisor within 24 hours or I will not receive credit for the hours volunteered that day.

I am required to provide the history of my past immunizations before the start of my volunteer service. I may be asked to receive a Tuberculosis skin test and provide a sample of blood to check my immunity to chicken pox and measles. Any tests required by EPCH will be provided at no cost to me. I will also be required to update my Tuberculosis skin test annually in order to remain active as a volunteer.

I must attend a Volunteer Orientation workshop before beginning my volunteer service. The information provided during this orientation is the same information presented to all EPCH staff members. I will be required to review this information on a yearly basis.

I am required to wear a uniform while volunteer. The Volunteer Services Supervisor will provide dress code information during the Volunteer Orientation. Volunteers are not permitted to wear scrubs. The Volunteer Services Supervisor has the right to dismiss me for the day if I am not in uniform and appropriately dressed.

I will report to my volunteer assignment on time and in appropriate attitude. I will be issued an identification badge, which must be worn at all times while I am volunteering. It is against hospital policy to use this badge in any manner which it is not intended. I understand that I must return my uniform and badge when I have completed my service.

If I am not able to report on my scheduled time, I will notify the department to which I am assigned as far in advance as possible. If I cannot notify the department, I will make every effort to inform the Volunteer Services Supervisor.

I understand that I will be provided four (4) Meal Tickets each month valued at $5.80 each. The Meal Ticket can only be used at the UMC Cafeteria. If I go over the amount, I will pay the difference.
I will not sell or attempt to sell goods or service, request contributions, or solicit persons to sign or distribute literature of any kind on the hospital premise unless I receive the express authorization of the Volunteer Services Supervisor to engage in these activities.

Under normal service conditions, I will not visit friends, patients, or other volunteers.

Any accident, injury, or unusual occurrence in which I may involved while volunteering must be reported to the Volunteer Services Office immediately. I agree to cooperate in any investigation if requested by the Volunteer Services Supervisor.

I shall attempt to resolve any problems related to my volunteer activities with my assigned EPCH Staff Supervisor, and if unsuccessful, attempt to resolve such problems with the Volunteer Services Supervisor.

I will not ask the staff for professional advice for myself or my family while I am on duty. I understand the privilege of being a volunteer does not include free medical services or a reduction of hospital rates.

I will not give medications, take vital signs, provide any type of direct patient care, or leave the hospital to run errands for patients or employees. I understand that the staff member in charge of my department or floor is responsible for the section, and I am under his/her supervision. When in doubt as to any procedure, I will consult the Staff Supervisor for guidance.

I understand that the following places are off limits to volunteers: Isolation Rooms, Operating Rooms, and the Morgue. I understand that I am not a University Medical Center (UMC) volunteer and will not be allowed to represent EPCH at any UMC facility.

As a volunteer, I am eligible to receive a permit to park my vehicle in the Employee Garage at no cost. This permit is property of UMC and may be revoked at any time if abuses of this privilege are reported to the Volunteer Services Supervisor.

I understand the Volunteer Services Office reserves the right to terminate my volunteer status as a result of:

- A failure to comply with the policies and procedures of the hospital.
- Absence without prior notification.
- Unsatisfactory attitude, work, appearance, or
- Any other circumstance which, in the judgment of the Volunteer Services Supervisor would make my continued service as a volunteer contrary to the best interest of the hospital.

_________________________________________  ________________________
Volunteer Applicant Signature                      Date

_________________________________________  ________________________
EPCH Volunteer Services Signature                  Date
El Paso Children’s Hospital (EPCH) is committed to providing a safe place for our staff, patients, families, and volunteers. Accordingly, we ask that you provide 2 references as part of your Volunteer Application.

- Choose 2 personal references that **ARE NOT** family members or relatives.
- References may be completed by your current employer or supervisor, co-workers, teachers, church affiliations, or anyone with whom you volunteered in the past.
- Be sure you ask someone who is familiar with your character, experience, and/or abilities.
- Have the person completing the reference fill out the attached Reference Check Form. Ask them to return it to the Volunteer Services Department when completed.
- Reference Checks Forms must be submitted in sealed envelopes.
- We must have received both reference check forms to review your Volunteer Application.

**REFERENCE CHECK FORMS CAN BE SUBMITTED:**

**DROP OFF:**
El Paso Children’s Hospital - Information Desk  
ATTN: Volunteer Services Department  
4845 Alameda Avenue  
El Paso, Texas 79905

**MAIL:**
El Paso Children’s Hospital  
ATTN: Benjamin Fresquez, Volunteer Services Department  
4845 Alameda Avenue  
El Paso, Texas 79905

*QUESTIONS? Contact the Volunteer Services Department at (915) 242-8641.*
Reference Check Form

I, _____________________________________________, have applied for a volunteer opportunity at El Paso Children’s Hospital. Please complete this reference and return it to the Volunteer Services Department.

______________________________________________________________________________________________________

El Paso Children’s Hospital Volunteer Services Department would appreciate your assistance in providing us with a written reference for the above mentioned individual. We thank you in advance for your time and cooperation.

Name of Reference

Relationship to Volunteer

Address

City                        State                 Zip Code

(          )

Phone Number or Cell Number

Email Address

I prefer to be contacted by:    [ ] Phone       [ ] Email

1. How long have you known the applicant? ________________________________________________

2. In what capacity have you known the applicant? ________________________________________________

3. What do you consider to be the applicant’s character strengths and how have they been demonstrated?

_________________________________________________________________________

_________________________________________________________________________

4. Would you recommend that the applicant volunteer in a hospital setting?    [ ] YES     [ ] NO

Please evaluate the applicant in the following areas:

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Fair</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Displays courtesy, tact, &amp; patience.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Works well with a diverse population.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Is dependable &amp; punctual.</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>4. Accepts responsibility &amp; commitment.</td>
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<tr>
<td>5. Accepts supervision in a positive way.</td>
<td>[ ]</td>
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</tr>
</tbody>
</table>

Additional comments may be written on back.

Reference Signature

Date

Please return completed form to:    EPCH - ATTN: Benjamin Fresquez, Volunteer Services
4845 Alameda Avenue
El Paso, Texas 79905

Email:  bfresquez@elpasochildrens.org
Reference Check Form

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Name of Reference

Relationship to Volunteer

Address

City

State

Zip Code

Phone Number or Cell Number

Email Address

I prefer to be contacted by: [ ] Phone [ ] Email

5. How long have you known the applicant?

6. In what capacity have you known the applicant?

7. What do you consider to be the applicant’s character strengths and how have they been demonstrated?

8. Would you recommend that the applicant volunteer in a hospital setting? [ ] YES [ ] NO

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