



# Volunteering at El Paso Children's Hospital

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 6 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

### MAIL:

El Paso Children's Hospital  
ATTN: Martha Hekking –Volunteer Services  
Supervisor

4845 Alameda Avenue  
El Paso, Texas 79905

**SCAN & EMAIL\*:** [martha.hekking@elpasochildrens.org](mailto:martha.hekking@elpasochildrens.org)

**QUESTIONS? Contact the Family Support Services Office at (915) 242-8579**

Email your complete application and reference forms [martha.hekking@elpasochildrens.org](mailto:martha.hekking@elpasochildrens.org), or call 915-298-5444, ext. 40657 to arrange a time to drop off your application with the Volunteer Services Supervisor.



# Adult Volunteer Application

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Last Name	First Name	Middle Name	Date of Birth (MO / DY/ YR)
Home or Mailing Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	
Social Security Number			
Emergency Contact Name	Relationship	Phone (Indicate Cell or Home)	

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Why do you want to volunteer at El Paso Children's Hospital (EPCH)?

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

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

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Do you speak a foreign language?     YES     NO    Language: \_\_\_\_\_

Do you have any health limitations?     YES     NO    If so, please list below.

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## Adult Volunteer Application

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**Work History:**

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Name of Employer	Title		
Address	City	State	Zip code
Phone number	Email address		
Start Date: _____	End Date: _____		

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Name of Employer	Title		
Address	City	State	Zip code
Phone number	Email address		
Start Date: _____	End Date: _____		

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Name of Employer	Title		
Address	City	State	Zip code
Phone number	Email address		
Start Date: _____	End Date: _____		

Do you have a relative of family member currently working at EPCH     YES     NO

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Administrative / Clerical | <input type="checkbox"/> Indirect Patient Care | <input type="checkbox"/> NICU Support           |
| <input type="checkbox"/> Front Desk / Greeter      | <input type="checkbox"/> Child Life            | <input type="checkbox"/> Family Resource Center |
| <input type="checkbox"/> Patient Visits            |  |   |

Please tell us the days and times you are available to volunteer: Hrs. 8 a.m. - 8 p.m.  
 Choose a 4 hr. block i.e. 8 a.m. to 12:00 p.m. or 10:00 a.m. – 2:00, or 12:00 p.m.- 4:00 p.m., etc.

<i>Write times in &amp; out</i>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteers are placed according to hospital needs and your availability.  
 We will do our best to accommodate your interest area  
 Volunteers are required to commit to 100 hours of service over 6 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:

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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/dismitted by the Court, been the subject of a permanent or temporary restraining order, or do you have any matters pending with any court?*

YES                       NO                       PENDING

If YES or PENDING, give full details including dates and name/location of court.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever performed mandated community service work?       YES     NO

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

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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.

**CHECK THIS APPLICATION FOR ACCURACY AND COMPLETENESS.  
 INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**



# Voluntary Self-Identification Data

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.

Volunteer 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                     N/A

Disabled Veteran:         Yes                     No                     N/A

Disabled Individual:      Yes                     No                     N/A

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.



## Volunteer Reference Check Guidelines

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

- Choose two (2) personal references that ***ARE NOT*** family members or relatives.
- References may be completed by your current employer or supervisor, co-workers, teacher, 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
- It is recommended that Reference Forms be given back to you when completed. References may place their completed form in a sealed envelope. References also have the option of mailing or scanning and emailing the form back to [martha.hekking@elpasochildrens.org](mailto:martha.hekking@elpasochildrens.org).
- We must have received both reference check forms to review your Volunteer Application.

***QUESTIONS? Contact the Supervisor of Family Support Services at  
(915) 298-5444, ext. 40657  
You can also email us at [martha.hekking@elpasochildrens.org](mailto:martha.hekking@elpasochildrens.org).***



# Reference Check Form

Applicant \_\_\_\_\_, applied for a volunteer opportunity at El Paso Children's Hospital. Please complete this reference and return it to the applicant or mail it to EPCH. **Attention to:** Martha Hekking - Supervisor of Family Support Services.

El Paso Children's Hospital Volunteer Services Program 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:

	Needs Improvement	Fair	Good	Outstanding
1. Displays courtesy, tact, & patience.	[ ]	[ ]	[ ]	[ ]
2. Works well with a diverse population.	[ ]	[ ]	[ ]	[ ]
3. Is dependable & punctual.	[ ]	[ ]	[ ]	[ ]
4. Accepts responsibility & commitment.	[ ]	[ ]	[ ]	[ ]
5. Accepts supervision in a positive way.	[ ]	[ ]	[ ]	[ ]

**Additional comments may be attached on a separate page.**

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Date



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4. Accepts responsibility & commitment.	[ ]	[ ]	[ ]	[ ]
5. Accepts supervision in a positive way.	[ ]	[ ]	[ ]	[ ]

**Additional comments may be attached on a separate page.**

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Date