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

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

Email your complete application and reference forms 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

- **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**

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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?**
- [ ] YES
- [ ] NO

 Language: ________________

**Do you have any health limitations?**
- [ ] YES
- [ ] NO

 If so, please list below.
# Adult Volunteer Application

## Work History:

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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:

- [ ] Administrative / Clerical
- [ ] Indirect Patient Care
- [ ] NICU Support
- [ ] Front Desk / Greeter
- [ ] Child Life
- [ ] Family Resource Center
- [ ] 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.

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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:

___________________________________________________
_____________________________________________

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 contender), 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, 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.

_______________________________________________________________________________________
_______________________________________________________________________________________

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.
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: _______________________________ ______________________

Date of Birth: ____________________________

Today’s Date: ____________________________

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.
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.

- 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.
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

_________________________________________
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:** EPCH - Martha Hekking - Supervisor Family Support Services

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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 ____________________