



Pastoral Care Volunteers Family Support Services

Pastoral Care Volunteers

El Paso Children's Hospital recognizes the role spirituality plays in the lives of our patients and their families, especially during times of illness, uncertainty, or crisis. Pastoral Care Volunteers are committed to providing compassionate services that meet the spiritual and emotional needs for people who desire it in the hospital – patients, families, and staff members.

El Paso Children's Hospital is not affiliated with any religious denomination and we welcome the services offered by persons from a variety of faith traditions. Pastoral Care Volunteers minister to persons of all faiths, as well as those who claim no particular faith beliefs.

Pastoral Care Volunteers provide a variety of services to patients upon request, referral or assessment. A request for Pastoral Care Volunteer may be made by a patient, family member, Social Worker, or any member of the treatment team. Requests for Pastoral Care Services will be coordinated between Case Management and Family Support Services. The Pastoral Care volunteer provides:

- Pastoral Visits & Counsel
- Emotional Support
- Sacraments
- Family Ministry & Prayer
- Spiritual Assessment
- End-of-life spiritual support

Pastoral Care Volunteer Requirements:

- Volunteers must be at least 18 years old
- Be in good general health
- Respect individual patient and family beliefs
- Demonstrate cultural sensitivity
- Believe in acceptance of diverse religious background
- Must have previous experience and/or appropriate training in Pastoral Care or other Ministry Relationship
- Must maintain a relationship with a faith group and contribute to the enrichment of the religious community
- Shall work for the improvement and growth of pastoral care



Pastoral Care Volunteers Family Support Services

VOLUNTEER APPLICATION

Last Name	First Name Name	Middle	Date of Birth (xx /xx/ xxxx)
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Home or Mailing Address	City	State	Zip Code
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Social Security Number	Home Phone Phone	Cell	Email Address
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Emergency Contact Name	Phone (Indicate Cell or Home)
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Indicate the Following:

Clergy or Religious Leader (Submit Proof of Ordination with application)

Name of Parish/Congregation/Assembly	Phone number
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Address	City	State	Zip Code
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Layperson (*Submit Clergy Endorsement Form and training verification with application*)

Name of Parish/Congregation/Assembly	Phone number
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Address	City	State	Zip Code
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Name of Clergy or Religious Leader	Phone number	Email address
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Pastoral Care Volunteers Family Support Services

Work History:

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

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

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

Do you have previous training in Pastoral Care Visitation? YES NO
 If yes, list training topics and date(s)

Do you have previous hospital Pastoral Care visitation experience? YES NO
 If yes, list institution(s) and date(s) of service:



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

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

Do you speak a foreign language? YES NO Language: _____

For planning purposes, we ask that you please tell us the days and times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (7a-12p)							
Afternoon (12p-5P)							
Evening (5P-10p)							

Please indicate if you are interested in being placed on our “on-call” list.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (7a-12p)							
Afternoon (12p-5P)							
Evening (5P-10p)							

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



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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/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.

Please type, or print clearly. Complete the attached application in its entirety to include:

1. Pastoral Care Volunteer Application Form
2. 2 Reference Forms
3. Clergy Endorsement Form

Email your complete application, reference forms and Clergy Endorsement form to:
martha.hekking@elpasochildrens.org

Call 915-242-8579 for additional information.



Pastoral Care Volunteers Family Support Services

Clergy Endorsement Form

Please complete this endorsement and return it to Family Support Services.

Mr. / Mrs. / Ms. _____,
has applied for a Pastoral Care Volunteer opportunity at El Paso Children's Hospital.

El Paso Children's Hospital Family Support Services would appreciate your assistance in providing us with a written endorsement for the above mentioned individual. We thank you in advance for your time and cooperation.

Name of Clergy or Religious Leader		Name of Parish/Congregation/ Assembly	
Address	City	State	Zip Code
()			
Phone Number or Cell Number		Email Address	
I prefer to be contacted by <input type="checkbox"/> Phone		<input type="checkbox"/> Email	

I certify that _____ is a member in a good standing of this Parish/Congregation/Assembly. This individual shows an interest in pastoral visitation and is over 18 years of age. I further recommend this individual to enter the Pastoral Care Volunteer Services Program as offered by El Paso Children's Hospital. This information is accurate to the best of my knowledge and belief.

Signature of Clergy or Religious Leader

Date

Seal



Pastoral Care Volunteers Family Support Services

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 me 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 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 my volunteer assignment and perform the duties associated with that assignment in compliance with all applicable policies, laws, and/or regulations.

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

Pastoral Care Volunteer Applicant Date

Supervisor of Family Support Services 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, sexual orientation, veteran status or any other legally recognized status entitled to protection under local, state, or federal anti-discrimination laws.



Pastoral Care Volunteers Family Support Services

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 Supervisor of Volunteer Services for approval.

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

Pastoral Care Volunteer

Date

Supervisor of Fam. Support Services

Date



Pastoral Care Volunteers Family Support Services

Ethics & Guidelines for Volunteers

If accepted as an El Paso Children's Hospital (EPCH) Pastoral 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 Family Support Services.

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 that I may be contacted by EPCH staff to provide pastoral care visitation. The time I spend at EPCH 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 clock-in each time I report to EPCH to begin my service. When leaving EPCH, I will clock-out. I understand that if I forget to clock-in/out or any changes need to be made to my hours, I must inform the Supervisor of Family Support Services as soon as possible.

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, flu shot, 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 and flu shot annually in order to remain active as a volunteer.

I must attend a Volunteer Orientation session 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.

The Supervisor of family Support Services will provide dress code information during the Volunteer Orientation. **Volunteers are not permitted to wear scrubs.** The Supervisor of Family Support Services, Director of Family Support Services, or assigned department supervisor has the right to dismiss me for the day if I am not in uniform, do not have my badge, or I am not following the appropriate dress code.

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 and I am no longer a volunteer for EPCH.

If I am not able to report on my scheduled time, I will make every effort to inform the Supervisor of Family Support Services or the Director of Family Support Services.

I understand that I will be provided one Meal Ticket valued at \$5.80, when I report for my volunteer shift. The Meal Ticket can be used at the UMC Cafeteria and the Bistro. If I go over the amount, I will pay the difference.



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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 Supervisor of Family Support Services 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 involve while volunteering must be reported to the Supervisor of Family Support Services or the Director of Family Support Services immediately. I agree to cooperate in any investigation if requested by the Supervisor of Family Support Services or Director of Family Support Services.

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 Supervisor of Family Support Services.

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 my assigned EPCH Staff Supervisor or Supervisor of Family Support Services for guidance.

I understand that the following places are off limits to volunteers: Isolation Rooms, Operating Rooms, and the Morgue.

As a volunteer, I am allowed to park my vehicle in the Visitor Parking Garage at no cost. I will be issued a parking permit, which I will display while my automobile is parked in the visitors garage.

I understand the Supervisor of Family Support Services or the Director of Family Support Services, reserves the right to terminate my volunteer status as a result of:

- A failure to comply with the policies and procedures of EPCH.
- Failure to follow dress code.
- Demonstrated lack of positive attitude, failure to report absent dates
- Four consecutive absences without notification to the Supervisor of Family Support Services
- Any other circumstance which, in the judgment of the Supervisor of Family Support Services or Director of Family Support Services would make my continued service as a volunteer contrary to the best interest of the hospital.

X _____
Pastoral Care Volunteer Applicant

Date

X _____
Supervisor of Family Support Services

Date



Pastoral Care Volunteers Family Support Services

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.

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.



Pastoral Care Volunteers Family Support Services

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, 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.
- 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. **Mail** - 4845 Alameda Avenue El Paso, Texas 79905.
- We must have received both reference check forms to review your Volunteer Application.
- The Family Support Services prefers to receive all application paperwork, including reference forms, at one time.

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



Pastoral Care Volunteers Family Support Services

Reference Check Form

Pastoral Care 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 of Family Support Services

El Paso Children's Hospital Volunteer Services 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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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? _____

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8. 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