



**CATEGORIES**

**Non-Traditional Volunteers:**

Internships  
Practicums  
Research  
Observation of clinical activities  
Students

# **NON-TRADITIONAL VOLUNTEER APPLICATION PACKET**

**Human Resources Department  
Nelson Pavilion  
160 East Erie Avenue  
Philadelphia, PA 19134  
(215) 427-4671**

**St. Christopher's Hospital for Children is a tobacco-free workplace.**

*We take pride in the diversity provided in our workplace and provide equal employment opportunity for all qualified applicants.*

**NON-TRADITIONAL VOLUNTEER APPLICATION**

**Types of Opportunities**

**Research Assistants**

**Students**

**Internships**

**Practicum Misc.**

**Observation of clinical activities**

**Summary of Necessary Application Steps:**

- Complete application packet.
- Provide criminal background check within the past 6 months. This must include a seven year detailed summary inclusive of OIG (Office of Inspector General), GSA (General Service Administration) with State Patch and Sex Offender Registry, Department of Public Welfare Pennsylvania Child Abuse History Clearance and finger printing clearance (FBI within the past six months) and/or agree for St. Christopher's Hospital for Children to conduct all of the above screenings.
- Provide current immunization records or documentation of having immunity for the following infectious diseases: Measles, Mumps, Rubella, Varicella (Chicken Pox), Hepatitis B, Tetanus, Diphtheria. Proof of PPD (Tuberculosis) testing twice during the past 12 months and Influenza vaccine during the present Flu season (September through April) is also required. Documentation of immunity will expedite the process. If you do not have documentation, St. Christopher's will conduct applicable immunity titers.
- Agree to be screened by St. Christopher's Hospital for Children Employee Health Services. Screening to include: Physical, Drug Screening, 2 PPD's (Tuberculosis) and Influenza Vaccine. If applicant can provide documentation of 1 PPD then only 1 PPD will be administered by Employee Health Services.
- If Intern, additional requirements are: Hospital Affiliation Agreement between School and St. Christopher's Hospital for Children and verification of enrollment or completion of school (may be on file – contact Human Resources at (215) 427-8983 prior to submitting application).
- If Research Assistant, additional requirements are: Documentation of completion of CITI training for human subject research, Drexel CORE and HIPAA 1 & 2 training, documentation of IRB approved protocol or Letter of Determination and documentation that individual has been added to the study protocol if applicable.
- If Physician, additional requirements are: Documentation of medical malpractice insurance (as applicable) and active medical license or enrollment in an approved physician refresher course.

**For additional information please contact:** Department of Human Resources at (215) 427-4671

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**NON-TRADITIONAL VOLUNTEER APPLICATION**

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**PLEASE PRINT**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

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**TYPE OF OPPORTUNITY AND TIME PREFERENCE**Please describe the type of opportunity you are seeking at St. Christopher's Hospital for Children: (**Clinical Rotation, Internship, Observer, Practicums, and Research**) \_\_\_\_\_Please indicate duration of opportunity, days and hours you plan to be on site at St. Christopher's Hospital for Children:  
\_\_\_\_\_

Please indicate anticipated start date: \_\_\_\_\_

Please indicate name, department and phone number of individual at St. Christopher's who has agreed to provide opportunity:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_

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**EDUCATION & EMPLOYMENT**

Education (highest level completed): \_\_\_\_\_

School presently attending, if applicable: \_\_\_\_\_

Education Program or Special Training, if applicable (Describe): \_\_\_\_\_

Name and address of current employer if applicable: \_\_\_\_\_

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**HEALTH**Is there any reason you will not be able to carry out in a safe manner all assignments associated with this role? Yes  No 

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**IN CASE OF EMERGENCY, NOTIFY:**\_\_\_\_\_  
(Name)\_\_\_\_\_  
(Address)\_\_\_\_\_  
(City, State, Zip)

**Non-Traditional Volunteer Application**

**APPLICANT AGREEMENT:**

- I certify that the information contained in this application is correct and complete to the best of my knowledge.
- Acceptance as a Non-Traditional Volunteer at St. Christopher's Hospital for Children is contingent upon satisfactory completion of all pre-placement procedures which include, but are not limited to, an interview, criminal background and child abuse investigation, drug screening, orientation and health and tuberculosis screening.
- I realize that misrepresentation of facts will be cause for rejection of this application. In the event of acceptance placement, falsification of any information on this application will be cause for dismissal.
- I authorize St. Christopher's Hospital for Children to investigate the information provided on this application and to conduct drug screening, criminal background and/or child abuse investigation. I will hold no person liable for giving or receiving information with regard to these investigations.
- I agree to abide by the policies of St. Christopher's Hospital for Children and the AAHS Standards of Conduct which will be discussed and distributed during hospital orientation.
- I authorize St. Christopher's Hospital for Children to use photographs of me taken at the hospital for marketing, public relations, recruitment, and/or educational purposes and waive any rights to compensation for these uses. The term photograph shall mean modern pictures or still photography in any format as well as videotape, video disc, digital, electronic, or other mechanical means of recording and reproducing images.
- I, \_\_\_\_\_, understand and acknowledge upon both my successful completion of the placement process required by St. Christopher's Hospital for Children and the by Human Resources approval process that I will not be considered an employee and will not receive compensation for services. I acknowledge that I will receive a description of the activities I will be participating in prior to starting the activity/ activities requested. A signed copy of that (those) description(s) will be located in my file.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF HUMAN RESOURCES REPRESENTATIVE**

\_\_\_\_\_  
**DATE**