

Kaiser Permanente San Diego Member Service Area
Volunteer Guest Services Department
ADULT APPLICATION PACKET

WHAT YOU NEED TO KNOW BEFORE YOU APPLY

Thank you for your interest in volunteering with Kaiser Permanente. Each year more than 400 compassionate individuals from our community volunteer to make a difference in the lives of our members and visitors. Volunteers are a vital part of the Kaiser Permanente team. We are always looking for new volunteers who are enthusiastic, qualified and committed and will uphold our values for providing world-class service.

Volunteer Requirements

- Must be at least 18 years old
- Must be able to communicate effectively both orally and in writing in English
- Able to stand and walk continuously for 4 hours
- Commit to one 3 or 4-hour shift per week for a minimum of 1 year
- Able to pass a background clearance
- Complete required health screenings
- Willing to attend all training sessions

Volunteer Commitment

Comprehensive testing, training and orientations are provided for each volunteer. We ask that you commit to completing a minimum of 1 year, in a regular weekly assignment and schedule, usually 3-4 hours per week.

Background Clearance - A background clearance form is located on page 8 of the application packet. Incomplete forms cannot be processed and will delay your consideration for a volunteer position.

Health Clearance - This process will include a two-step TB test, flu immunization or declination and blood draw (unless you have current immunization records) to check immunization levels for measles, mumps, rubella and chicken pox. This testing may take up to 14 days to complete and may require up to 3 visits to Employee Health at Kaiser Permanente Zion Hospital. The testing is free of charge.

Exclusions for Volunteering

Internships, job shadowing, or special summer projects are not currently available at Kaiser Permanente San Diego.

Junior Volunteers: (16-17 years old) Applications are accepted in the winter for our summer program. Please check our website for further details.

Court Ordered Volunteer Hours: Kaiser Permanente does not participate in this program.

Steps for Becoming a Volunteer

After receiving your completed application, the Volunteer Services Department will work with you to schedule the completion of:

- Group Interview (please bring picture identification)
- Health clearance through our Employee Health Services at Zion Medical Center
- New Volunteer Orientation
- Developing your schedule
- Department specific training

Ask yourself the following questions before you apply to be Volunteer

- Am I looking for a short-term shadowing opportunity with a member of the medical staff?
- Am I counting on my volunteer position leading to a job at Kaiser Permanente?
- Will my schedule need to change more than once every three months?
- Do I have any lengthy vacations, internships, study-abroad trips or other significant life-events planned that will require more than 4 weeks leave of absence?

If you answered yes to any of the above questions, the Kaiser Permanente volunteer program is not a good fit for you. **PLEASE DO NOT APPLY**

If you answered no to the above questions, please read on . . .

- Have I carefully considered my schedule and know that I can commit to a weekly, three or four-hour volunteer shift, for one full year?
- Do I have a positive attitude and a sincere interest in serving at Kaiser Permanente?
- Will I treat my volunteer responsibilities with the same respect I do work obligations, committing to serve on a regular shift and time?
- Do I enjoy working in new situations, taking on different duties, or helping in additional ways based on the needs of the people around me?
- Am I comfortable making repeated trips to Kaiser Permanente hospital to complete the volunteer orientation, medical clearances and training, before my volunteer assignment begins?

If you answered yes to the questions above, we welcome you to continue pursuing a volunteer position at Kaiser Permanente.

How to Become a Volunteer:

Please fill out the attached application completely and return it to us. Incomplete applications will not be considered. Please be advised that while we are currently accepting adult (18+) applications, it can take up to 60 days to complete the process before you begin volunteering. After we receive your application, you will be contacted for an interview. At the interview, we will review your application, talk about the position you are interested in, and review schedules. Volunteer placement is based on your schedule, your interests, and medical center or medical office building needs.

Please return your completed application to:

Kaiser Permanente Volunteer Guest Services Department
HSB 1st Floor Room 1740
9455 Clairemont Mesa Blvd.
San Diego, CA 92123

Or scan and email to: Stacie.M.Scheet@kp.org

Or fill out the form electronically, save a copy to your desktop and email to: Stacie.M.Scheet@kp.org

ADULT VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY & COMPLETE ALL FIELDS

1. Personal Information

Applicant Name				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address					
City, State, Zip					
Mobile Phone		Date of Birth			
Email Address		Social Security #			
Do you, or have you or a family member ever worked for Kaiser Permanente? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list department and role? _____					

Are you currently in School? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of School	
Field of Study	

Do you currently work? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer Name	
Part or Full-time	

Why would you like to volunteer for Kaiser Permanente?

Please list any medical certifications you hold? _____

Do you have any limitations you would like us to know about? _____

How did you hear about our program? _____

Please note that not all shifts, or days, are available for all positions. Check your availability for each day:
 M=Morning 8a-12p | A=Afternoon 12p-4p | E=Evening 4p-8p | LE=Late Evening 8p-12p
 Hours are slightly flexible with start and end times and do vary between departments.

SUN				MON				TUE				WED				THUR				FRI				SAT							
M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE	M	A	E	LE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are you able to commit to 1 year of service and a regular weekly schedule of 3 to 4 hours per week?

YES NO If the answer is no, please do not apply

4. Choose the location and area of service you are interested in:

There are 2 different volunteer settings available:

Medical Center (hospital) OR **Medical Office Building** (clinic)

Read through the following list of locations and areas of interest thoroughly before making your selection. We ask that you choose **ONE location** with up to **THREE areas of interest**. Areas of interest service descriptions are found on page 6.

Please keep in mind:

- Not all areas of interest are available at all locations.
- Not all areas of interest are available for all shift schedules.
- Not all areas of interest have openings available at all times.

If you choose more than one location, your application will be delayed. If you need help choosing or have questions about specific locations or areas of service, call us at 858-266-2675 before submitting your application.

MEDICAL CENTER VOLUNTEER OPPORTUNITIES

A brief overview for each volunteer role is located at the end of this section. Not all opportunities have availability at all times.

SAN DIEGO MEDICAL CENTER

9455 Clairemont Mesa Boulevard • San Diego, CA

- Emergency Department
- Guest Guide
- Patient Visitor
- Pediatrics (limited availability, no evenings)
- Pet Visitation
- Post-Partum Tea Time Server
(afternoons 1:30-4pm only)
- Surgery Waiting
- Ostomy Mentor (by invitation only)
- Urgent Care

ZION MEDICAL CENTER

4647 Zion Avenue • San Diego, CA

- Ambulatory Infusion Center (AIC)
- Chemo Care Companion
(must be cancer survivor)
- Emergency Department
- Guest Guide
- Patient Visitor
- Pet Visitation
- Pre and Post-Operative
- Surgery Waiting
- Welcome Center

MEDICAL OFFICE BUILDING VOLUNTEER OPPORTUNITIES

Bonita

3955 Bonita Road
Bonita, CA

- Welcome Center

Garfield

5893 Copley Drive
San Diego, CA

- Pre and Post-Operative
- R.O.S.E.
(must be breast cancer survivor,
limited availability)

La Mesa

8080 Parkway Drive
La Mesa, CA

- Welcome Desk
- Urgent Care

Otay Mesa

4650 Palm Avenue
San Diego, CA

- Welcome Desk
- Radiology (only evenings)
- Urgent Care

Rancho Bernardo

17140 Bernardo Center Drive
San Diego, CA

- Welcome Center

Rancho San Diego

3875 Avocado Boulevard
La Mesa, CA

- Welcome Center

San Marcos

400 Craven Road
San Marcos, CA

- Welcome Center
- Pre and Post-Operative
- Chemo Care Companion
- Chemo Room
- Urgent Care

Vandever

4405 Vandever Avenue
San Diego, CA

- Welcome Center

5. Sign and date application

- ✓ By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
- ✓ I understand and agree that my services are given with humanitarian or charitable reasons and are donated to Kaiser Permanente without expectation of any compensation, salary, benefits, other payment or future employment.
- ✓ I understand that completing an application does not guarantee acceptance into the Volunteer Program.
- ✓ I understand that the position of a volunteer requires that I be available to volunteer for a minimum of 3 to 4 hours per week and for a minimum of one year, or as determined by the Volunteer Services Department.

Name (Printed)	
Signature	
Date	

6. Complete "Authorization to Provide Background Check Report and Release"

It is important that you follow the instructions on the Authorization for Background Check form and complete it fully, including all current and previous addresses for the past 7 years. It is especially important to provide us with an accurate and readable Social Security number. Errors or illegible writing will delay your ability to start volunteering. The form is attached, see page 8.

7. Complete "Volunteer Emergency Contact Information"

Please provide us with a friend or family member who we can contact in the event of an emergency.

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Volunteer Role Descriptions

Ambulatory Infusion Center (AIC)

Provide patients receiving infusions with blankets, pillows, and beverages. Assist in escorting patients by wheelchair. Provide companionship.

Chemo Care Companion

Volunteers who themselves have received chemotherapy help to guide new chemotherapy patients through treatment. **Requires an additional interview with the Oncology Department and must be remission for at least one year.**

Chemo Room

Provide patients receiving chemotherapy with blankets, pillows, and drinks. Assist in escorting patients by wheelchair. Provide companionship.

Guest Guide

Guest Guides are stationed at entrances/exits to greet members as they enter and exit the facility. Provide wheelchair assistance to those in need, escort members and their family to various locations and deliver flowers to members in the hospital.

Ostomy Mentor

Volunteers who have received an ileostomy or colostomy help guide new ostomy patients through treatment with support and education. **Requires an additional interview by the Ostomy Social Worker.**

Patient Visitor

Visit with patients and their families, provide blankets, pillows, beverages, magazines and other support items. Escort and provide wheelchair assistance upon discharge.

Pediatrics

Volunteers bring friendliness and fun distractions to the department, spending quality time with patients and their families. Volunteers read stories, engage in activities and spend time talking with patients about themselves and their interests.

Pet Visitation

Visit patients and make hospital rounds with own certified dog. Must provide current Therapy Dog proof of membership; and medical records for pet. **Must meet with Kaiser Permanente Volunteer Pet Therapy Trainer to pass pre-test and post-test.**

Pre and Post-Operative

Assist patients with wheelchair transportation upon discharge. Meet and greet members as they arrive or leave the surgery department. Visit with visitors and patients assuring their needs are met.

Radiology

Meet and greet members as they arrive in Radiology, escort and assist members from the waiting room and urgent care area to radiology rooms. Provide wheelchair assistance to those in need.

R.O.S.E. = Resources Options Support and Encouragement Volunteers

Breast cancer survivors who are at least one-year post-treatment; dedicate themselves to helping guide newly diagnosed patients through the initial stages of treatment for breast cancer. **Requires an additional interview with R.O.S.E. Volunteer representative.**

Surgery Waiting

Greet and register family members in the waiting room. Provide status information to family members regarding patient who is in surgery. Track patients through surgery and recovery. Relay information to family members. Escort family members to recovery room.

Urgent Care

Round on patients in waiting room and in treatment areas to assure excellent customer service. Escort patients to Radiology and Lab when needed, escort patients via wheelchair within facility and upon appointment completion.

Welcome Center

Utilize tools such as computer and desk reference guides to greet and provide information, including department and room locations to those entering the facility. Assist patients with questions at kiosks. Escort or transport those needing extra help.

AUTHORIZATION TO PROVIDE BACKGROUND CHECK REPORT AND RELEASE

I understand that, in connection with my desire to be a volunteer at Kaiser Permanente (“Company”), I have been asked to authorize First Advantage to provide a background check report about me to the Company. I hereby voluntarily authorize First Advantage to prepare and provide a background check report to the Company that discloses any criminal convictions, any pending arrests for which I am out on bail or on my own recognizance pending trial, any listing as an excluded individual or registered sex offender, or other information requested by the Company to determine my suitability as a volunteer.

I understand that passing a background check is a condition of serving as a volunteer at Kaiser Permanente and voluntarily agree to this background check in order to volunteer at Kaiser Permanente.

I hereby also authorize any person, business entity or governmental agency that may have information about me to disclose the information to the Company, by and through First Advantage.

I hereby release the Company, First Advantage, and each of their respective parent, subsidiary, and affiliate organizations, and each of their officers, directors, agents, representatives and employees, and any and all persons, business entities and governmental agencies, from any and all liability, claims and/or demands of whatever kind arising out of or relating in any way to the providing of information and/or assisting with the compilation or preparation of the background check report I have authorized.

SIGNATURE _____ DATE _____

Please provide the following information for the purpose of obtaining the background check report:

FULL NAME (as it appears on your driver’s license) _____

ALIAS/AKA/MAIDEN NAMES (include time frame used)

Please provide your residential addresses and mailing addresses (if different) for the last seven years, beginning with your current address. If more room is required, please list on a separate sheet of paper.

Street Address, City, State, Zip DO NOT LEAVE BLANK	Residency Start Date	Residency End Date

CURRENT PRIMARY PHONE _____

EMAIL ADDRESS _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PLEASE PRINT and MAKE SURE ALL INFORMATION IS LEGIBLE

A SUMMARY OF YOUR RIGHTS UNDER THE CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCY'S ACT

- The California Investigative Consumer Reporting Agency's Act (ICRAA) gives you specific rights, which, in summary, are as follows:
- The consumer reporting agency must supply its files and information about you during normal business hours upon reasonable notice from you
- You are entitled to view the files maintained about you in person if you so choose
- To view your file in person, you must provide proper identification. You cannot be charged a fee to view your file, but if you want a copy, you can be charged a fee not to exceed the actual cost of duplication
- You are entitled to make a written request for a copy of your file to be sent to you. The request must be sent by certified mail, and you may be charged a fee for the copy
- You are entitled to request in writing that the consumer reporting agency contact you by telephone to inform you of the information in your file. If you do this, you must provide telephone contact information and must arrange for payment of any toll charge related to the call
- The consumer reporting agency can ask you for proper identification to verify that you are the consumer on whom its file is maintained. This includes such documents as a valid driver's license, social security account number, military identification card and/or credit card. If you are not able to reasonably identify yourself with one of the foregoing types of information, then the consumer reporting agency may require that you provide additional information to verify your identity
- The consumer reporting agency must provide a trained person to explain the information contained in your file
- When reviewing your file, you are entitled to be accompanied by one other person of your choosing.
- This person can be required to furnish reasonable identification, and the consumer reporting agency can require that you provide written permission for discussion of your personal information in the other person's presence

A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130A 600 Pennsylvania Ave N.W., Washington, D.C. 20580

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051