

**Please return to:**

Mount Nittany Medical Center  
Volunteer Services Department  
1800 East Park Avenue  
State College, PA 16803  
814.234.6170



**VOLUNTEER APPLICATION**

Application Date \_\_\_\_\_ Assignment \_\_\_\_\_

Interview Date \_\_\_\_\_  Adult  Teen  College Student

Orientation Date \_\_\_\_\_ Start Date \_\_\_\_\_

(FOR OFFICE USE ONLY)

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

E-mail address: \_\_\_\_\_ Local Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

**In Case of Emergency, Notify**

Name \_\_\_\_\_ Parent/Guardian/Other \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**Education and Work Experience**

Current Employer \_\_\_\_\_ High School 9 10 11 12 Grad. Date \_\_\_\_\_

Job Title \_\_\_\_\_ College 1 2 3 4 Grad. Date \_\_\_\_\_

Work Phone \_\_\_\_\_ College Major \_\_\_\_\_

**Skills/Preferences**

- Mailings/Special Projects
- Errands/Delivery
- Physical Therapy
- Gift Shop/Snack Bar
- Patient-Related
- Office/Reception

Emergency Department

Have you volunteered at Mount Nittany Medical Center before?

Yes  No

Can you substitute occasionally?

Yes  No

**Availability**

Check the boxes for the days and times you are most often available to volunteer.

	S	M	T	W	T	F	S
Morn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever pled guilty or been convicted of a crime?  Yes  No

If yes, when did the offense occur? \_\_\_\_\_ Nature of crime: \_\_\_\_\_

Are you required to volunteer?  Yes  No. If yes, by whom? \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

Applicant placement location;  Medical Center  Satellite Location  Paramedic Assistant

**Volunteer – Please Read and Sign:**

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant Mount Nittany Health permission to verify such answers and investigate references.

Believing that Mount Nittany Health has a real need for my services as a volunteer worker,

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision gracefully;
- I will conduct myself with dignity, courtesy, and consideration;
- I will consider as CONFIDENTIAL all information which I may hear directly or indirectly concerning a patient, doctor, or any of the personnel, and will not seek information in regard to a patient;
- I will take any problems, criticisms, or suggestions to the Director of Volunteers;
- I will endeavor to make my work of the highest quality, and I will uphold the traditions and standards of Mount Nittany Health and interpret them to the community at large.
- I understand that a Tuberculin skin test is required for volunteers with patient contact, and that the test will be provided to me free of charge at Mount Nittany Health.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**For Junior Volunteers Only:**

Parent or Guardian: Please acknowledge the above consent form by signing below.

Signed \_\_\_\_\_

DATE \_\_\_\_\_

**ORIENTATION CHECKLIST**

Mission & Vision Statements		Emergency Announcements	
Confidentiality Statement		Infection Control	
HIPAA		Customer Service	
Sign-In Books		National Patient Safety Goals	
Schedules and Call-Offs		Uniforms and Dress Code	
Assignment Guides and Checklists		Benefits	

## Health Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

E-mail address: \_\_\_\_\_ Local Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Personal Physician: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Please attach proof of the following immunizations:** (be sure your records indicate vaccine dates, etc. Anything listed as 'unverified' will not be considered proof)

### **TUBERCULOSIS:**

Tuberculin screening (tuberculin skin test or blood assay for *M. tuberculosis*) is required unless you have had a positive test or are deferred from testing for other reasons. Only results of testing performed within the past one (1) year will be accepted.

Exempt from testing: ( ) NO ( ) YES

If yes, reason: \_\_\_\_\_

Date of tuberculin screening: \_\_\_\_\_ Result: \_\_\_\_\_

If tuberculin screening is/was positive, attach a copy of a chest x-ray report done within the past one (1) year.

### **VARICELLA (CHICKEN POX):** Attach a copy of any of the following:

- \_\_\_ laboratory evidence of immunity (antibody), or
- \_\_\_ proof of vaccination with two doses Varicella zoster vaccine.

### **PERTUSSIS (WHOOPING COUGH):** Attach a copy of the following:

- \_\_\_ proof of vaccination with one dose TDAP Vaccine

### **RUBELLA (GERMAN MEASLES):** Attach a copy of any of the following:

- \_\_\_ laboratory evidence of immunity (antibody), or
- \_\_\_ proof of vaccination (one dose on or after age one).

### **RUBEOLA (MEASLES):** Attach a copy of any of the following:

- \_\_\_ laboratory evidence of immunity (antibody), or
- \_\_\_ proof of vaccination (two doses on or after age one)

### **MUMPS:** Attach a copy of any of the following:

- \_\_\_ laboratory evidence of immunity, or
- \_\_\_ proof of vaccination (two doses on or after age one)

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

If you cannot provide evidence of immunity as described above, a blood test (titer/s) will be performed by the Medical Center to determine your immunity status. **If you are a student, you can get your records from your school health services department.** If you have any questions contact the Volunteer Resources Department office at 814.234.6170

**Consent for Tuberculin Skin Test for Volunteers under age 18 only:**

All volunteers ***who have been interviewed*** must have a tuberculin skin test before starting volunteer activities. The test will be provided, at no charge to the volunteer, during the orientation process.

**If you are under 18, your parent or guardian must sign this form before you receive the tuberculin skin test. Please bring the signed letter with you when you come to the Hospital for your appointment.**

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**For Parents/Guardians of Junior (under age 18) Volunteers:**

**I have read this letter, and I give my permission for \_\_\_\_\_**

(Junior Volunteer's Name)

to receive a tuberculin skin test at Mount Nittany Medical Center.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Reference Form:

This form is to be completed by the applicant's reference.

\_\_\_\_\_ has applied to be a volunteer at Mount Nittany Medical Center and has given your name as a reference. Because we strive to provide our patients with quality care, it would be helpful to have your comments on whether you consider this person well-suited to healthcare volunteer service.

Please return this completed form to the address provided below. Your prompt and frank reply will be greatly appreciated, and will be considered confidential. Volunteers cannot begin their assignments until a reference is returned.

Sincerely,

Meredith Thompson, MS  
Director of Volunteer Services

\_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Name of Reference: \_\_\_\_\_  
How do you know Applicant: \_\_\_\_\_  
Reference Address: \_\_\_\_\_  
\_\_\_\_\_  
Reference Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Comments: \_\_\_\_\_

### Please return to:

Mount Nittany Medical Center  
Volunteer Services Department  
1800 East Park Avenue



# FBI Fingerprint Criminal Background Checks

## VOLUNTEERS 18 YEARS OR OLDER

Fingerprint Date:	Time:
Scheduled by Volunteer Resources: Office Use Only	

Fingerprinting **MUST** be completed at scheduled date and time below:  FBI  Criminal

### How To Complete This Form

**Criminal Background Check Only:** Complete all green shaded areas only on this form and return to Volunteer Resources Office. (If you have lived in PA for 10 continuous years).

**FBI Background Check:** (You have not lived in PA for 10 continuous years). You may choose to register yourself or Volunteer Resources will complete the registration and email all necessary information for your appointment. **When registering via Volunteer Resources Office** complete the entire form answering all categories. Email completed form to [Deborah.neidigh@mounnittany.org](mailto:Deborah.neidigh@mounnittany.org).

To begin **your** online registration go to <https://uenroll.identogo.com> you will enter this service code "1KG756" this will then guide you through the registration. Your authorization code is

**Signature:** Volunteer Resources has my permission to complete the FBI Background Check

### You must provide three (3) dates and times for availability to register for Fingerprint appointment.

Date:	Time:
Date:	Time:
Date:	Time:

### Dates are not negotiable after received by Volunteer Resources Office.

### Volunteer Information (all information must be completed)

Legal Name				
Full Name:				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
	Last	First	M.I.	Alias

### Residential Address

Address: Current		
	Street Address <b>(Must be A Local Address)</b>	Apartment/Unit #
City:	State:	ZIP Code:

**Mailing Address**

Address: Mailing	
	Street Address

City:	State:	ZIP Code:
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Phone:	E-Mail Address:
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Birth Date:	Place of Birth, City and State:
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Country of Citizenship:	Number of years lived continuously in PA/dates:
City of Birth:	State/Province of Birth

**Personal Information**      **Check One**

Race:	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian and Alaskan Native	<input type="checkbox"/> White (includes Mexicans and Latinos)	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown		
Eye Color:	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Green	<input type="checkbox"/> Gray	<input type="checkbox"/> Hazel	<input type="checkbox"/> Multi Colored
Hair Color:	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Red	<input type="checkbox"/> Sandy

Gender:	Height:	Weight:	Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black
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**Locations: All Locations are by appointment only.  
NOTE: Scheduled appointments take priority over walk-ins.**

State College 426 Allen Street State College, PA 16801 <b>Enrollment center located inside                  Advantage Resource Group</b>	Hours: Monday – Friday 9:00am – 12:00pm and 12:30pm – 3:30pm
Other Locations: For more information on below locations, contact Volunteer Resources Office. Out of state fees may apply for these locations. <b>Lewistown, PA    Huntingdon, PA    Bigler, PA    Altoona, PA</b>	

**Documents for verification purposes for FBI Fingerprinting (Other forms of documents are listed on website or upon confirmation of appointment. (CIRCLE ONE DOT)**

- Driver's License issued by a state or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the U.S.
- Commercial Driver's License issued by a state or outlying possession of the U.S.
- Canadian Driver's License      • Department of Defense Common Access Card
- Foreign passport or Permanent Resident Card **or** Alien Registration Receipt Card (Form I-551)

**IDENTOGO WEBSITE FOR REGISTRATION:**

<https://uenroll.identogo.com/workflows/1111G2>

The enrollment center is located inside Advantage Resource Group.

- State ID Card (or outlying possession of the U.S.), a seal or logo from State or State Agency

**IDENTOGO WEBSITE FOR REGISTRATION:**

<https://uenroll.identogo.com/workflows/1111G2>

The enrollment center is located inside Advantage Resource Group.





## Child Protective Services Law

In order to comply with the Child Protective Service Law, Mount Nittany Health volunteer candidates **who are 18 years or older** must secure the PA Child Abuse Clearance. Please include the clearance with your application. If you have not been a resident of Pennsylvania for the last 10 years, you will also need to have an FBI/Federal Criminal History Record clearance, which includes fingerprinting. Please notify the Volunteer Resources Department if you need this additional clearance.

### PA Child Abuse Clearance APPLICATION INSTRUCTIONS

Register online at: <https://www.compass.state.pa.us/cwis/public/home>. You will need your previous addresses and the names of everyone who lived with you at any time since 1975 to the present.

- 1. Select **Create a New Account**, click next
- 2. Fill in needed info, click finish
- 3. Go to your email to retrieve temporary password
- 4. Go back to the site, click login
- 5. Click **Access My Clearances**, click continue
- 6. Login with username ID & temporary password
- 7. Create password (you'll want to retain your ID & password for future use), click **submit**
- 8. Login again with your new password
- 9. Click **agree to terms**, click next, click continue
- 10. Select **Create An Application**, click begin
- 11. Click **Regular Contact With Children**
- 12. Verify your information & add needed information, click next
- 13. Fill needed information, click next
- 14. Add all previous addresses since 1975, click next
- 15. Add household members since 1975, click next
- 16. Verify summary information
- 17. Type in full name for **E-Signature**, click next
- 18. Be sure to check that this is for a volunteer position.