



HOSPITAL ELDER LIFE PROGRAM

Spring 2017

VOLUNTEER INFORMATION

Name: _____ Classroom Training Dates: _____

Community Partner: UD WSU Sinclair DECA STEM Retired Other _____

REQUIREMENTS PRIOR TO CLASSROOM TRAINING *(all must be completed in order to attend)*

- Miami Valley Hospital Volunteer Application
- 2-Step TB (includes 2 independent test done at least 7 days apart; test are free through MVH Employee Health)
- MMR & Varicella shot records (copies are accepted)
- Interview with MVH Volunteer Services Department (interview does not apply to UD Pre-Med students only)
- Identify your preferred classroom orientation date by choosing one of the options below:

___Dec 29 & 30 @9 – 5 ___Jan 5 & 6 @9 – 5 ___Jan 12 & 13 @9 – 5 ___Jan 25, 26 & 27 @9 – 2

OFFICE USE ONLY (do not write below this line)

SHADOWING DATES	VOLUNTEER AVAILABILITY DATE(S)				
(1 st) ___/___/2017 <input type="checkbox"/> Completed	M	T	W	R	F
(2 nd) ___/___/2017 <input type="checkbox"/> Completed					
(3 rd) ___/___/2017 <input type="checkbox"/> Completed	0900-1300		1230-1630		1600-2000
(4 th) ___/___/2017 <input type="checkbox"/> Completed					

COMPENTENCIES

Volunteer Start Date (Established):

Competency Check-off Type	Scheduled Date	Completed Date	Notes
Classroom			
Shadowing			
62 hours			
92 hours			
122 hours			