



# HOSPITAL ELDER LIFE PROGRAM 2018

## VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 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 tests done at least 7 days apart; test are free through MVH Employee Health)
- MMR & Varicella shot records (copies are accepted)
- Flu Vaccination (Oct 1<sup>st</sup>-March 31<sup>st</sup>) THIS IS REQUIRED
- Interview with MVH Volunteer Services Department (interview does not apply to UD Pre-Med students only)

### OFFICE USE ONLY

SHADOWING DATES	VOLUNTEER AVAILABILITY DATE(S) (Please include your Top Three)								
(1 <sup>st</sup> ) ___/___/___ <input type="checkbox"/> Completed    (3 <sup>rd</sup> ) ___/___/___ <input type="checkbox"/> Completed (2 <sup>nd</sup> ) ___/___/___ <input type="checkbox"/> Completed    (4 <sup>th</sup> ) ___/___/___ <input type="checkbox"/> Completed	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">M T W R F</td> <td style="padding: 2px;">M T W R F</td> </tr> <tr> <td style="padding: 2px;">9:00am-1:00pm</td> <td style="padding: 2px;">12:30pm-4:30pm</td> </tr> <tr> <td colspan="2" style="padding: 2px;">M T W R F</td> </tr> <tr> <td colspan="2" style="padding: 2px;">4:00pm-8:00pm</td> </tr> </table>	M T W R F	M T W R F	9:00am-1:00pm	12:30pm-4:30pm	M T W R F		4:00pm-8:00pm	
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## COMPENTENCIES (Office use only)

Volunteer Start Date (Established):

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