Dear Prospective Volunteer,

The Department of Volunteer Services of The Johns Hopkins Hospital was established in 1959. Its mission was and still is to extend the patient care services of The Johns Hopkins Hospital. Our volunteers work in many departments of the hospital complex. We make every effort to place individuals in the position of their interest. However, volunteer position availability varies.

Enclosed you will find information listing requirements needed to become an official Johns Hopkins volunteer and a volunteer application. When completing the application please PRINT or TYPE your entries. Do not mail your application.

Please call the Department of Volunteer Services to schedule an appointment for a screening interview if you are looking for a volunteer position. Your completed application should accompany you to the interview. Once you have successfully met the requirements, including a reference and criminal background check, an interview with a potential site supervisor should be scheduled. A request for a resume may be made for certain placements.

Once you have secured a volunteer position, you must complete the mandatory Volunteer Services Orientation course on the Hopkins MyLearning portal online. You will learn about the history of The Johns Hopkins Hospital volunteer program, policies and procedures, benefits, and recognition.

We look forward to having you as a valuable addition to The Johns Hopkins Hospital. Please note that the process of becoming a volunteer may take some time, but it will all be worth it.

For questions regarding the volunteer application process, contact the Department of Volunteer Services at 410.955.5924 or volunteerservices@jhmi.edu. We look forward to welcoming you as one of our newest volunteers.

Thank you for your interest.

Sincerely,

Kia-Lillian Hayes, MPS
Manager, Volunteer Services
The Johns Hopkins Hospital  
Department of Volunteer Services  
Application Checklist

The following are the steps to become a volunteer at The Johns Hopkins Hospital. Check each step once it has been completed. When all indicator boxes are checked you will then be a Johns Hopkins Volunteer!

1. □ Complete Application Packet.  **Do not mail application.** (If you have been preselected see step #4.)

2. □ Schedule a screening **Interview with a representative of the Department of Volunteer Services.**  **If you have been preselected by a department, turn in all of your paperwork and contact Volunteer Services** to receive your online training instructions. (A reference and criminal background check are required as part of the selection process.)

   *Note:* Call the Department of Volunteer Services at 410.955.5924 to schedule the screening interview if you are looking to secure a volunteer position. Bring the completed application packet with you to the screening interview or to the Department of Volunteer Services if you have been preselected.

3. □ Contact Volunteer Services two days after you have completed your screening interview to confirm that your background and reference check have cleared.

4. □ Meet with the supervisor from your potential volunteer assignment site. (You will need to schedule this interview.)

   □ Your supervisor should fill out a Placement Interview Form which must be returned to the Volunteer Office.

4. □ Complete the Volunteer Services Orientation course on MyLearning.  **Your application, background check information and placement form should be submitted prior to taking the online training and receiving instructions via e-mail.**

5. □ Get proof of TB clearance from Occupational Health and turn documentation into the Department of Volunteer Services.

   Occupational Health is located at Church Home in room 421 (98 N. Broadway). The office hours are 7:30 a.m. to 4:00 p.m., Monday through Friday. **You may schedule an appointment by calling 410-955-6211. Please note there are no TB screenings on Thursdays. Remember,** you must return in 48 to 72 hours to the Dept. of Occupational Health to have the TB screening evaluated. Failure to do so will result in a repeated screening. Once you have the TB screening evaluated, please bring a form stating that you qualify to be a volunteer to the Department of Volunteer Services.

6. □ Obtain a volunteer badge from the Department of Volunteer Services.

   *Note:* You must turn in your application, background check form, placement form, orientation certificate and TB clearance before getting a volunteer badge. Our office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday. You must present a valid Hopkins Badge before receiving the volunteer badge.

7. □ Procedure for signing in and out:

   A. There is a kiosk available Monday through Friday from 8:00 a.m. to 4:30 p.m. in Carnegie 173.

   B. Log your hours via Web Time Entry, email or time sheet.

8. □ Volunteer Benefits:  MTA tokens, parking coupons, or meal tickets.

   □ Please note that you must volunteer **at least 4 hours per shift** to be eligible for these benefits and you can choose **only one** of these items each time you volunteer.

   □ You can use your badge/ID to enter or exit the parking garage after 4PM, Monday through Friday, and at any time on the weekends or JHH scheduled holidays without paying a fee.

   □ **Benefits are not available to School of Medicine research/lab volunteers.**
**VOLUNTEER REQUIREMENTS**

**Minimum Age:** 15 years and enrolled in high school courses.

**Number of Hours Required:** Volunteers must commit to a **minimum of 75 hours** of service and a minimum of 4 hours of service per week is required. However, the amount of hours may be subject to change depending upon the needs of the department and volunteer and with approval of the volunteer supervisor.

**Processing Required:** Prospective volunteers who are JHH employees must complete a volunteer application which contains the name and signature of his/her supervisor and 2 personal references (non-relatives). All JHH employees must submit a completed background check form to the Department of Volunteer Services prior to getting started as a volunteer.

**Interview(s):** A screening interview must be scheduled with the Department of Volunteer Services if you have not been pre-placed in a department. Applicants are reviewed and considered based on assessed skills, interests, level of demonstrated commitment and the availability of volunteer positions. The reference check and a criminal background check are then conducted. Upon successful completion of these checks, the applicant must schedule and attend an interview with a potential supervisor. During this interview a Placement Interview form must be completed by the interviewer and applicant.

**Health Related Documentation:** Volunteers considering serving patient care areas who were born after January 1, 1957 must provide documentation of varicella (chickenpox) and measles/mumps/rubella (MMR) vaccination.

Employees, faculty, physicians, staff, students and **volunteers** across Johns Hopkins Medicine, as well as at the schools of nursing and Public Health, are required to receive the flu vaccination during flu season. The seasonal flu vaccine is provided free of charge to all volunteers.

All prospective volunteers are screened for tuberculosis and must be determined to be free of active infection by the Department of Occupational Health before beginning service within the Hospital. Any volunteer with a positive reaction to the PPD test is advised to follow up with a chest x-ray and further medical treatment if so determined.

Volunteers who serve clinical areas must receive a TB screening on an annual basis to maintain an active status.

**Orientation and Training:** Once the application, background check, interviews and placement form have been completed the prospective volunteer must enroll in the required orientation courses on the Hopkins MyLearning portal online. Training topics include a general overview of the volunteer program, benefits and expectations. The online training can be taken on any computer with an internet connection.

Volunteers must repeat the Volunteer Services Orientation course annually to maintain an active status.

Volunteers should be properly trained by their departmental supervisor or designated staff to successfully complete assigned tasks. This training is divided into two areas: basic workplace instruction (e.g. location of bathroom, where to put coat, etc.) and job instruction.

**Attendance:** Volunteers are expected to meet their commitments to their scheduled service hours. Supervisors must be notified of any absences in advance or as soon as possible. The Department of Volunteer Services should be notified of any extensive absences. After 3 consecutive unexcused absences without notification, the supervisor and/or the Department of Volunteer Services reserve the right to terminate a volunteer.

All volunteers must sign in and out when reporting for service. Failure to do so and illegible handwriting will result in service hours not being recorded. Time can be recorded on a time sheet, online or via email.

**Evaluation:** All volunteers should demonstrate a good understanding of assigned tasks. A competency assessment by the supervisor should be given after 90 days of service and then on an annual basis of the start date.
Today’s Date _________________

Last Name ________________________ First Name ________________________ Middle Initial ________________________

Current Address __________________________________________ City __________________________ State ____________ Zip Code ____________

Home Telephone __________________________ Cell Telephone __________________________ E-mail Address __________________________

Education/Special Training __________________________________________ Highest Grade Level Completed __________________________

Employer’s Name/School’s Name __________________________________________ Occupation/Academic Major __________________________

Parent’s/Guardian’s Name (if under 18 yrs.) __________________________ Supervisor’s Name & Signature (if Hopkins employee) __________________________

Are you at least 18 years of age?   Yes ____   No ____
Do you have a M.D./PhD?   Yes ____ No ____
Do you have a B.S. in Medicine?   Yes ____ No ____

How did you hear about the Volunteer Services Department?  Doctor Referral       Friend       Media Ad        School __________________________

Are you required to volunteer?  If yes, please explain. __________________________________________________________

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.   Yes ____ No ____

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Volunteer Experience: (List most recent service positions)

Position: ___________________________    Position: ___________________________

Agency: ____________________________    Agency: ____________________________

Date:_______________________________    Date:_______________________________

Placement Preferences: Indicate 1st (_____), 2nd (_____), and 3rd (_____) choice

2. Child Life: Help children with recreational/educational activities.
3. Non-Clinical: Clerical, running errands, answering phones.
5. Nursing: Assist nurses, interact with patients, and assist with meals and paperwork.
6. Pharmacy: Shelve medications, prepare and label materials, and stock rotation.
7. Other: ____________________________________________________________

Proposed Start Date: _________________            Proposed End Date: _______________
The Johns Hopkins Hospital  
Department of Volunteer Services  
References and Emergency Contact

Duration of Volunteer Services:
One Time: _____  
1-3 months: _____  
More than 3 months: _____  
On-call: _____
Other: ____________________________ to _____________________________

References: List two people other than relatives who would be willing to serve as personal references.

1. 

Name ____________________________  Telephone Number ____________________________
Street Address ____________________________________________________________  City ______ State ______ Zip Code ______
____________________________________________________________________________________
E-mail Address ____________________________

2. 

Name ____________________________  Telephone Number ____________________________
Street Address ____________________________________________________________  City ______ State ______ Zip Code ______
____________________________________________________________________________________
E-mail Address ____________________________

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name ___________________________________________  Relationship ____________________________
____________________________________________________________________________________
Home Telephone Number ____________________________  Business Telephone Number ____________________________  Cellular Phone Number ____________________________

Statement of Understanding:
I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information.
I understand that I must be at least 15 years of age to volunteer at The Johns Hopkins Hospital and if I am under the age of 18 years of age and/or attending high school I will need parental consent.
Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant’s Signature: ____________________________  Date: ____________________________
Parental Signature: ____________________________  Date: ____________________________
The Johns Hopkins Hospital
Department of Volunteer Services

Name: __________________________
Date: __________________________

Please answer the following questions:

What attracted you to this volunteer program? Is there an aspect within the program that motivates you to be a part of this program?
__________________________________________________________________________________________
__________________________________________________________________________________________

What would you like to get out of your volunteer experience/internship? What would make you feel like you have been successful?
__________________________________________________________________________________________

Have you ever volunteered? If yes, for what agency and what position?
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe the agency and your volunteer responsibilities.
__________________________________________________________________________________________
__________________________________________________________________________________________

What have you enjoyed most about your previous volunteer position(s)?
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe your ideal supervisor. What sort of supervisory style do you prefer to work?
__________________________________________________________________________________________
__________________________________________________________________________________________

What skills and qualities do you feel you have to contribute to The Johns Hopkins Hospital?
__________________________________________________________________________________________
__________________________________________________________________________________________

Are you willing to commit to the requirements of the volunteer program?
__________________________________________________________________________________________
DIRECTIONS TO THE JOHNS HOPKINS HOSPITAL

From Washington, D.C., and Virginia and the I-95 access at Baltimore-Washington International Airport:

• Take I-95 North to Exit 53 (I-395 North) into Downtown Baltimore. (Note: Do not take the Martin Luther King Jr. Blvd. fork of the exit).
• Take the Conway Street exit.
• Turn LEFT onto MD-2 N / LIGHT ST.
• Turn right onto Pratt Street.
• Stay on Pratt for 1.4 miles to Broadway; turn left on Broadway.
• Turn left from Broadway onto Orleans Street. Go one block to N. Caroline Street and turn right.
• Follow the signs to patient parking.
• The entrance to the garage is on McElderry Street on the right.
• After parking your car, follow signs to the hospital from the Outpatient Center.

From Philadelphia, New York and Northeastern Baltimore Suburbs:

• Take I-95 South toward Baltimore to Exit 57 (Boston Street and O'Donnell Street).
• Proceed on Boston Street approximately two miles and turn left onto Fleet Street.
• Follow Fleet Street to Broadway; turn right on Broadway.
• Turn left from Broadway onto Orleans Street.
• Go one block to N. Caroline Street and turn right.
• Follow the signs to patient parking.
• The entrance to the garage is on McElderry Street on the right.
• After parking your car, follow signs to the hospital from the Outpatient Center.

From York, Central Pennsylvania and Northern Baltimore Suburbs:

• Take I-83 South (Harrisburg Expressway) into Baltimore (Note: I-83 becomes the Jones Falls Expressway as you approach Baltimore).
• Exit at Fayette Street and turn left.
• Follow Fayette toward the medical campus.
• Follow Fayette Street to Broadway and turn left.
• Turn left from Broadway onto Orleans Street.
• Go one block to N. Caroline Street and turn right.
• Follow the signs to patient parking.
• The entrance to the garage is on McElderry Street on the right.
• After parking your car, follow signs to the hospital from the Outpatient Center.

From Annapolis and Maryland's Eastern Shore (continued on back)
From Annapolis and Maryland's Eastern Shore:

• From Route 50, take I-97 toward Baltimore and follow I-97 to the Baltimore Beltway (I-695) toward Towson.
• Take the Beltway to the Baltimore-Washington Parkway (I-295) North.
• Follow I-295 into Baltimore (it becomes Russell Street).
• Turn right on Pratt Street.
• Stay on Pratt from 1.4 mile to Broadway; turn left on Broadway.
• Turn left from Broadway onto Orleans Street.
• Go one block to N. Caroline Street and turn right.
• Follow the signs to patient parking.
• The entrance to the garage is on McElderry Street on the right.
• After parking your car, follow signs to the hospital from the Outpatient Center.

From Frederick and Western Maryland:

• Take I-70 East.
• Merge onto I-695 S/BALTIMORE BELTWAY OUTER LOOP via EXIT 91A toward I-95 S/GLEN BURNIE.
• Merge onto US-40 E via EXIT 15A toward BALTIMORE.
• Turn LEFT onto N BROADWAY.
• Turn left from Broadway onto Orleans Street.
• Go one block to N. Caroline Street and turn right.
• Follow the signs to patient parking.
• The entrance to the garage is on McElderry Street on the right.
• After parking your car, follow signs to the hospital from the Outpatient Center.