St. Christopher's
Hospital for Children
A PARTNERSHIP OF TOWER HEALTH
AND DREXEL UNIVERSITY

160 East Erie Avenue
Philadelphia, PA 19134-1095
Tel: (215) 427-5000

Dear Applicant:

Thank you for your interest in St. Christopher's Hospital for Children. Please review the information below that lists the prerequisites for participating in activities at the hospital. NOTE: All steps must be completed and required documentation received before you begin the requested activity.

1. Please access the appropriate application and information sheets by clicking on the links located on the volunteering page of the St. Christopher's website: https://towerhealth.org/locations/st-christophers-hospital-children/volunteering

2. Make note of the criteria and information required for your activity of interest.

3. Complete required steps and gather all required documentation.

4. Please send completed volunteer application forms to:

    Email: STCVolunteer@towerhealth.org (Please put your name and "Shadowing Application" in the subject line.)

    Mail: Volunteers Department St. Christopher's Hospital for Children 160 East Erie Avenue Philadelphia, PA 19134-1095

5. For questions or assistance with the application process, please contact Dina Melchiorre, Director, Volunteer Services, (215) 427-5467

When all required information and documentation has been submitted, a representative from Volunteer Services will contact you to discuss next steps.

Thank you for your interest.

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SHADOWING ON-BOARDING PROCESS

INFORMATION SHEET

A Shadower is defined as anyone who is seeking knowledge relative to health care by shadowing a St. Christopher's employee for no more than five days; will have no hands-on or direct patient care; and no contractual agreement, academic requirements, or monetary gain.

On-boarding Shadowers will be processed by the Department of Volunteer Services. The point of contact is Dina Melchiorre, Director, Volunteer Services, (215) 427-5467.

<ins>Initiation of on-boarding process</ins>:

- Interested applicants who contact Volunteer Services Department expressing interest in shadowing will be directed to the St. Christopher's Hospital for Children's website for completion of application packet:

  https://towerhealth.org/locations/st-christophers-hospital-children/volunteering

- Completed application packet is returned to Volunteer Services Department (Department Director and/or designee) for review of required documents.

<ins>Application packet contents</ins>:

- Application
- Parental Release Form (minor 15-17)
- Application Agreement

<ins>Required documents</ins>:

- Must provide current immunization records or documentation of having immunity for the following infectious diseases: Measles, Mumps, Rubella, Varicella (Chicken Pox), Hepatitis B, Tetanus, Diphtheria, proof of 2 Step PPD (Tuberculosis) testing or QuantiFERON during the past three months, Influenza vaccine during the present Flu season (September through April), and proof of COVID-19 vaccinations. Documentation of immunity will expedite the process.

- Criminal background checks within the past six months. This must include a seven-year detailed summary inclusive of OIG (Office of Inspector General), GSA (General Service Administration) with Pennsylvania Access to Criminal History (PATCH), Sex Offender Registry, Department of Public Welfare Pennsylvania Child Abuse History Clearance, and FBI IdentoGO Finger Printing.

- Rapid 10-Panel Drug Screen from Concentra https://www.concentra.com Results must be turned in to the Volunteer Services office, within 30 days of the shadowing start date.

Links to Criminal background checks:

Pennsylvania Access to Criminal History (PATCH)
https://epatch.state.pa.us/

Child Abuse Clearance for inquiries/information:
www.compass.state.pa.us/cwis/public/home

FBI Finger Printing for inquiries/information:
http://uenroll.identogo.com Service Code: 1KG738

- Upon arrival on first day and each consecutive day while shadowing at St. Christopher's, one form of photo identification is required to be cleared by security and to receive shadowing identification badge from the front desk.

If Student (minor 15 year to 17 year):

- Parental Release Form

- Completed application packet is then returned to Volunteer Service for in-processing and on-boarding process. Volunteer Services will evaluate the completion of the submitted application packet. Shadowing applicant will be notified by staff member of Volunteer Services Department if there are any files with missing documentation.

- Volunteer Services will provide Employee Health Services with immunization records and/or documentation for review, approval, and clearance to be on site at St. Christopher's Hospital for Children.

- Volunteer Services will confirm scheduling of shadowing applicant with individual who has agreed to provide shadowing opportunity.

- Volunteer Services will schedule shadowing applicant for hospital orientation.

- Volunteer Services will communicate with shadowing applicant to confirm days, hours, and start date.

- Volunteer Services will provide security at the front desk with the names of all shadowers who will be signing in and receiving identification badges from the front desk.

Termination Process:

- Volunteer Services will document in file each shadower's beginning and end date of the five days of shadowing.

SHADOWING APPLICANT

Summary of Necessary Application Steps:

➢ Completion of Application Packet – Submitted to Volunteer Services

➢ Must provide current immunization records or documentation of having immunity for the following infectious diseases: Measles, Mumps, Rubella, Varicella (Chicken Pox), Hepatitis B, Tetanus, Diphtheria, proof of 2 Step PPD (Tuberculosis) testing or QuantiFERON during the past three months, and Influenza vaccine during the present Flu season (September through April), and COVID-19. Documentation of immunity will expedite the process.

➢ Rapid Test 10 Panel Drug Screen from Concentra https://www.concentra.com
The applicant is responsible for the cost of the drug screen. Results must be turned in to the Volunteer Services office, within 30 days of the shadowing start date.)

➢ Submission of documentation for following criminal background checks:

  o Pennsylvania Access to Criminal History (PATCH) https://epatch.state.pa.us/
  o Child Abuse Clearance www.compass.state.pa.us/cwis/public/home
  o FBI Finger Printing for inquiries: http://uenroll.identogo.com   Service Code: 1KG738

➢ Completion of on site review of orientation materials to include: Hospital Policies, HIPPA, Infection Control (hand washing), and Fire and Safety training.

SHADOWING APPLICATION

Name_____Birth Date_____

Address_____Zip Code _____

Telephone#: Home_____Work _____

Cell#_____E-Mail Address _____

Notify in Emergency_____Relationship _____

Address_____Phone _____

E-Mail Address _____

Will you be able to carry out in a safe manner all placement assignments associated with this role?
 (Please circle one)   Yes   or   No

Education (Please Circle) Grades   1 2 3 4 6 7 8 9 10 11 12
College Degrees Obtained or In Progress:
_____

School Presently Attending:_____

Education Program or Special Training (Describe):
_____

Type of Shadowing opportunity Desired: _____

_____

Purpose of Shadowing opportunity: (Please indicate below)

Education: _____   School Requirement:_____Community Service: _____   Personal Interest: _____

Times & Days you are requesting to Shadow:

Hours_____SUN_____MON_____TUE_____WED_____THU_____FRI_____SAT_____

Length of Shadowing opportunity desired: Start Date_____End Date _____
                                    (CANNOT EXCEED 5 DAYS IN TOTAL)

Have you undergone a Criminal Check previously? Yes_____   No _____
Have you undergone a Child Abuse Clearance previously? Yes ____   No____
Have you undergone a FBI Identogo Fingerprinting? Yes__No____

If yes to the above, please provide documentation to Volunteer Services office

Please provide the name, department, and telephone number of the individual at St. Christopher's Hospital for Children who has agreed to provide shadowing opportunity:

_____
Print Name   Department   Phone

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SHADOWING APPLICATION

I hereby give my consent for_____to take part in a Shadowing Opportunity
at St. Christopher's Hospital for Children.

_____
Print Name of Parent or Guardian   Date

_____
Signature of Parent or Guardian   Date

Please note: A copy of your immunization history, criminal background check, child abuse and FBI IdentoGO Fingerprinting is required prior to participating in a Shadowing opportunity.

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SHADOWING APPLICATION

APPLICANT AGREEMENT:

> ➢ I certify that the information contained in this application is correct and complete to the best of my knowledge.

> ➢ I understand that acceptance as a Shadower at St. Christopher's Hospital for Children is contingent upon satisfactory completion of all pre-placement procedures which include, but is not limited to, completion of application, orientation, documentation of immunizations, criminal background check, child abuse clearance, FBI IdentoGO Fingerprinting, and 10 panel drug screen.

> ➢ I realize that misrepresentation of facts will be cause for rejection of this application. In the event of placement in the Shadowing Program, falsification of any information on this application will be cause for dismissal.

> ➢ I agree to abide by the policies of St. Christopher's Hospital for Children and the Standards of Conduct which will be discussed and distributed during hospital volunteer orientation.

> ➢ I authorize St. Christopher's Hospital for Children to use photographs of me taken at hospital for marketing, public relations, recruitment, and/or educational purposes and waive any rights to compensation for these uses. The term photograph shall mean modern pictures or still photography in any format and as well as videotape, video disc, digital, electronic, or other mechanical means of recording and reproducing images.

> ➢ I,_____, understand and acknowledge that upon both my successful completion of the volunteer placement process required by St. Christopher's Hospital for Children and the receipt of approval for service by Volunteer Services management, I will become a "Shadower". As a Shadower I acknowledge that I will not receive compensation for services.

_____
PRINT NAME   **DATE**

_____
SIGNATURE OF APPLICANT   **DATE**

_____
SIGNATURE OF VOLUNTEER SERVICES DIRECTOR   **DATE**

<u>SHADOWING APPLICATION</u>

<mark>ACT 34 – Pennsylvania Access to Criminal History (PATCH) Instructions</mark>

<u>This clearance is free of charge for volunteers. Carefully review the following information:</u>

1. Go to https://epatch.state.pa.us/ and select New Record Check (Volunteers only) to initiate the application.

2. When completing the application, make sure to note the following:

➢ Reason for Request will default to "<u>**Volunteer FREE**</u>"
➢ Input "<u>**ST CHRISTOPHERS HOSPITAL FOR CHILDREN**</u>" as Volunteer Organization Name (Note: do not include special characters)
➢ To receive your clearance accurately and quickly, please enter all information, including Social Security Number

3. Once the application is submitted, make sure to save the control number that is provided. This number is the main record for retrieving the clearance and should be stored in your personal records.

<mark>**Important Notice: The ACT 34 PATCH certification form MUST be printed or saved immediately;</mark> once you close out of the results, you will have no further access to the document. Please be advised that we cannot accept a receipt or invoice in place of the actual certification form, and you will be required to apply for a new clearance if the original document is not saved.

Once the application has been submitted, results may be returned in two methods.

<mark><u>METHOD 1 – RESULTS POSTED IMMEDIATELY ONLINE</u></mark>

Once the application has been submitted, if the status states No Record, your results have been completed and are posted online.

<u>To print a copy of the results:</u>

➢ Click on the link under the Control #
➢ Click on "Certification Form", located at the bottom of the webpage
➢ Print out the webpage to turn into the Department of Volunteer Services
<mark><u>METHOD 2 – RESULTS NOT POSTED IMMEDIATELY</u></mark>

Once the application has been submitted, if the status states "Request Under Review", your results are still being processed and will take two to four weeks to be returned. Results can be listed as under review for a variety of reasons: common name, previous criminal history, etc. To monitor the status of your request:

➢ Go to https://epatch.state.pa.us/ and select Check the status of a Record Check, located on the bottom left-hand side of the webpage
➢ Enter the following information to retrieve your request: Control Number, First Name, Last Name, Date of Request
  ▫ Please note: this information must be entered exactly as you listed on your original application

<mark><u>IF THE RESULTS INDICATE NO RECORD, YOUR ACT 34 CLEARANCE HAS BEEN COMPLETED</u></mark>

➢ Click on the link under the Control #
➢ Click on the Certification Form, located at the bottom of the webpage
➢ Print out the webpage to turn into the Volunteer Services office

<u>SHADOWING APPLICATION</u>

<mark>CHILD ABUSE CLEARANCE - Instructions</mark>

1. Go to compass.state.pa.us/cwis/public/home.

2. Click on "Create Individual Account."

3. Click "Next."

4. Create a user account by filling in this page. The Keystone ID is a username that you make up. Click "Finish."

5. You will be emailed a temporary password. Retrieve the password from your email and revisit compass.state.pa.us/cwis/public/home.

6. Click on "Individual Log In."

7. Click on "Access my Clearances."

8. Scroll down and click "Continue."

9. Enter your Keystone ID and temporary password.

10. Verify your account and select your device for authorization purposes.

11. Change your password and click "Submit."

12. You will now have to log in again with your new password.

13. Scroll down, select "I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions" and click "Next."

14. Scroll down and click "Continue."

15. Click "Create Clearance Application."

SHADOWING APPLICATION

16. Scroll down and click "Begin."

17. For Application Purpose, select the first option for "Volunteer Having Contact with Children." Scroll down and click "Next."

Application Purpose

Please select the reason you are submitting this Pennsylvania Child Abuse History Clearance application. You can select only one reason per application. If you require additional child abuse history clearances for any other reason, you will need to submit another application. You can submit another application at any time from your PA Child Abuse History Clearance Account.

For more detailed definitions and exceptions to clearance requirements please see the Who Needs Child Abuse Clearances at http://keepkidssafe.pa.gov/clearances/index.htm

● Volunteer Having Contact with Children: Applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child's welfare or having direct volunteer contact with children.

○ Foster Parent: Applying for purposes of providing foster care.

○ Prospective Adoptive Parent: Applying for the purpose of adoption.

○ Employee of Child Care Services: Applying for the purposes of child-care services in the following: Child day-care centers; group day-care homes; family child-care homes; boarding homes for children; juvenile detention center services or other programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day-care services or other programs that are offered by a school.

18. Complete the Applicant Information section and click "Next."

19. Complete the Current Address section and click "Next." You do not need to have a paper copy delivered to you.

20. Complete the Previous Address section and click "Next."

21. Complete the Household Members section and click "Next."

22. Review the Application Summary section and click "Next."

23. Answer NO to the question "Have you received a paper or electronic volunteer certification free of charge since (date)?"

24. Check the box, type your full name, and click "Next."

25. Answer NO to the question "Did the organization you are volunteering for provide an authorization code for your application? An authorization code is not required to submit your application."

26. Select "Waive Application Fee and Submit Application."

27. Your screen should look like the example below:

28. At this point, you will wait for your results. They can take anywhere from one minute to several days. Once you receive an email from noreply@pa.gov that your results are available, you will need to go back to compass.state.pa.us/cwis/public/home.

29. Click on "Individual Log In," then "Access my Clearances," then "Continue" and enter your Keystone ID and password.

30. Click on "To view the result, click here."

31. This will download a PDF of your results that should look like this. *Note that this clearance may only be used for volunteering purposes. Should a clearance for employment purposes be needed in the future, a new clearance will need to be obtained for employment purposes.*

32. Save your results as a PDF and send a copy to St. Christopher's Hospital for Children Volunteer Service Department.

SHADOWING APPLICATION

for St. Christopher's Hospital for Children Volunteering & Shadowing

1. The registration process is completed online at https://uenroll.identogo.com.

2. You will be prompted to enter a Service Code to begin enrollment. Student volunteers will register under the Department of Human Services (DHS).

   ❖ The Service Code for DHS volunteers is **1KG6ZJ**

3. On the next screen select Schedule or Manage an Appointment

4. The next few screens will collect essential information such as name, date of birth, address, etc. You will need to complete all required information.

5. For the payment screen, you must indicate that there is no Authorization (Coupon) provided. Please note that expected payment will be required at the time of the appointment using a card payment and the charge will be a total of $23.85.

6. On the Location selection screen in the 'Search for an Enrollment Center by Postal Code, City and State, or Airport Code" field you will choose your preferred IdentoGo site.

Once the registration is complete you will receive a confirmation email.

The fingerprint scan process takes approximately 10-15 minutes to complete and will require your picture to be taken. Registrants will receive their original results in the mail.

*Please note the Identogo accepted fingerprinting should be a digital fingerprint!