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
   Barbara A. Liccio, Director of Volunteer Services at (215) 427-5398.

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

Thank you for your interest.

St. Christopher's Hospital for Children
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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 greater than five days; will have no hands-on, direct patient care; no contractual agreement, academic requirements or monetary gain.

On-boarding Shadowers will be handled by the Department of Volunteer Services. The point of contact for Volunteer Services: Barbara A. Liccio, Director of Volunteer Services, 215-427-5398.

Initiation of on-boarding process:

- 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: http://www.stchristophershospital.com/volunteering.

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

Application packet contents:

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

Required documents:

- 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 PPD (Tuberculosis) testing twice during the past twelve months or QuantiFERON and Influenza vaccine during the present Flu season (September through April) is also required. Documentation of immunity will expedite the process.

- Criminal background check 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 State Patch and Sex Offender Registry, Department of Public Welfare Pennsylvania Child Abuse History Clearance and FBI IdentoGO Finger Printing.

Criminal background check for inquiries/information: 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 at St. Christopher's one form of photo identification is required to be cleared and 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 days, hours and start date.
- Volunteer Services will provide security at the front desk the names of shadowers who will be signing in and receiving identification badges from the front desk.

Termination Process:

- Volunteer Services will document in file shadowers begin and end date of shadowing opportunity.

St. Christopher's Hospital for Children
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SHADOWING APPLICANT

Summary of Necessary Application Steps:

- Completion of Application Packet
- 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 PPD (Tuberculosis) testing twice during the past twelve months or QuantiFERON and Influenza vaccine during the present Flu season (September through April) is also required. Documentation of immunity will expedite the process.
- Review educational materials to include: Hospital Policies, HIPPA, Infection Control (hand washing), Fire and Safety.

St. Christopher's Hospital for Children
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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? 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, please provide documentation

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

____

Print Name Department Phone

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

SHADOWING APPLICATION

Consent for minors, ages 15-17 (To be completed by parent or person responsible)

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.

St. Christopher's Hospital for Children
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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.
- 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, documentation of immunizations, criminal background check, child abuse and FBI IdentoGO Fingerprinting and orientation.
- 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**