



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.
3. Secure one host department/provider to agree to host you before applying.
4. Complete required steps and gather all required documentation.
5. Please send completed application with all required documents 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

6. For questions or assistance with the application process, please contact Dina Melchiorre, Director of 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. Please allow a minimum of three to four weeks processing time to complete all requirements and obtain clearance by both St. Christopher's Hospital Employee Health and Volunteer Services Departments.

An Applicant is not approved for Shadowing without written confirmation that all requirements have been satisfied.

Thank you again for your interest.



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.

Initiation of on-boarding process:

- Potential applicants who contact Volunteer Services Department expressing interest in shadowing will be directed to the St. Christopher's Hospital for Children's website for information about Shadowing and to review the Shadowing application packet: <https://towerhealth.org/locations/st-christophers-hospital-children/volunteering>
- Applicants MUST secure written approval from a host department or provider before submitting a Shadowing application. The name of the provider MUST be included on the application before it will be processed. Without this, the application is incomplete.
- Complete application packet MUST be submitted to STCVolunteer@towerhealth.org for review of content and all required documents.
- Applications are processed in the order in which they are received.

Application packet contents:

- Application & Required Documents
- Parental Release Form (minor 15-17)
- Application Agreement

Required documents:

- Applicants must provide current immunization records or documentation of having immunity for the following infectious diseases: Measles, Mumps, Rubella (MMR); Varicella (Chicken Pox); Hepatitis B, Tetanus, Diphtheria (Tdap); QuantiFERON (Tuberculosis) test results within 90 days; and proof of Influenza vaccine for present Flu season (September through April). Documentation of immunity will expedite the process.
- Criminal background checks within the past six months: Pennsylvania Access to Criminal History (PATCH), Child Abuse Clearance, and FBI IdentoGO Fingerprint report. Instructions on how to obtain all three clearances are included in the back of this packet.
- Rapid 10-Panel Drug Screen from Concentra <https://www.concentra.com> Results must be submitted 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.pa.gov/home>

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: 1KG6ZJ

Onboarding Requirements:

- Parental Release Form is required for all applicants 15 - 17 years of age.
- Completed and signed application packet with all required health documents and background clearances must be returned to Volunteer Services STCVolunteer@towerhealth.org for processing. Volunteer Services will evaluate the submitted application packet. Shadowing applicants will be notified by staff member of Volunteer Services Department if there are any files with missing documentation.
- Once all background and required health documents have been received, Volunteer Services will submit the health documents to Employee Health Services for review and final clearance before applicant comes on site.
- Volunteer Services will confirm approval of each Shadowing applicant directly with the department/provider providing shadowing opportunity.
- Volunteer Services will communicate with Shadowing applicant to confirm the set schedule. Shadowing is for up to five days within a 30-day period.
- Volunteer Services will schedule each Shadowing applicant for hospital orientation to be completed on or before the first day of shadowing.
- Volunteer Services will provide Security with the names of all Shadowers who will be signing in and receiving visitor badges from the front desk.
- 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 a badge from the front desk.

Termination Process:

- Volunteer Services will document in file each Shadower's beginning and end of the five days of shadowing. The five days of shadowing must be completed within a 30-day period.

SHADOWING APPLICANT

Summary of Necessary Application Steps: Please allow a minimum of three to four weeks processing time prior to requested start date:

- Secure one department/provider to agree to host you before applying. This is for one shadowing experience only.
- Gather immunization records and documentation of having immunity for the following infectious diseases: Measles, Mumps, Rubella (MMR); Varicella (Chicken Pox); Hepatitis B, Tetanus, Diphtheria (Tdap); QuantiFERON (Tuberculosis) test results within 90 days; and proof of Influenza vaccine for present Flu season (September through April). 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 prior to the shadowing start date.
- Submission of current documentation for following criminal background checks:
 - Pennsylvania Access to Criminal History (PATCH) <https://epatch.pa.gov/home>
 - Child Abuse Clearance www.compass.state.pa.us/cwis/public/home
 - FBI Finger Printing for inquiries: <http://uenroll.identogo.com> Service Code: 1KG6ZJ
- Completion of on-site review of orientation materials to include: Hospital Policies, HIPPA, Infection Control (hand washing), and Fire/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 5 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 within a 30-day period. Additional days within the approved 30-day period are only extended with written permission from the host Department Director.

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. This is required.

Print Name _____ Department _____ Phone _____

SHADOWING APPLICATION

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

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. These must be submitted to Volunteer Services at STCVolunteer@towerhealth.org.

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, 10 panel universal drug screen, and QuantiFERON results. St. Christophers may conduct additional background checks for all applicants.
- I understand that I am required to submit QuantiFERON results dated within 90 days of the confirmed first day of shadowing and that I must submit Universal Drug Screen results dated within 30 days of the first confirmed day of shadowing.
- 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 understand that I am applying for one Shadowing experience with one St. Christopher's department. Acceptance of an application does not transfer to another group or provider.
- I acknowledge that I will need to complete a shadowing orientation with Volunteer Services before the first day of shadowing. There are required signatures and releases that are part of the shadowing orientation. This will be done at the Volunteer Services office during the hours of 8:30am - 5:00pm.
- 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 Shadowing 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 shadowing placement process that is 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 Shadowing.
- I acknowledge that I am applying for five days of shadowing to be completed within a 30-day period. I also acknowledge that availability of dates for shadowing is based on the host department and provider. Any extension to shadow for more than five days within the 30-day period must be approved in writing by the host department Director. I understand that St. Christopher's Hospital for Children may end the Shadowing assignment at any time.

PRINT NAME

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF VOLUNTEER SERVICES DIRECTOR

DATE

SHADOWING APPLICATION

ACT 34 - Pennsylvania Access to Criminal History (PATCH) Instructions

This clearance is free of charge for volunteers. Carefully review the following information:

1. Go to <https://epatch.pa.gov/home> 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 "**Volunteer FREE**"
 - Input "**ST CHRISTOPHERS HOSPITAL FOR CHILDREN**" 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.

****Important Notice: The ACT 34 PATCH certification form MUST be printed or saved immediately;** 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.

METHOD 1 - RESULTS POSTED IMMEDIATELY ONLINE

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

To print a copy of the results:

- 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

METHOD 2 - RESULTS NOT POSTED IMMEDIATELY

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

IF THE RESULTS INDICATE NO RECORD, YOUR ACT 34 CLEARANCE HAS BEEN COMPLETED

- 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

SHADOWING APPLICATION

CHILD ABUSE CLEARANCE - Instructions

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)?"

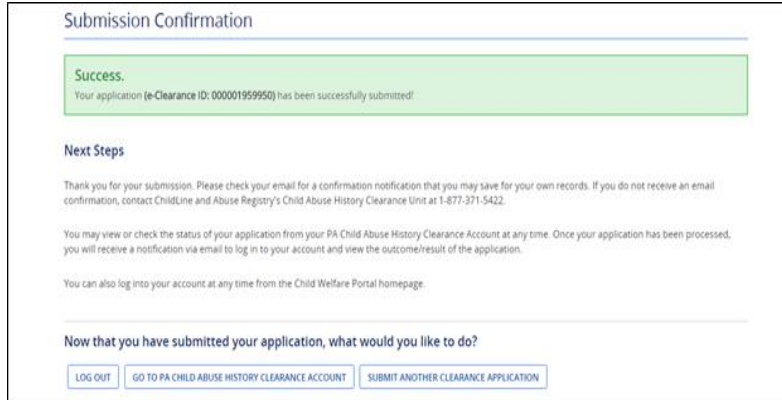
24. Check the box, type your full name, and click "Next."

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."

SHADOWING 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

FBI Fingerprinting Registration Instructions (IdentoGO) Instructions

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!
Please submit the clearance report and not actual fingerprints.**