

CALIPER

'ARM' us with the knowledge to help others



SickKids CALIPER Volunteer Package

- ✓ CALIPER Volunteer Job Description (revised July 2009)
- ✓ Department of Volunteer Resources Application
- ✓ Occupational Health & Safety Immunization Forms
- ✓ Volunteer Attendance, Privacy, and Confidentiality Agreement
- ✓ Volunteer Code of Conduct
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CALIPER Volunteer Job Description – Revised July 2009

Job Title: SickKids CALIPER Volunteer

Department Name: DPLM (Department of Paediatric Laboratory Medicine)

Length of Commitment: minimum 6 months (excluding application process)

Application Process:

Step 1: Submit your cover letter and resume to the attention of Jennifer Clarke, CALIPER Coordinator via one of the following three ways:

- Email: jennifer.clarke@sickkids.ca
- Fax: 416-813-6257
- Mail: The Hospital for Sick Children, DPLM, 555 University Ave, Toronto ON, M5G 1X8

Step 2: Selected applicants from Step 1 will be contacted and interviewed at SickKids hospital.

Step 3: Selected applicants from Step 2 will be asked to complete the SickKids CALIPER Volunteer application.

Step 4: Applicants who successfully complete Step 3 will attend Orientation #1 (Volunteer Resources Orientation).

Step 5: Applicants who successfully complete Step 4 will attend Orientation #2 (CALIPER Orientation).

Summary of Main Function and Purpose of Job

Assist with CALIPER project (Canadian Laboratory Initiative on Paediatric Reference Intervals Database) wherein participants from birth to age 18 will donate blood to help children and adolescents with medical concerns across Canada.

Duties and Responsibilities

Duties and Responsibilities Relating to SickKids Hospital:

- Maintain a positive relationship with supervisor, hospital staff and fellow volunteers
- Act as an ambassador for the hospital in fostering the spirit of the SickKids vision, mission and values
- Prioritize and effectively manage both planned and unexpected developments and opportunities
- Seek advice and direction from supervisor, CALIPER staff, and Volunteer Resources staff as needed
- Participate in the evaluation process as required

Duties and Responsibilities Specific to CALIPER Volunteer Position:

Front Line

- Distribute promotional material such as brochures throughout community (e.g. schools, day care centres)
- Help recruit healthy children and adolescents from birth to 18 years old to participate in the project
- Assist with presentations (e.g. story book readings at schools and day care centres)
- Help to organize and facilitate special events (e.g. blood donation clinics)
- Greet families and children when they arrive for their appointment
- Help parents/guardians and participants fill out paper work (consent form, questionnaire, tanner form)
- Describe the blood donation procedure to families and participants
- Assist with data collection (e.g. taking waist, height and weight measurements) and data entry
- Orally debrief with (console) participants after they donate blood
- Assist with distribution of thank you gifts and letters to participants

Phlebotomy

- Registered with appropriate regulatory agency (before volunteering without direct supervision)
- Perform venipunctures on children from birth to 18 years old
- Safe handling of collected samples (centrifuging and storing)
- Ensure safe courier of samples to SickKids
- Console participants throughout blood donation process

Laboratory

- Assist with lab component of project (centrifuge, aliquot, sample separation, storage)

Minimum Requirements

- Complete Volunteer Resources application process including immunization requirements and criminal reference check before Orientation #1 (Volunteer Resources Orientation)
- Complete Orientation #2 (CALIPER Orientation)
- Follow infection control policy
- Maintain participant confidentiality (Exceptions involve situations involving threats of harm to self or others. In these situations, contact supervisor as soon as possible.)
- Present an orderly appearance, wear the designated volunteer uniform and picture ID badge at all times while in the hospital
- Submit monthly time sheets to supervisor noting number of hours worked, activities, job-related travel and expense claims with original receipts (if applicable)
- Inform supervisor and/or appropriate staff person and partner volunteer of shift absence a minimum of 24 hours before beginning of shift (exceptions for emergency situations)
- Find coverage for shifts that you are unable to attend by contacting fellow volunteers, and update supervisor and/or appropriate staff person once your shift is covered
- Attend meetings and trainings (meetings usually every 1-2 months, trainings on an as-need basis)
- Respond in a timely fashion to emails (e.g. staff will send weekly email on Thursday, volunteer to respond by next day on Friday)

Education Requirements

- Current grade 9-12 student - must be 16 years of age or older (e.g. wanting to earn community hours to help meet high school requirements)
- Completion of OSSD or grade 12 equivalent
- Current post-secondary student
- Completion of post-secondary education

Special Skills/Aptitudes Required

Skills/Aptitudes Relating to SickKids Hospital:

- Conduct all job functions with respect for patients, visitors, hospital staff, and fellow volunteers
- Understanding paediatric healthcare environment
- Reliable and able to maintain regular shift attendance
- Committed to ongoing learning and development
- Committed to fulfilling responsibilities thoroughly in a thoughtful manner
- Operate within the boundaries of the hospital's and Volunteer Resources' policies and procedures
- Work well individually and in a team setting
- Possess sound judgment, accuracy, and credibility
- Good interpersonal and communication skills (e.g. non-judgmental and able to initiate conversation)

Skills/Aptitudes Specific to CALIPER Volunteer Position:

- Ability to work competently, interact professionally, and display respect for others, including staff, fellow volunteers, professionals in the community, and participants (families, children, and adolescents)
- Approachable, tactful and sensitive to the needs of families and participants
- Basic understanding of the CALIPER project:
 - (1) coordinator and volunteers recruit healthy children and adolescents to donate blood
 - (2) laboratory staff perform clinical tests to update reference intervals (normal healthy values)
 - (3) updated reference intervals made available worldwide on CALIPER website (www.caliperproject.ca)
 - (4) clinicians can then improve assessment and treatment of children and adolescents with medical concerns (by comparing blood test results of children and adolescents with medical concerns to reference intervals)
- Ability to handle stressful situations and console participants (i.e. during blood donation)
- Ability to explain and discuss the project with the general public and professional community

Benefits of CALIPER Project

Benefits to Volunteer:

- Develop your skills working in healthcare, research, laboratory, education, and community settings
- Develop your skills working with families, children, and adolescents
- See the impact of your commitment to help children and adolescents with medical concerns across Canada

Benefits to SickKids:

- Enhance services through volunteerism in the hospital
- Improve assessment and treatment of children and adolescents with medical concerns
- Participate in world-leading Canada-wide healthcare initiative

Benefits to Society:

- Updated paediatric reference intervals
- Accurate and reliable determination of what is healthy and normal when a child with medical concerns is screened for a disease
- Improved assessment and treatment of children and adolescents with medical concerns across Canada

Reports To: Jennifer Clarke, CALIPER Project Coordinator

Degree of Supervision Received by Incumbent: Dependant on Volunteer Position Level

Contact with Hospital Employees: DPLM, Phlebotomy, Volunteer Resources

Contact with Public: Health care, Education, Day care, Community organizations

Regular Hours of Work: To be determined based on availability of volunteer and assigned tasks (minimum of 12 hours per month, usually 4-hour shifts).

Irregular Hours of Work (explain): Evenings and weekends

I, (Please Print) _____ have read, understand and agree to this Job Description for the position of SickKids CALIPER Volunteer.

Signature: _____ Date: _____

Supervisor: Jennifer Clarke

Signature: _____ Date: _____

Prepared by: Jennifer Clarke, CALIPER Coordinator

Reviewed and Approved by: Corinne Douglas, Sr. Manager, Volunteer Resources

**FOR OFFICE USE ONLY**

Date Received _____
Immunization _____
References _____
CRC _____
Pin Number _____
Placement Area _____

Department of Volunteer Resources

555 University Avenue
Toronto, Ontario M5G 1X8
Phone: 416-813-5284

CONFIDENTIAL (when completed)

PLEASE CHECK

- ☐ FULL YEAR VOL.
☐ SUMMER ONLY VOL.
☐ STUDENT CREDIT
☐ SPECIAL PROJECTS
☐ TPOC Volunteer

Mr. ___ Ms. ___ Last Name:

First Name:

Initial:

Address:

Apt / Unit #

City:

Province:

Postal Code:

Home Phone:

Business Phone:

Cell Phone:

Email:

Other languages spoken fluently:

Have you had any prior affiliation with SickKids? As a patient ☐ Parent/family member ☐ Volunteer ☐ Employee ☐

If as a patient, when was your last visit? ____/____/____
and in which area? _____

Age: (**Minimum 16 years of age for summer and 18 for year round**)

16-25 ☐ 25-40 ☐ 40-65 ☐ 65 plus ☐

EMERGENCY NOTIFICATION

Name:

Relationship:

Home Phone:

Business Phone:

Cell Phone:

SKILLS AND/OR INTERESTS

Please describe your personal talents, hobbies, interests and special skills (i.e.: crafts, music, software programs you are familiar with, etc.) Attach an additional page or resume, if necessary.

WORK/EDUCATION HISTORY

Are you currently at school: Yes ____ No ____

Full-Time ____ Part-Time ____

Are you currently working: Yes ____ No ____

High School/College/University (current):

Grade Level/Degree/Areas of Specialization:

What skills have you obtained from either present or past employment/education that will contribute to your success as a volunteer?

VOLUNTEER EXPERIENCE

From To Position Held

Major Responsibilities

Organization Reason for Leaving

From To Position Held

Major Responsibilities

Organization Reason for Leaving

As an organization, we value the health and safety of our patients, families and staff. In order to achieve a high standard of health and safety your opportunity to volunteer at SickKids would be conditional upon satisfactory criminal record check if you are 18 years of age or older, employment reference checks and providing documentation of tuberculosis testing and immunization status.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I understand and agree that: To the best of my knowledge the information I have provided is complete and accurate in every respect. Any material misrepresentation or deliberate omission of a fact in my application will be justification for refusal of the opportunity to volunteer, or if volunteering, just cause for termination from the SickKids volunteer program with Volunteer Resources.

Information in this application may be made available to staff at SickKids who are volunteer supervisors or trained volunteers in Volunteer Resources for the purpose of appropriate interviewing and placement. (e.g. telephone number, email) Informative emails, and/or mail may be sent to you or you may be contacted through telephone calls from the department. I agree to these uses of my personal information.

Applicant's Signature:

Date:

PLEASE NOTE:

SUCCESSFUL COMPLETION OF THE APPLICATION PROCESS AND PARTICIPATION IN AN INTERVIEW WILL NOT GUARANTEE A VOLUNTEER PLACEMENT WITHIN SICKKIDS THROUGH THE VOLUNTEER RESOURCES DEPARTMENT. SICKKIDS ACCEPTS THE SERVICE OF VOLUNTEERS WITH THE UNDERSTANDING THAT SUCH SERVICE IS AT THE SOLE DISCRETION OF SICKKIDS. VOLUNTEERS AGREE THAT SICKKIDS MAY AT ANY TIME, FOR WHATEVER REASON, AND WITHOUT FURTHER NOTICE, DECIDE TO TERMINATE THE VOLUNTEER'S RELATIONSHIP WITH SICKKIDS.



Occupational Health & Safety Services

Phone 416 813 8696

Fax 416 813 6234

WELCOME!

Suggestions to help you meet our immunization requirements:

Sick Kids requires all new staff to provide Occupational Health and Safety Services (OHSS) with current immunization records that meet our hospital policy and the minimum standards for all Ontario hospitals. Sick Kids wants to limit the risk of exposure and transmission of communicable diseases for staff and patients and support a healthy and safe work environment. These suggestions may help you to obtain information and complete your Immunization Record Form:

To access your past records:

- Contact your current or past employer and request a copy of your record from the Occupational Health Department.
- Contact your health care training school programme and request a copy of your immunization record from Student Health Services.
- Contact facilities where you performed volunteer work and request copies of your record.
- Contact the Public Health Department in the school district that you attended to ask for a copy of your vaccination record.
- Obtain your childhood record (often a yellow card or form) from your family doctor or parents.

To update your vaccinations and get blood work done:

- Visit your family doctor or local walk in clinic with our form to be completed.
- To obtain a current list of walk in medical clinics near Sick Kids, contact OHSS at 416-813-8696
- Blood tests are required if you are unable to confirm vaccination dates, and test results may take 2-4 weeks. You may want to discuss revaccination as an option with the doctor.

To determine your Tuberculosis (TB) status:

- Satisfactory documentation of a two-step TB test is required.
- The most recent test and result must be conducted within the 12 months immediately preceding your start date.
- If you have never had a two-step test, it can take up to two weeks to complete.
- Testing is required despite having a past history of vaccination for TB (called BCG).
- TB tests can be affected by some types of vaccines and should be completed **before** receiving vaccines such as MMR (Measles Mumps Rubella).
- TB tests are safe to have while pregnant.

Please Note:

Non residents of Ontario and all foreign workers are required to bring all original records for TB testing, vaccines and blood tests to our Occupational Health and Safety Services.



STAFF IMMUNIZATION & SURVEILLANCE POLICY

OCCUPATIONAL HEALTH
& SAFETY SERVICES

INFORMATION SHEET

For the purposes of SickKids Staff Immunization & Surveillance Policy, the term "Staff" refers to all persons carrying out work activities within the hospital and includes all employees, physicians, dentists, scientists, volunteers, students, independent contract workers and observers. All staff are required to comply with The Hospital for Sick Children's Staff Immunization and Surveillance Policy, which is based upon the OMA/OHA Communicable Disease Surveillance Protocols for Ontario Hospitals.

Staff must provide proof of immunity to rubella, measles, and chickenpox as well as documentation of tuberculosis screening prior to their start date at SickKids. Hepatitis B vaccine status must also be provided.

The attached Immunization Record is to be completed by either a *physician or, if appropriate, the Occupational Health Nurse* at your previous employer and must be returned to Occupational Health by fax to **416-813-6234** at least 1 week before your start date. You will be asked to provide your original completed Immunization Form to Occupational Health (OHSS) when you visit OHSS during the first week of your employment. Relatives are not permitted to complete and sign this record. Tuberculin (TB) testing must be completed **before** your start date.

Tuberculosis:

Staff are required to have a documented **2-step** tuberculosis skin test done prior to their start date. This involves the planting of a tuberculosis skin test in the forearm and having it read by a physician or Occupational Health Nurse 2-3 days later. If negative, the process will be repeated in the other arm 1-3 weeks later. The 2-step skin test identifies the truly positive skin test. It is essential to have accurate baseline information at the beginning of your placement as this is the comparison that is used in the event of an exposure.

Individuals who have a documented positive skin test are required to submit the results of a chest x-ray completed within the current calendar year.

Testing is required despite having a past history of vaccination for TB (called BCG).

When a previous 2-step baseline has been established, a single step TB test must be done within 4 weeks of your start date.

Written documentation of the 2-step must be provided.

TB tests are safe to have while pregnant.

TB tests can be affected by some types of vaccines and should be completed **before** receiving live vaccines such as MMR (Measles Mumps Rubella) or Varivax (chickenpox vaccine).

It is also necessary to provide documentation of immunity to the highly communicable childhood diseases of rubella, measles and chickenpox. There is more than one way to do this:

- **Rubella - One of the following is acceptable:**

- Laboratory evidence of detectable antibody (blood test resulting in a positive titre)
- Physician or nurse documentation of immunization

A history of having had rubella is not acceptable as this disease can be confused with other viruses.

- **Measles - One of the following is acceptable:**

- Laboratory evidence of detectable antibody (blood test resulting in a positive titre)
- Persons born *before* January 1, 1970 are considered immune. Date of birth must be indicated on the immunization record
- If born *after* December 31, 1969 documentation of 2 doses of measles vaccines is required - one after the 1st birthday plus one booster dose

- **Chickenpox (Varicella) - One of the following is acceptable:**

- A known history of chicken pox or shingles
- If there is no known history or if the history is not clear, one of the following must be provided:
 - Laboratory evidence of detectable antibody (blood test resulting in a positive titre)
 - Documentation of 2 chickenpox vaccines, given at least 4 weeks apart

Hepatitis B Vaccine is not mandatory but all staff must disclose their immune status, i.e. for those persons who have been immunized a Hepatitis B Antibody titre (positive or negative result) must be provided. Hepatitis B immunity is highly recommended for all staff that may have any contact with human blood and body fluids.

Tetanus/Diphtheria/Pertussis vaccine is not mandatory but desirable. Tetanus/Diphtheria Vaccine is given every 10 years. dTap is recommended for all health care providers.

Influenza Vaccine It is expected all staff will have an annual Influenza vaccine in accordance with Hospital for Sick Children's Influenza Policy.

IMMUNIZATION RECORD - CONFIDENTIAL Volunteer Resources & Women's Auxiliary

FAX THIS FORM AT LEAST ONE WEEK PRIOR TO YOUR START DATE – USE ATTACHED FAX COVER LETTER

Take the information sheet and this form to your doctor or health care professional designated below to complete and sign. Relatives are not permitted to complete and sign this record. Incomplete or late forms will delay your start date. Any costs associated with the completion of this form are your responsibility. Please retain a copy for your records.

LAST NAME										FIRST NAME										MIDDLE INITIAL																			
HOME PHONE															CELL PHONE (optional)															DATE OF BIRTH Y Y Y Y / M M / D D									
EMAIL (optional)																																							
JOB TITLE															DEPARTMENT															START DATE									
SUPERVISOR																																							

TUBERCULOSIS (TB) STATUS

Tuberculin Testing: 2-step required. 2nd step must be given 7 to 21 days after 1st test in opposite arm if 1st test is negative.

1st step:	Date planted:	Date read:	Result (+ or -)	Induration (mm)
2nd step:	Date planted:	Date read:	Result (+ or -)	Induration (mm)

Chest x-ray: Required if TB skin test is positive (i.e. greater than 10mm induration). X-ray must have been done within the last year.

X-ray:	Date:	Result:
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IMMUNIZATION STATUS

Measles:	Laboratory evidence of immunity (titres)	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR 1 MMR after 1 st birthday plus an additional measles booster <u>or</u> a 2 nd MMR	Date of 1 st MMR:	(Please check one) <input type="checkbox"/> Measles booster Date: <input type="checkbox"/> 2 nd MMR Date:
	OR If born <u>before</u> January 1, 1970, person is considered immune	Date of birth:	
Rubella:	Laboratory evidence of immunity (titres)	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR MMR	Date of MMR:	
Varicella:	Laboratory evidence of immunity (titres)	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	OR History of disease (chickenpox or shingles)	History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year (if known):
	OR Varicella vaccine (2 doses required)	Date of 1 st dose:	Date of 2 nd dose:
Hepatitis B:	Laboratory evidence of immunity (antibody titre must be provided if vaccinated)	Date of test:	Result: <input type="checkbox"/> Immune <input type="checkbox"/> Not immune
	Vaccination not mandatory but highly recommended for staff who may have exposure to human blood and body fluids	Received vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, year series was completed:
Tetanus/ Diphtheria/ Pertussis:	Not mandatory but dTap is recommended for health care workers	(please check one) <input type="checkbox"/> Td <input type="checkbox"/> dTap	Date: Date:
Influenza:	Not mandatory but highly recommended	Date of last vaccine:	

Completed by: Physician/OHN/RN _____ Signature _____ Date _____
 Address _____

Print Name

I _____ agree to release the above information to Occupational Health & Safety Services at The Hospital for Sick Children (SickKids). I understand that my manager will be allowed to know my compliance status (compliant/non-compliant) in relation to the mandatory requirements of the Staff Immunization and Surveillance Policy as outlined in my hire letter.

New Staff Signature _____ Date _____

**Volunteer Attendance, Privacy and Confidentiality Agreement****Regular attendance:**

As a VOLUNTEER, I understand that my role at The Hospital for Sick Children is focussed on providing essential support to patients, family and staff. As an essential partner in the Sick Kids team, my regular attendance is a critical factor in the success of my placement. My continuing reliability and commitment to my placement helps to enrich and strengthen the volunteer program and is depended upon by many at the Hospital.

- I will use the Volunteer Resources Program computerized sign in/sign out system to record both my presence in the Hospital and the hours that I am contributing.
- I will not attend my shift when ill. I will report illness to the Hospital's Staff Absence Reporting (STARS) telephone line at 416 813 6400 on the first day of absence as required by all Hospital staff.
- I will notify my placement supervisor and the Volunteer Resources office as early as possible in the circumstance that I am not able to attend a scheduled shift.
- I will give my supervisor a minimum of 24 hours of notice if I have an exam on or within 24 hours of my designated shift.
- I will notify the Volunteer Resources Office (416-813-5284) and my supervisor if I can not meet my attendance commitments for a period of time due to special circumstances.
- If I have missed three consecutive shifts without notifying the Supervisor and Volunteer Resources, this may result in dismissal.
- I will commit to one of the following: (please select one)
 - ☐ **Year Round Placement:** Regular weekly attendance as agreed upon with my supervisor
 - ☐ **Summer Placement:** regular attendance per month as required by my placement area and as agreed upon in my interview. (i.e. 5 ½ days per week, 4 shifts per week).
 - ☐ **Student/Co-op Placement:** regular attendance as per my academic schedule.
 - ☐ **Other Placement:** _____

Privacy and Confidentiality:

Confidentiality is a complex issue in a pediatric hospital setting. As a volunteer, I understand that I shall hold in strict confidence all information concerning the patient and/or family acquired in the course of my volunteer relationship with them and shall not divulge any such information unless expressly or implicitly authorized by the patient and/or family or required by the SickKids Confidentiality Policy to do so.

- This duty of confidentiality survives the student relationship and continues indefinitely after the patient-volunteer relationship has ceased.
- Confidential information includes any and all information heard, seen, or read on patient charts, staff records, volunteer applications, unit white boards, and labels or medications.
- I will be careful not to promise patients that I will keep everything secret.
- I will avoid indiscreet conversations, even with my family, about a patient and not spread any gossip about such things even though the patient is not named or otherwise identified.
- I will not repeat any gossip or information about the patient that is overheard or recounted to me.
- I will also guard against participating in or commenting on speculation concerning the patient.
- I will not communicate with the patient or family outside the Hospital setting.
- Since I will be seen as part of the healthcare team, I will share with my supervisor, the clinic leader or charge nurse in confidence any information that pertains to the health or well-being of the patient in a timely manner.
- Violation of this agreement about confidentiality will result in immediate dismissal from SickKids volunteer programs.

Adherence to Hospital Policies:

I, _____, have read and understood the policies of the Department of Volunteer Resources at SickKids. I understand that my failure to adhere to these policies and procedures may result in dismissal from the Volunteer Resources program.

Signature of Volunteer

Signature of Volunteer Resources Staff

Date

Date

Volunteer Code of Conduct

A Code of Conduct is intended to motivate and assert values to which we can aspire as individuals and as an organization. At SickKids, volunteers enhance programs and services within the hospital, and assist staff in providing the finest standards of healthcare. For this reason, it is vital that each volunteer's service be performed professionally, cheerfully and efficiently. It is expected that volunteers will work harmoniously with patients, their families and staff, employing civility, responsibility, patience and respect. It reflects the expectation that all members of an organization share in the responsibility of preserving the good name and reputation of that organization, internally and externally. These expectations are consistent with the traditional values by which volunteers live.

Guiding Principles

Volunteers are to maintain a professional level of conduct, whether they are on hospital property, in hospital vehicles, or at an authorized hospital event or activity. All members of the hospital community are to be treated with respect and dignity, especially persons in positions of authority. Volunteers are expected to resolve conflict in a respectful, responsible and civilized manner, utilizing appropriate lines of communication.

Standards of Behaviour

All volunteers must:

- Demonstrate honesty and integrity
- Treat everyone with dignity and respect at all times, and especially when there is a disagreement
- Treat others fairly, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, religion, gender, sexual orientation, age or disability
- Show proper care and regard for hospital property and the property of others
- Take appropriate measures to help those in need
- Respect persons who are in a position of authority
- Abide by SickKids' Volunteer Attendance, Privacy and Commitment Agreement
- Abide by SickKids' Volunteer Standards and Practices Agreement
- Abide by SickKids' Volunteer Dress Code Agreement
- Abide by the policies and procedures of SickKids
- Respect and comply with applicable federal, provincial and municipal laws as would be expected of any Canadian resident.



THE HOSPITAL FOR SICK CHILDREN
Department of Volunteer Resources
Volunteer Dress Code Agreement

SickKids dress guidelines are intended to provide general principles regarding appropriate dress practices at the Hospital for all staff including volunteers and academic placement students. All individuals registered with Volunteer Resources are expected to use good judgment in determining what is deemed appropriate professional attire. The Volunteer Resources department has taken into account the hospital guidelines, all hospital health, safety and inspection control policies, procedures, legislation and standards when developing guidelines for our own area. As representatives of SickKids, it is important that volunteers and placement students maintain a professional appearance.

Professional Guidelines

All volunteers and students in placements are expected to present themselves in a consistent professional manner as a representative of SickKids.

- Volunteers may wear jeans that are clean, worn on the waist, without offensive labeling. Jeans should not be ripped, frayed, baggy, too tight or have tassels, strings and scarves attached.
- Hats and dangling jewelry are not permitted while on duty.
- Undergarments and bare skin should not be visible when the volunteer bends over or reaches, exposing midriff or cleavage.
- Casual dress days are in effect for the summer period (Victoria Day weekend to Labour Day weekend) and casual Friday's throughout the year. Casual dress generally means that anything goes within taste. For example: long shorts, capris, jeans, T-shirts, golf shirts and clean running shoes. It does not include: flip-flops, halter tops, spaghetti strap or off the shoulder tops, thong sandals, sweat pants, T-shirts with inappropriate slogans/phrases.

Uniforms

- Uniforms must be worn at all times unless otherwise indicated by placement supervisor.
- Photo Identification badges must be worn in a visible place at all times while in the Hospital.
- Volunteers and placement students are required to make a deposit for their uniforms. This deposit will be refunded once the volunteer commitment has ended.
- Volunteer or placement student must follow universal precautions while visiting patients.
- Volunteers and placement students may be required to wear other clothing (e.g. Hospital gown) or protective equipment (e.g. masks) as designated by the placement area, and must follow all guidelines.

Footwear

- Shoes must have enclosed toes, heels and sides (e.g. running shoes) to prevent foot injuries as per Hospital policy.
- Only "healthcare" models of Crocs (e.g. the professional, Endeavor, Georgie or All Terrains) are allowed provided the heel straps are used.

Scent Sensitivity

- As per Hospital policies and procedures volunteers and placement students are expected to cooperate in accommodating the health and safety concerns of patients, staff and families who have sensitivities to various chemical-based or scented products.
- These products may include: hairspray, gels, perfume/cologne, aftershave, body creams. Volunteers and students may be asked to refrain from using such products should it pose a health and safety concern while in the Hospital.

All volunteers registered with Volunteer Resources are required to follow the policy while volunteering anywhere in the hospital. A first offence will result in a warning and dismissal from the hospital for the remainder of the volunteer shift. An additional offence will result in termination as a volunteer registered with Volunteer Resources.

I, _____, have read and understood the policies of the Department of Volunteer Resources at SickKids. I understand that my failure to adhere to these policies and procedures may result in dismissal from the Volunteer Resources program.

Signature of Volunteer

Signature of Volunteer Resources Staff

Date

Date



THE HOSPITAL FOR SICK CHILDREN
Department of Volunteer Resources
Volunteer Standards and Practices Agreement

The role of the SickKids Volunteer is to enhance programs and services within the hospital, and to assist staff in providing the finest standards of healthcare. All volunteers share in the responsibility of preserving the good name and reputation of SickKids and the Department of Volunteer Resources in our community. It is vital that your service be performed professionally, cheerfully and efficiently. Tolerance and discretion must be exercised in learning to put service ahead of other personal considerations. It is expected that volunteers will work harmoniously with others, employing tact, understanding, patience and respect. SickKids Volunteers are bound by our *Volunteer Agreement*. Breach of this *Volunteer Agreement* may result in release from service.

Volunteers MUST NOT:

- give any medical care or advice
- assist a patient with transfers, repositioning, lifting or transporting without authorization by and/or presence of medical staff
- dispense medication
- assist the patient inside the washroom and handle bodily substances, (i.e. vomit, blood, urine, feces)
- conduct any decontamination, disinfection and/or sterilization of medical instruments and equipment
- serve refreshments to patients as recognized by our NPO (Nothing Passes Orally) policy
- offer personal, council, advice or experience to patients and their family members or staff
- express personal, religious or political beliefs. DO NOT recruit, offer unsolicited opinions or argue
- give financial assistance to patients, *nor* accept money or ask for money from a patient, family member, staff or volunteer
- accept gifts or ask for gifts from a patient, family member, staff or volunteer
- purchase or provide gifts to patients or their family members
- provide your personal home address, phone or e-mail address to patients/family
- visit the home of a patient
- advocate patient favouritism, as every child has the right to play and receive attention
- bring friends or relatives along while volunteering
- report for duty if under the influence of alcohol and/or illegal substances, nor partake of same while volunteering
- smoke inside or on hospital property
- perform any unauthorized services for patients/families (e.g. patient's personal banking, personal shopping, etc.)
- solicit donations from corporations on behalf of SickKids
- sign as a witness any legal document
- receive photos of patients, take photos of patients; represent, speak on behalf of SickKids, nor mention an affiliation with the hospital to the press or other public groups, unless prior written approval is obtained from the Department of Public Affairs and Volunteer Resources
- perform duties that are not highlighted in the role description for Volunteers - discrepancies need to be brought to the attention of the Coordinator, Volunteer Resources

Volunteers WILL:

- abide by and work to promote the mission, vision and core values of the hospital
- adhere to and observe safety precautions and fire regulations as outlined by the hospital
- inform medical staff when removing patients from the nursing unit or off the premises
- use public phones for personal phone calls
- use hospital equipment and technology for the sole purpose of hospital related activities
- volunteer on the days and times as scheduled and agreed upon, and with prior approval may also volunteer for special events and projects
- contact *both* the placement supervisor *and* the Coordinator, Volunteer Resources if late or unable to come in: more than 3 absences without prior notification may result in termination from the volunteer program

I _____ have read and understood the policies of the Department of Volunteer Resources at SickKids. I understand that my failure to adhere to these policies and procedures may result in dismissal from the Volunteer Resources program.

Signature of Volunteer

Signature of Volunteer Resources Staff

Date

Date

Consent Form A

Disclosure and Consent for Police Clearance

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing BackCheck to accurately proceed with the assembly of criminal record information for employment purposes. BackCheck will hold all personal information confidential.

Given Name(s): ▼					Middle Name(s): ▼																						
Surname: ▼										Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female																	
Maiden Name & Other names used, either past or present, including, aliases and nicknames: ▼										Birth Date: (yyyy/mm/dd) ▼ 1 9																	
Place of Birth: ▼																											
City				Province		Country																					
Current Address: ▼																											
Unit #		Street #		Street Name				Postal Code																			
Current Address Continued: ▼																											
City				Province		Country																					
Previous Address – if less than 5 years ago: ▼																											
Unit #		Street #		Street Name				Postal Code																			
Previous Address Continued: ▼																											
City				Province		Country																					
Telephone: ▼						Alternate Telephone: ▼																					
I understand that failing to provide accurate information or omission of facts on this form may disqualify me from consideration for a volunteer position with The Hospital for Sick Children (Sick Kids) .										Candidate's Initials: _____																	
Have you ever been convicted of a criminal offence for which you have not been pardoned, been granted an absolute discharge in the past year, or been granted a conditional discharge in the past three (3) years?										<input type="checkbox"/> Yes <input type="checkbox"/> No																	
If Yes, please provide details on ALL convictions (if more space is needed, please attach additional pages as required):																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Offence</th> <th>Date (yyyy/mm/dd)</th> <th>Location</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>												Offence	Date (yyyy/mm/dd)	Location	Penalty												
Offence	Date (yyyy/mm/dd)	Location	Penalty																								
Disclaimer: The existence of a conviction will not preclude you from consideration for a volunteer position with The Hospital for Sick Children (Sick Kids) . Details of the offence are requested to enable The Hospital for Sick Children (Sick Kids) to determine whether the offence is related to your position.																											
Statement of Understanding and Consent I have applied to The Hospital for Sick Children (Sick Kids) for a volunteer position. Part of the screening process includes a criminal record check which searches the RCMP Canadian Police Information Centre database. BackCheck conducts these investigations on behalf of The Hospital for Sick Children (Sick Kids) . I hereby request and authorize a Canadian Police Service to search for and disclose on my behalf to BackCheck who is requesting the criminal records check on behalf of The Hospital for Sick Children (Sick Kids) the fact that records may exist on me and are registered on the Canadian Police Information Centre database. I acknowledge that such records may include information relating to criminal convictions for which a pardon has not been granted and conditional and absolute discharges and stays of proceedings which have not been removed from the Canadian Police Information Centre database in accordance with the <i>Criminal Records Act</i> . I understand that the content of the information disclosed may preclude me from obtaining employment with The Hospital for Sick Children (Sick Kids). I authorize BackCheck to release all information obtained to The Hospital for Sick Children (Sick Kids) and hold harmless BackCheck upon the release of this information or its findings to The Hospital for Sick Children (Sick Kids) . I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for a volunteer position with The Hospital for Sick Children (Sick Kids) . Furthermore, I consent to provide my fingerprints for comparison if information provided by myself on this form is in conflict with that disclosed by the Canadian Police Service during this investigation of my criminal records history.																											
Candidate Signature: X										Date: (yyyy/mm/dd) ▼ 2 0																	
Police Use Only Based on identification information provided by the subject, the result of our search of the Canadian Central Repository for Criminal Records is: <input type="checkbox"/> CLEAR - No records in the Canadian Central Repository for Criminal Records match the subject's name and date of birth. <input type="checkbox"/> NOT CLEAR - There may or may not be a record of a conviction, absolute or conditional discharge, or charge under any federal enactment for which a disposition has been entered. The applicant's name, surname, and date of birth were used to conduct this inquiry at the Canadian Police Information Centre. Fingerprints have not been taken. Only a comparison of fingerprints can confirm or disprove this result. <input type="checkbox"/> Declaration - The Declaration of offences above is not an accurate representative of the records in the Canadian Central Repository for Criminal Records based on the subject's name and date of birth. Only a comparison of fingerprints can confirm or disprove this result.																											
Police Representative Signature: _____										Date: (yyyy/mm/dd) _____																	

Consent Form B

Disclosure and Consent for Position of Trust

Should be attached to and completed in addition to the BackCheck "Police Clearance Consent Form"

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

To be completed by anyone applying for a position with a person or organization, when the position is a position of authority and trust and is responsible for the well being of one or more children or vulnerable persons. The candidate consents to a search being made of criminal conviction records to determine if the candidate has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned. If this form is not completed or is left unsigned, no security clearance will be provided.

Definition of "Positions of Trust"

Paid or voluntary positions dealing with vulnerable people. Vulnerable people can include children, youth, senior citizens, people with physical, developmental, emotional, social, or other disabilities, but will also include people who have been victims of crime or accident, those who are addicted or dependent on addictive substances, and those who are otherwise left with little or no defense against persons who would harm them.

NOTE: Vulnerable people are individuals who are at **greater risk** of being harmed than the general population, because of their age, disability or handicap, or circumstances, whether temporary or permanent.

Reason for Consent

I am a candidate for a paid or volunteer position with a person or organization responsible for the well being of one or more children or vulnerable persons.

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police, to find out if I have been convicted of, and been granted a pardon from, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent by additionally signing the second space for my signature located at the bottom of this Consent Form to disclosure of that information will be disclosed to that person or organization.

Candidate Signature: X		Date: (yyyy/mm/dd) ▼ 	
Parent of Guardian Signature: (Required for candidates under 18) X		Date: (yyyy/mm/dd) ▼ 	
Given Name(s): ▼ 		Middle Name(s): ▼ 	
Surname: ▼ 		Gender: <input type="checkbox"/> Female Check One <input checked="" type="checkbox"/> Male	
Maiden Name & Other names used, either past or present, including, aliases and nicknames: ▼ 		Birth Date: (yyyy/mm/dd) ▼ 1 9	
Place of Birth: ▼ 			
City		Province	Country
Current Address: ▼ 			
Unit #	Street #	Street Name	Postal Code
Current Address Continued: ▼ 			
City		Province	Country

Reason for the Consent:

I am a candidate for a paid or volunteer position with a person or organization for the well being of one or more children or vulnerable persons.

Description of the paid or volunteer position: ▼
The name of the person or organization is: ▼
Provide details regarding the children or vulnerable persons: ▼

Consent:

I consent to information contained in a criminal record, found as a result of a criminal record check for a sexual offence for which a pardon has been granted or issued, being disclosed by a police force or other authorized body to the person or organization referred to above to whom or to which I am applying or have applied for a paid or volunteer position.

I understand that as a result of giving this consent, that information will be disclosed by the police force or other authorized body to the person or organization, even though a pardon has been granted or issued for the offence.

Candidate Signature: X		Date: (yyyy/mm/dd) ▼ 	
Parent of Guardian Signature: (Required for candidates under 18) X		Date: (yyyy/mm/dd) ▼ 	

Consent Form C

Disclosure and Consent for Employment References & Verifications*To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.*

In connection with my application for a volunteer position with **The Hospital for Sick Children (Sick Kids)**, I understand that reference checks and requests for work history verifications may be made regarding my current or past employment. These reports will include some or all of the following components relating to my employment experience: job description, dates of employment, position(s) held, rate of pay, subjective or objective opinions of my job performance, reputation and character, reasons for departure of past employment and/or eligibility for rehire.

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who is your current employer? ▼	
May BackCheck contact your current employer's Human Resources/Payroll department to verify your employment on behalf of The Hospital for Sick Children (Sick Kids) ?			<input type="checkbox"/> Yes or <input type="checkbox"/> No
If you have listed a reference from your current employer below, may BackCheck contact that reference for a reference interview?			<input type="checkbox"/> Yes or <input type="checkbox"/> No
Please provide 3 work-related references BackCheck may contact in the space below Most Recent Employers, Managers, Supervisors Only		Family, Co-workers or Friends are NOT Applicable	
DO NOT list employers or people you do not want contacted. BackCheck WILL contact all references listed below.			

1	Name of Company you worked at with the Reference: ▼		Name of Company that the Reference currently works at, if different: ▼	
	Reference's Name: ▼			
	Location: (City and/or Region) ▼		Store #: ▼	Reference's Position: ▼
	Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Applicant's Position: ▼	
	Reason for Leaving: ▼		Phone Number: ▼ Ext. _____	
2	Name of Company you worked at with the Reference: ▼		Name of Company that the Reference currently works at, if different: ▼	
	Reference's Name: ▼			
	Location: (City and/or Region) ▼		Store #: ▼	Reference's Position: ▼
	Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Applicant's Position: ▼	
	Reason for Leaving: ▼		Phone Number: ▼ Ext. _____	
3	Name of Company you worked at with the Reference: ▼		Name of Company that the Reference currently works at, if different: ▼	
	Reference's Name: ▼			
	Location: (City and/or Region) ▼		Store #: ▼	Reference's Position: ▼
	Starting Date: (yyyy/mm) ▼	Ending Date: (yyyy/mm) ▼	Applicant's Position: ▼	
	Reason for Leaving: ▼		Phone Number: ▼ Ext. _____	

I hereby authorize any of the above-listed employers, those employers listed on my résumé or those employers uncovered during the course of my background check to release to BackCheck on behalf of **The Hospital for Sick Children (Sick Kids)** the above-mentioned information regarding my current or past employment.

I hereby authorize BackCheck to release all information obtained under this consent only to **The Hospital for Sick Children (Sick Kids)**, and in no way hold BackCheck liable upon the release of this information or its findings to **The Hospital for Sick Children (Sick Kids)**.

I hereby authorize BackCheck to send a facsimile or electronic copy of this signed consent form to any references listed above or any employers listed on my résumé.

Please PRINT your full name: ▼	
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Candidate Signature: X	Date: (yyyy/mm/dd) ▼ 2 0
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Confirmation of Volunteer Resources Orientation

Complete and return this letter to your supervisor prior to or at Orientation #2 (CALIPER Orientation)

Volunteer Information

Please Print Full Name: _____

Volunteer Signature: _____ Date: _____

Volunteer Resources Orientation Facilitator Information

The above named volunteer attended and successfully completed Volunteer Resources Orientation.

Orientation Facilitator Signature: _____ Date: _____

CHECKLIST

Thank you for your interest in volunteering at SickKids! As an organization, we value the health and safety of our patients, families, staff and volunteers. In order to achieve a high standard of health and safety, acceptance into our volunteer program at SickKids is conditional upon satisfactory criminal reference check, volunteer/employment reference checks, documentation of tuberculosis testing and immunization status as well as a successful interview in the department to which you are applying (CALIPER - DPLM - Department of Paediatric Laboratory Medicine).

PRIOR TO Orientation #1 (Volunteer Resources Orientation), please bring the following to the Volunteer Resources Office (Room 4311, Black Wing):

- ☐ Your completed Volunteer Resources Application
 - Your completed Immunization Record - including 2-step Tuberculin Test
 - Your completed Back Check™ Consent Forms A, B and C. **DO NOT SIGN THESE CONSENT FORMS** - You will be signing these when you bring them to our office.
 - ☐ Your Attendance, Privacy and Confidentiality Agreement, Dress Code Agreement, and Standards and Practices Agreement. **DO NOT SIGN THESE AGREEMENTS** - You will be signing these when you bring them to our office.
- A valid form of photo ID
- \$25.00 to cover the cost of the criminal reference check - If you successfully complete the application and orientation process, CALIPER will reimburse you. We will be asking you to pay for the cost at the SickKids business office during regular business hours (8:30 am - 4:00 pm Monday-Friday). If you are unable to come during the day please make other arrangements with Volunteer Resources (416.813.7654 ext. 3332).

PRIOR TO OR AT Orientation #2 (CALIPER Orientation), please bring the following to your supervisor, Jennifer Clarke:

- Signed Confirmation of Volunteer Resources Orientation
- Signed CALIPER Volunteer Job Description

Please note that if you come to the orientations without the necessary documents completed and returned, we will need to reschedule your orientations. This in turn will delay your start date as a SickKids CALIPER Volunteer.