

SHANDS AT UF Volunteer Services Department

Pet Visitation Application

Volunteer Applicants

Welcome to Shands at UF Volunteer Services Department. We are excited to have you join our team of volunteers. We are pleased that you are willing to make a commitment to the hospital and patients.

| | |
|------------------------------|--|
| Adult & Auxiliary | Volunteers are accepted throughout the year. Auxiliary requires membership |
| Pet Visitation | Volunteers accepted throughout the year - pet application attached. |

Instructions for all Volunteers

1. Visit www.shands.org/public/volunteer (click on Shands UF) & read the Orientation Materials PDF.
2. Take the on-line orientation quiz, and print out confirmation email sent to your email inbox.
3. Complete the Volunteer Application & Pet Application (page 2 and 3).
4. Obtain copies of medical records (for both you and your dog) & obtain TB Surveillance Form.
5. Get signature of pet health & good temperament from Vet (located on pet application, page 3).
6. Schedule an Interview – Call Volunteer Services at 352-265.0360.

Medical Records

Obtain a copy of your medical records via student health or family physician verifying the following:

1. Measles/Mumps/Rubella – Documentation of two (2) measles/mumps/rubella vaccinations OR serological (laboratory testing) proof of immunity to measles and rubella (German measles).
2. Varicella (Chicken Pox) – verification of having Chicken Pox can be noted on Tuberculosis (TB) Surveillance form OR documentation of two (2) varicella vaccinations.
3. Signature from Vet verifies your pet has had appropriate vaccinations and tests.

Tuberculosis (TB) Surveillance Form

Every volunteer **must be** cleared by Shands Occupational Health for TB & Chicken Pox.

1. Obtain TB form from Volunteer Services (before your scheduled interview).
2. Occupational Health is located on the 1st Floor of Shands at UF (Room 1004) between the hours of 7:30 – 3:30. *This is a SCREENING form.*

Interview Checklist: Bring all paperwork to interview.

- Completed application.
- Confirmation email of completed online orientation quiz.
- Immunization (medical) records for volunteer & pet.
- TB Surveillance Form.

Interviews are held at the Volunteer Services Department 1st floor Shands UF Room 1223.

Additional Information

| | |
|-------------------|--|
| Dress Code | Green polo, khaki pants, closed toe shoes, & Shands name badge. Shirts are purchased at Shands Gift Stop. |
| Commitment | Based on your availability. |
| Parking | Parking is controlled by UF. College volunteers are not allowed to park in garages. Adult & Auxiliary volunteers may inquire about parking compensation. |
| Lockers | Lockers & locks provided in Volunteer Office to leave personal belongings. |

SHANDS AT UF Volunteer Services Department

Pet Volunteer Application

| Contact Information | |
|---------------------|-------------|
| Name | Male Female |
| Local Address | |
| City/ ST/ ZIP | |
| Phone | |
| Date of Birth | |
| E-Mail Address | |

| Person to Notify in Case of Emergency | |
|---------------------------------------|--|
| Name | |
| Phone | |
| E-Mail Address | |

| Questions (Circle Answers) | |
|---|--------|
| If you were a previous volunteer at Shands at UF, please indicate month/year: | |
| Do you need any special accommodations? | NO YES |
| Do you have issues with basic functions like sitting, standing, walking up stairs? | NO YES |
| Have you been convicted, pleaded "nolo contendere", or had adjudication withheld for any crime or offense (excluding minor traffic violations)? | NO YES |
| Please explain any YES answers: | |

Interests (please refer to the Service Area Listing on the website)

Interviews are scheduled according to service areas listed.

- | | | |
|---|--|--|
| <input type="checkbox"/> Clinics | <input type="checkbox"/> Psychiatry/Psychology | <input type="checkbox"/> Auxiliary |
| <input type="checkbox"/> ER | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Arts in Medicine |
| <input type="checkbox"/> Labs | <input type="checkbox"/> Pet Visitation | <input type="checkbox"/> Child Life Program |
| <input type="checkbox"/> Nursing Floors | <input type="checkbox"/> Radiology | <input type="checkbox"/> Foot Prints (BMTU Buddies) |
| <input type="checkbox"/> Operating Rooms | <input type="checkbox"/> RM Family Room | <input type="checkbox"/> No One Dies Alone |
| <input type="checkbox"/> Occupational & Physical Therapy | <input type="checkbox"/> UF College of Dentistry | <input type="checkbox"/> Nutrition Services |
| <input type="checkbox"/> Pediatrics (Children's Hospital) | <input type="checkbox"/> UF Orthopedic Institute | <input type="checkbox"/> Streetlights (Teen Support) |

Agreement and Signature

By signing this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application or during my interview may result in my immediate dismissal.

| | |
|-----------|--|
| Signature | |
| Date | |

SHANDS AT UF Volunteer Services Department

Pet Application

| Pet Information | |
|-----------------|-------------|
| Pet's Name | Male Female |
| Age | |
| Breed | |

| Veterinarian Information | |
|--------------------------|--|
| Name & License Number | |
| Address | |
| Phone | |

| Health Certification (signed by Veterinarian) | |
|---|--|
| This is to certify that the animal described above was examined by me on this date and found to be free from symptoms of infections, contagious, or communicable disease or known exposure there to, and that DA & LLP vaccines were given within the last year, and rabies vaccine within the last three (3) years, and a negative fecal exam was performed in the last year. | |
| Note of Good Temperament (from Veterinarian) | |
| | |
| Vet Signature | |
| Date | |

| Dog Obedience/Temperament Training | |
|--|--|
| Record needed that you and your dog completed an obedience course and/or is a member of an organization. If you have not attended a course or organization, verification of dog's good temperament may be obtained from veterinarian using the above note. | |
| Course completed & Date | |
| Member of Organization | |

| Questions | |
|---|--|
| Day and Time available to volunteer with pet: | |
| How often are you available to volunteer (weekly, biweekly, etc): | |