

# LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

## *Arts in Medicine (AIM) Volunteer Program*

*What is Arts in Medicine? Arts in Medicine is a volunteer program that uses visual, literary, musical, hands-on and performing arts to enhance the physical, mental, emotional and spiritual health of our patients. This program is designed to affirm the artist in every person, both patient and staff, and serves as a field for research on art's effect on health. Art does make a difference, and as a volunteer in this unique program you can, too.*

**Volunteers are a very valuable resource to both the patients and the staff of the Feist-Weiller Cancer Center at the LSU Health Sciences Center. The volunteer program is unique in that it allows you to gain valuable experience in a hospital setting and gives you the opportunity to do good things for good people. You, in turn, have a responsibility to yourself and to the Health Sciences Center to abide by certain guidelines set up to benefit both the volunteer and the hospital. The following guidelines have been established to help make your volunteer experience positive for both you and the hospital.**

- **Volunteers are required to complete an Arts in Medicine application and submit it to the Department of Patient Relations, via the Feist-Weiller Cancer Center. You must be at least 15 years of age to volunteer at LSU Health Sciences Center.**
- **After the application is submitted, Patient Relations Department will forward a copy of the application to the LSUHSC University Police Department for a required criminal history background check.**
- **Once the background check is completed, all volunteers must take a Tuberculosis Skin Test in the LSUHSC Occupational Health Clinic, located on the eighth floor of the hospital. Volunteers may take this two-part test between 7:00 a.m. and 4:30 p.m. on Mondays, Tuesdays, Wednesdays, or Fridays. Depending on the day that the test is given, the volunteer must return to the Occupational Health Clinic two or three days afterwards to have the test read. The pink copy of the test results must be given to the AIM Coordinator and kept in the volunteer's personnel record. Volunteers Working in the Arts in Medicine program are also required to have a Varicella/Rubella Titer. This requires that a small amount of blood be drawn to determine whether or not the individual is protected from getting chicken pox and three-day measles. Any result other than positive may require additional immunizations before the volunteer may begin.**
- **All volunteers must attend an orientation program before beginning their**

volunteer service. This orientation is scheduled by Jane Crandell-Glass, AIM Project Coordinator. An orientation checklist must be completed for each volunteer before they can begin.

- Upon completion of all required orientation, the volunteer must get an ID Badge and parking permit (if needed). The volunteer must bring the car registration form when applying for a parking permit (please fill it out and return it along with the application and it will be part of your orientation packet.
- All volunteers are required to sign in and out at the beginning and end of their shifts.
- Volunteers will be notified when they are clear to begin.

**If there are any questions concerning any part of the application process, please contact Anne Higdon, FWCC Development Coordinator, at (318) 813-1423.**

**Please Return Completed Application To:**

**LSUHSC-- Feist-Weiller Cancer Center  
P.O. Box 33932  
Shreveport, LA 71130-3932  
Attn: Jane Crandell-Glass**



Do you prefer: Patient Contact\_\_\_\_\_ Non-Patient Area:\_\_\_\_\_

Days and hours you are available to work\_\_\_\_\_

In case of emergency, contact: Name\_\_\_\_\_

Phone#\_\_\_\_\_

Relationship\_\_\_\_\_

Place of Employment\_\_\_\_\_

Address\_\_\_\_\_

Phone #\_\_\_\_\_

Have you ever been on probation or sentenced to jail or prison as a result of a felony conviction or guilty plea?

\_\_\_\_\_YES \_\_\_\_\_NO

Have you ever been fired from a job or resigned to avoid dismissal?

\_\_\_\_\_YES \_\_\_\_\_NO

**AUTHORITY TO RELEASE INFORMATION: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment.**

Signature\_\_\_\_\_

Date\_\_\_\_\_

**APPLICANT/STUDENT: Please read the following statement and complete the attached Background Check Inquiry form. *Detach and retain this Disclosure statement for your records.***

## **Fair Credit Reporting Act Disclosure Statement**

### **Disclosure**

LSU Health Science Center - Shreveport (LSUHSC-S), when considering your application for employment or student appointment, when making a decision whether to offer you employment or student appointment, when deciding whether to continue your employment (if you are hired) or student appointment, and when making other employment/appointment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for employment, an employee or student appointee of LSUHSC-S, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing "consumer reports" to others, such as LSUHSC-S.

A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes or appointment as a student. For LSUHSC-S purposes, a consumer report may consist of a criminal background check, employment verification, reference checking, and may consist of educational verification, civil litigation records check and other reports.

If LSUHSC-S obtains a "consumer report" about you, and if LSUHSC-S considers any information in the "consumer report" when making an employment or student appointment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided with a copy of the "consumer report." You may also contact the Federal Trade Commission about your rights under the FCRA as "consumer" with regard to "consumer reports" and "consumer reporting agencies."

**Effective Date: March 2006**

## **Background Inquiry Policy**

### **SUBJECT:**

Pre-employment Investigative Inquiries and Background Inquiries during the duration of employment at LSU Health Sciences Center - Shreveport (LSUHSC) and EA Conway Medical Center - Monroe (EACMC).

### **PURPOSE:**

This program will verify and determine Background Inquiry information for all applicants and prospective students to minimize the Health Center's liability in hiring, retention and selection of students and employees that could jeopardize staff and patients and the future of the Center. This also applies to active employees. If necessary for the duration of employment/appointment, LSUHSC-S/EACMC reserves the right to conduct further background inquiries on current employees.

### **SCOPE:**

This policy applies to screening of all applicants for regular employment, volunteer work or student appointments as LSUHSC-S/EACMC and during the duration of employment/appointment.

### **ACTION:**

The Director of the Department of Human Resource Management is delegated the authority for investigative background inquiries. Procedures for obtaining applicant's, student's and current employees background inquiry information and keeping all records related to the inquiries shall be established and maintained by the Director of Human Resource Management.

The following procedural steps shall be followed:

1. Notification of the background screening requirements will be posted on bulletin boards and shall be included in information provided to applicants post-employment offer for a paid, unpaid, or student appointment at LSUHSC-S/EACMC.
2. Any individual to whom an offer of a position is made shall be required to provide the necessary information used to conduct a background inquiry check and sign the consent form prior to being appointed.

Information will be given to each applicant, student or employee on the following:

- a) Consequences of failing to submit to the background inquiry.
- b) Reasonable means used to maintain confidentiality of the information resulting from the background check inquiry.
- c) A copy of the Fair Credit Reporting Act Disclosure Statement
- d) A copy of your report and Summary of Your Rights Under the Fair Credit Reporting Act will be forwarded to you should LSUHSC-S/EACMC standards not be met.

3. Background check inquiry results will be reported in a timely manner and will be revealed only to those persons authorized by the Director of the Department of Human Resources, as having a need-to-know the information.
4. A prospective employee or student who declines to consent to the background check inquiry shall have the conditional offer withdrawn and shall be subject to disqualification from consideration for a period of one year from the effective date of the disqualification action. An employee's background check release signed prior to employment is valid for the duration of their employment and no further release is needed to make inquiries during employment with LSUHSC-S/EACMC.
5. Any prospective employee, student or active employee who provides false information relative to a background check inquiry may be subject to disqualification from employment/ selection of disciplinary action up to and including termination/expulsion.
6. If a prospective employee, student or active employee has reason to believe that ethical standards were not adhered to in obtaining the background check inquiry, the result may be appealed in writing to the Director of Human Resources or designee within 7 calendar days from date of letter notification.
7. Each prospective employee, student or active employee with questionable information concerning his/her record will be considered on a case-by-case basis for appointment or continued employment. The Director of Human Resources will take into consideration the department or school the applicant applied for, current position, the nature and the gravity of the offense, and the time that has passed since the questionable offense. Any applicant or student that is not appointed because of information obtained during the background inquiry may appeal the decision in writing to the Director of Human Resources or designee within 7 calendar days from date of letter notification.

Last Revision: 03/2003

Revised: 03/2006



Yes  No

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?

If yes, give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, the date of the offense, place, and disposition of the case. A "YES" ANSWER WILL NOT NECESSARILY BAR YOU FROM STATE EMPLOYMENT OR SELECTION AS A STUDENT. WE WILL CONSIDER THE DATE, FACTS AND CIRCUMSTANCES OF EACH INDIVIDUAL CASE.

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I certify that all statements made on the application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and /or subject to dismissal for state service.

I understand that the outcome of my background inquiry may result in not being recommended for the applied position or selection as a student. Furthermore, I understand that inquiries may be made at any time during the duration of my employment/appointment.

I also understand that I have rights under the Fair Credit Reporting Act, which has been provided to me by LSUHSC/EACMC. This authorization will remain in effect throughout the term of employment. I have read and understand the preceding statement.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Date of Birth is being requested in order to obtain accurate retrieval of records.**

**California, Minnesota & Oklahoma Applicants Only:** Minnesota, Oklahoma and California applicants will receive a copy directly from AISS.

#### NOTICE TO CALIFORNIA APPLICANTS

Under section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any report on you which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

# **Patient Confidentiality**

**All hospital volunteers must understand the fundamental principles of confidentiality. The importance of these fundamental principles is emphasized during the Medical Center's Volunteer Orientation period. Volunteers are informed of the policies and procedures in their respective work areas: acknowledge agreement to adhere to the rules; and confirm knowledge of dismissal of volunteer position for security violations. Documentation of this training shall be maintained in the volunteer's file.**

**Telephone request for patient information is not permitted by volunteers. Such requests are to be handled by the appropriate staff in the areas concerned.**

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**Volunteer's Signature**

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**Date**

**LSUHSC-S PARKING REGISTRATION**

Name (Last, First, MI) \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dept \_\_\_\_\_ Work Phone \_\_\_\_\_

Title AIM VOLUNTEER

**Vehicle Information**

Vehicle #1 License Plate# \_\_\_\_\_ State \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_

Vehicle #2 License Plate# \_\_\_\_\_ State \_\_\_\_\_ Make/Model \_\_\_\_\_ Color \_\_\_\_\_

**Agreement to comply with LSUHSC-S Parking Regulations**

As a condition of receiving parking privileges from LSU Health Sciences Center, I agree it is my responsibility to understand and comply with all rules and requirements contained in the parking regulations, a copy of which I acknowledge receipt of upon registration into the parking program. Further, I understand that noncompliance can result in my receipt of a notice of violation citation with a monetary penalty assessed in accordance with the schedule of violation fees included in the parking regulations.

I further acknowledge, agree and authorize:

If I am an employee, LSUHSC-S may deduct delinquent violation assessments not under review by the Parking Committee, that are over 90 days old, from my next payment from the LSU Health Sciences Center from any source. If I am a student, LSUHSC-S may delay provision of grade transcripts and/or clearance from graduation until any outstanding violation assessment is satisfied.

My signature to this document indicates I have read, understood, and will comply with the requirements of this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Official Use Only**

Assigned Lot \_\_\_\_\_ Decal # 1 \_\_\_\_\_ Decal # 2 \_\_\_\_\_ Temporary Expiration \_\_\_\_\_

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