



Dear Prospective Volunteer,

Thank you for your interest in volunteering at Methodist Hospital Stone Oak. There are many exciting opportunities available through the Volunteer Program for people who wish to contribute to their community.

Enclosed please find the following documents:

- **Volunteer application**
- **Background check disclosure**
- **Employee health volunteer requirements**
- **TB skin test authorization (for those under age 18)**

Prior to becoming a Volunteer:

1. Contact me to schedule an interview either at 210-638-2107, by email at [Bethany.Jenkins@MHSHealth.com](mailto:Bethany.Jenkins@MHSHealth.com), or select from an available slot at <https://www.signupgenius.com/go/10C0F4CA4AD2BA1FAC07-volunteer>.
2. Please bring your completed volunteer application and background check disclosure to

**Methodist Hospital Stone Oak / Volunteer Services**  
**Bethany Jenkins – Manager, Administrative Services**  
**1139 E Sonterra Blvd, San Antonio, TX 78258**

3. After your background check is approved, you'll be notified to contact the Employee Health Director to schedule a TB skin test. When you come in, please bring proof of all your immunizations for her review. Her office hours are 7:00am to 3:30pm M-F. For those under age 18 please bring the skin test authorization signed by a parent.
4. Attend a scheduled volunteer orientation session. You will be contacted when your background check and TB skin test is approved and advised of the next available orientation session.

Our team is dedicated to making your time at our facility pleasant and rewarding. Again, thank you for giving your time to Methodist Hospital I Stone Oak and I look forward to serving beside you.

Sincerely,

Bethany Jenkins

Manager - Administrative Services, (210) 638-2107, [Bethany.Jenkins@MHSHealth.com](mailto:Bethany.Jenkins@MHSHealth.com).

# APPLICATION FOR VOLUNTEER SERVICE

Junior Volunteer (16 to 18 years old)

Senior Volunteer (age 18 and older)

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

Address: \_\_\_\_\_ (Street/Apt #) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip)

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Have you ever pled guilty or received deferred adjudication, probation, court ordered community supervision, or been convicted of any crime (felony and/or misdemeanor) other than traffic citations?**

YES  NO

If yes, explain: \_\_\_\_\_

**Are you currently serving deferred adjudication, probation or court ordered community supervision?**

YES  NO

If yes, explain: \_\_\_\_\_

**Conviction of a crime is not an automatic bar to consideration for volunteering; however, persons convicted of certain felonies and other crimes may be ineligible for volunteering in certain positions under Texas law.**

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

**Please indicate your preference for shifts. Total number of shifts per week:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8AM – 12PM							
12PM – 4PM							
4PM – 8PM							

*As a volunteer, I understand that I will not be reimbursed for my services and I will regard my volunteer assignment as a serious commitment. I will respect the confidentiality of all information available to me through my volunteer position. Should my conduct or performance be deemed unsatisfactory for any reason, I agree to accept release from my volunteer assignment.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*I hereby voluntarily give my permission for my child to enroll in the Junior Volunteer Program at Methodist Healthcare System, and to take the necessary instructions for his/her work. I understand that Methodist Healthcare System is not to be held responsible in case of accident. I also understand that my child will be required to adhere to safety standards and other regulations stated in Hospital policies, including a TB skin test before volunteering.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Employee Health completed	
Date Background Check completed	
Date Orientation completed	
Placement location – First Tour	
Placement location – Second Tour	

## MSOH Volunteer Background Check Disclosure

In order for your application for volunteer services to be processed, please read the information below and acknowledge your acceptance by signing and dating at the bottom. Please return this completed form to the Volunteer Services Department as noted below. Your application cannot be processed until Methodist Healthcare System has received a signed and dated Background Check Disclosure form.

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### APPLICANT NAME

<b><u>First Name</u></b>	<b><u>Middle Name</u></b>	<b><u>Last Name</u></b>
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<b>Social Security Number:</b>	XXX – XX - (last 4 numbers only, please)
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Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be requested in connection with your application for volunteer services.

If your application is denied for volunteer services, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I have read the above notice and understand what it means. I hereby authorize the procurement of a consumer report for volunteer service purposes.

A consumer report may consist of employment records, educational verifications, licensure verification, driving history, previous address and other public records relative to criminal charges. A credit report will not be requested unless it is pertinent to the functions of the position for which you are applying.

<b>Applicant Signature</b>		<b>Date</b>	
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<b>Date of Birth</b> (For consumer report purposes only)	
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## EMPLOYEE HEALTH VOLUNTEER REQUIREMENTS

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Prior to the start of your volunteer service, you must have a TB skin test (T-SPOT). Employee Health will provide that for you. You will be notified when you have passed your background check so that you may begin your T-SPOT test. Please bring the following documentation to Employee Health when you come in for the test.

- Documentation of any previous TB skin test within the last five years.
- Prior immunization records that should include:
  - Documentation of prior vaccination for mumps, measles and rubella (MMR). You will need documentation of 2 MMR shots.
  - Documentation of the Hepatitis B –series of 3 vaccines.
  - Documentation of the VZV (Chicken Pox) vaccine - series of 2 shots.
  - Documentation of TDAP vaccine for tetanus, diphtheria, pertussis (whooping cough)
  - Documentation of influenza vaccine during the flu season. MSOH provides this vaccine free of charge to volunteers.

**OFFICE HOURS:** Monday through Friday  
7:00AM – 3:30PM

**TELEPHONE:** (210) 638-2164

**LOCATION:** Employee Health Office  
1139 E Sonterra Blvd, San Antonio, TX 78258  
2<sup>nd</sup> floor of the Benson Pavilion, room 240

## T-SPOT SKIN TEST AUTHORIZATION (FOR THOSE UNDER AGE 18)

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NEW \_\_\_\_\_ ANNUAL \_\_\_\_\_ EXPOSURE \_\_\_\_\_

NAME: \_\_\_\_\_ (PLEASE PRINT)

DATE TESTED: \_\_\_\_\_ SITE: Right / Left Forearm (circle one)

APPLIED BY: \_\_\_\_\_

TEST RESULTS: \_\_\_\_\_ DATE: \_\_\_\_\_

RESULTS READ BY: \_\_\_\_\_, R.N.

<b>RESULTS MUST BE READ WITHIN 48 TO 72 HOURS</b>
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HAVE YOU HAD CHICKEN POX: Yes: _____	No: _____
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**PLEASE SIGN AND RETURN THE FOLLOWING:**

I hereby give permission for \_\_\_\_\_ to receive a T-SPOT test. I understand that the test will be administered by the Employee Health Nurse and there will be no cost for this service.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent/Guardian required for Junior Volunteer)

**EXCEPTIONS:**

Volunteers who have tested **positive** for any reason are required to provide a copy of their x-ray **report** from their physician stating that they have negative results.

Volunteers who are presently taking steroids are NOT required to take the test, but are required to provide a statement from their physician stating they are taking steroids to excuse them from taking the TB test. (Steroids result in a false negative test).

## VOLUNTEER ORIENTATION DATES

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All volunteers will have a choice of selecting what area they would like to work based on availability. All requirements including the background check and employee health must be completed before attending orientation. Please be aware that orientations for **2021** are temporarily limited due to health and safety concerns. Admission to the hospital campus by volunteers is currently limited. Orientations are held on select Fridays from 1-4pm. Until further notice, all orientations will be limited to **10 or fewer** attendees per session. Social distancing and masking will be strictly enforced.

All orientations will be conducted in the conference center in the V. Benson Pavilion adjoining the hospital. The sessions last about 2 ½ hours and include a tour of the hospital.