

In-Hospital Volunteers Tutorial

Completing your Annual
Policy Review
&
Learning Modules
&
Background Check

go to your volunteer Dashboard...

pch.samaritan.com

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A screenshot of a YouTube video player. The video title is "Which Program is right for you". The video content shows a grid of four program options: "In-Hospital Volunteer" (blue box), "Community Volunteer" (red box), "Summer Program for College Students" (purple box), and "Family Advisory Councils" (teal box). Each option has a corresponding image above it. The video player interface includes a play button, a progress bar at 0:00 / 2:27, and standard YouTube controls like watch later, share, and full screen.

Your Dashboard should look similar...

The screenshot shows the Phoenix Children's Annual Compliance Dashboard for a user named Copy of Rennie Karnovich. The dashboard includes a profile section on the left with a photo placeholder and a list of links: Edit Profile, Therapy Animal, Your Groups, Attachments, and Volunteer Knowledge Library. Below the profile, it states 'You have logged 0 hours total since first starting on Tuesday, August 9th 2016.' with a 'more' link. The main section is titled 'Annual Compliance Dashboard' and contains a table of expiration dates with status icons. A red arrow points from the 'see details' link in the 'My Placed Opportunities' section to the 'Annual Policy Review and Agreements' row in the compliance table.

Item	Expiration Date	Status
Flu Vax Expiration:	10/18/2019	⚠️
PPD Expiration:	03/31/2020	✅
Final LMS:	01/31/2020	⚠️
Annual Policy Review and Agreements:	01/31/2020	⚠️
Volunteer ID:	1010857	

Note the Annual Compliance due dates (your list and dates will vary)

- ✅ indicates you are up-to-date
- ⚠️ indicates you have an upcoming deadline
- ❗ indicates you are overdue and out of compliance





Let's open

Annual Policy Review and Agreements...

Annual Compliance Dashboard

Expiring Soon: Click on the expiring Vaccinations / Training to renew.

Expired: Click on the expired Health Vaccinations / Training to renew.

Flu Vax Expiration:	10/18/2019 
PPD Expiration:	03/31/2020 
Final LMS:	01/31/2020 
Annual Policy Review and Agreements:	01/31/2020 
Volunteer ID:	1010857

Click on any symbol to open that item

Annual Policy Review opened in a pop-up* window

You would read the statements, check the boxes,

And click **Submit** at the bottom of the page

The screenshot shows a web browser with a pop-up window titled "Annual Policy Review & Agreements" from Phoenix Children's Hospital. The pop-up window contains the following content:

PHOENIX CHILDREN'S
Annual Policy Review & Agreements

Dress Code:
PCH has a volunteer dress code in order to portray professionalism and instill confidence. I understand that the volunteer dress code requires pants, a shirt with sleeves, closed toe shoes, a purple apron and a volunteer badge. I understand that jeans, leggings, shorts, tank tops and open toe shoes are not approved attire. I commit to wearing the appropriate attire to my volunteer shifts.

I Agree

Parking:
I understand that I am only to park in designated PCH employee and volunteer lots during my volunteer shifts and I can identify where these areas are located. I understand that parking in patient and family parking areas is not permitted unless otherwise communicated in writing by the volunteer services office.

I Agree

HIPAA:
As a PCH volunteer, I understand that: I must not discuss patients and their medical problems with others, in the facility or outside. If I have access to written reports such as medical charts, I will not discuss any information they contain. I will not suggest nor offer opinions or diagnosis or methods of treatment. I understand that any breach of confidentiality will result in dismissal from the volunteer program at PCH.

I Agree

Social Media, Photography & Professional Boundaries:
I understand that I am not permitted to take any photos while volunteering at Phoenix Children's Hospital. I understand that I am not to exchange personal information with families or to promote any business or organization without prior consent from hospital leadership. I

*Ensure pop-up windows are allowed in your browser. Go to your browser settings to change if needed.

Completing a Learning Module...

Annual Compliance Dashboard

Expiring Soon: Click on the expiring Vaccinations / Training to renew.


Expired: Click on the expired Health Vaccinations / Training to renew.

Flu Vax Expiration:	10/18/2019	🚫
PPD Expiration:	03/31/2020	✅
Final LMS:	01/31/2020	⚠️
Annual Policy Review and Agreements:	01/31/2020	⚠️
Volunteer ID:	1010857	

Click here to begin this learning module

The learning module *Final LMS* (NOTE: Now called *Working With Hospitalized Children*) will open and you can begin taking the interactive training course.

Volunteer
Working with Hospitalized Children

 **PHOENIX CHILDREN'S**

SLIDE CONTAINS AUDIO
Ensure audio is on and volume is up.

< PREV NEXT >


NOTE regarding learning modules – complete them in their entirety without stopping. Also, learning modules will time-out after 90 minutes of inactivity.

Background Check

Every three years Phoenix Children's requires a Background Check for all staff and volunteers. This is performed at no cost to staff or volunteers. However, you will need to confirm your current address and provide your consent for the check to be performed.




Annual Compliance Dashboard

Expiring Soon: Click on the expiring Vaccinations / Training to renew.

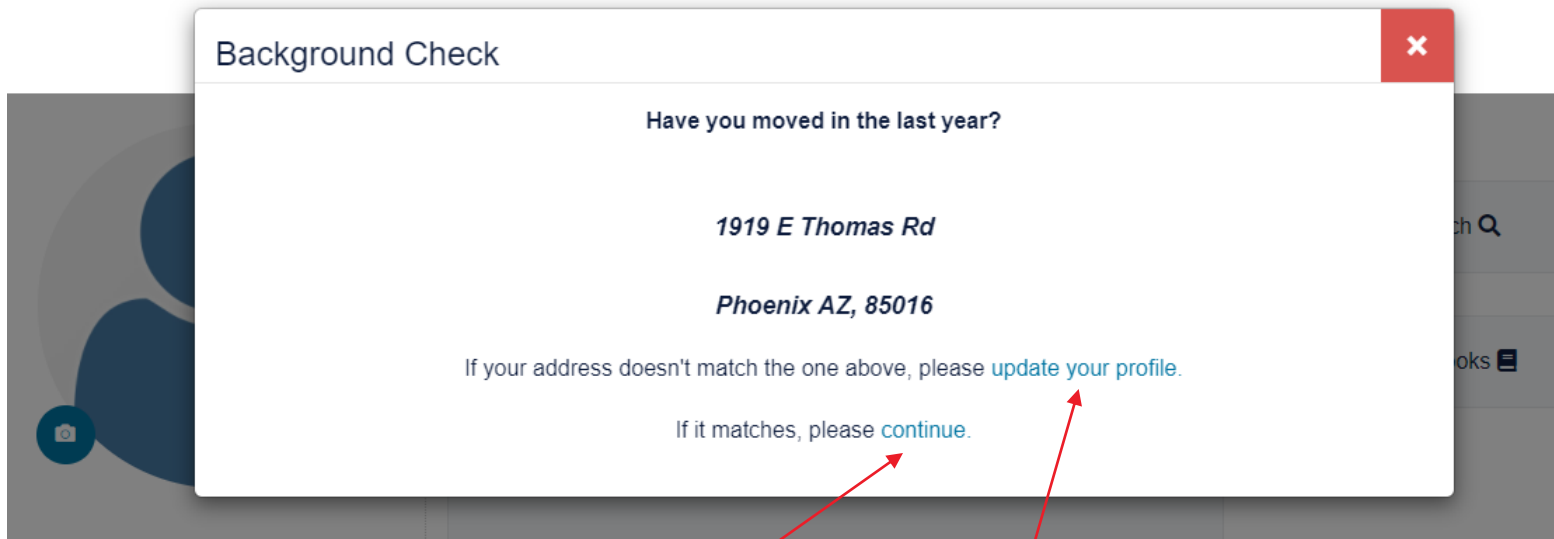
Flu Vax Expiration:	12/01/2022
PPD Expiration:	03/31/2022
Background Check:	07/30/2021 
Volunteer ID:	1012542

Click here to begin your consent

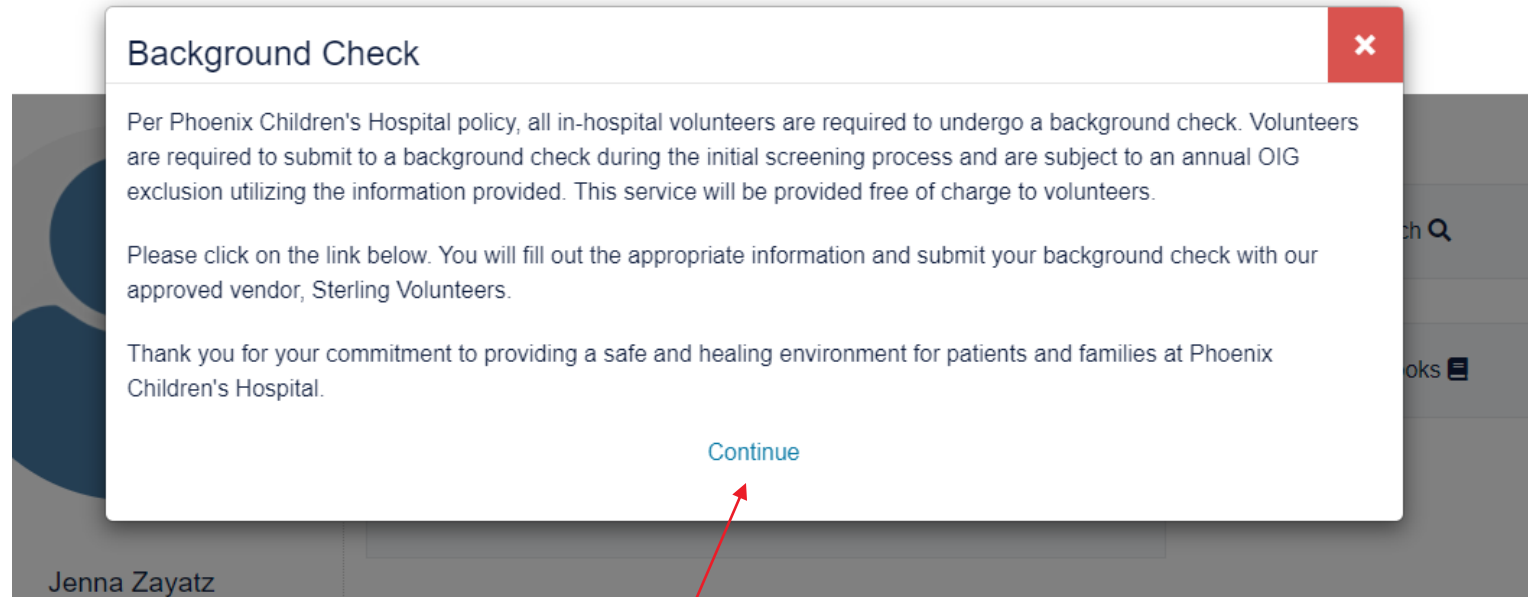
Locate the Background Check on your **Annual Compliance Dashboard** and determine whether you are due for a Background Check. (your list and dates will vary)

-  indicates you are up-to-date
-  indicates you have an upcoming deadline
-  indicates you are overdue and out of compliance

A pop-up opens on your Dashboard...



confirm your address by clicking **continue** or click **update your profile** to change your address.



When you're finished with your address confirmation/update, another pop-up displays. Review and click **Continue**. NOTE: The Background Check is performed every three years with an annual OIG exclusion.

Another pop-up - Review and give consent for the Background Check by checking the boxes.

NOTE: although the Fair Credit Reporting Act is referenced, **this is a criminal background check ONLY.** We are still required to notify you of your rights related to the standard Fair Credit Reporting Act.

Background Check

You, as a consumer, have a number of rights when it comes to your personal information and your background check report. Phoenix Childrens Hospital is required by law to provide you with information regarding those rights and to gain your consent for a background check before allowing you to continue with your order. Please review and sign, by checking the boxes, to indicate your consent to begin the background check process and to acknowledge your rights under the Federal and applicable State Fair Credit Reporting Act(s).

Consent to Use of Electronic Records and Signatures

You have the opportunity to complete and sign documents, as well as receive notices and other documents related to your application and background check, in electronic rather than paper form. To agree to these uses of electronic documents and signatures, and to sign this document with the same effect as physically signing your name, click the "Sign" button at the bottom of this page after reviewing the information below.

In order to sign, complete and receive documents electronically you will need the following:

- I acknowledge receipt of the preceding Consumer Financial Protection Bureau's notices "A Summary of Your Rights Under the Fair Credit Reporting Act" and "Consumers Have a Right to a Security Freeze."
- I have read the Disclosure Regarding the Employment and/or Volunteerism/Non-Employee Position Background Report provided by Sterling Volunteers and this Authorization to Obtain Employment and/or Volunteerism/Non-Employee Position Background Report. By my signature below, I hereby consent to the preparation by Sterling Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, %0, www.sterlingvolunteers.com, of background reports regarding me and the release of such reports to any organization I authorize and its designated representatives, to assist the organization in making an employment and/or volunteerism/non-employee position decision involving me at any time after receipt of this authorization and throughout my employment and/or volunteerism/non-employee position, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Sterling Volunteers and/or the organization itself, and authorize Sterling Volunteers to provide such information to the organization. I agree that a facsimile("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

|||855-326-1860, Option 3

- I understand that by typing my name where indicated below, I consent to the use of electronic records and signatures in the manner described above, and the electronic storage of such documents.

After clicking on each of the check boxes, scroll down and enter your first and last name. Click **Submit**.

I have read the Disclosure Regarding the Employment and/or Volunteerism/Non-Employee Position Background Report provided by Sterling Volunteers and this Authorization to Obtain Employment and/or Volunteerism/Non-Employee Position Background Report. By my signature below, I hereby consent to the preparation by Sterling Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, %0, www.sterlingvolunteers.com, of background reports regarding me and the release of such reports to any organization I authorize and its designated representatives, to assist the organization in making an employment and/or volunteerism/non-employee position decision involving me at any time after receipt of this authorization and throughout my employment and/or volunteerism/non-employee position, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Sterling Volunteers and/or the organization itself, and authorize Sterling Volunteers to provide such information to the organization. I agree that a facsimile("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

|||855-326-1860, Option 3

I understand that by typing my name where indicated below, I consent to the use of electronic records and signatures in the manner described above, and the electronic storage of such documents.

Your First Name

First Name*

Your Last Name

Last Name*

Submit

Your background check expiration date will not update on your dashboard until it has completely cleared, which **can take up to 72 hours**. The due/overdue symbol will also be visible during this time, and you can continue to access the consent form, but there is no need to fill out the consent form more than once. If you completed all the steps above, you can logout and know that your background check is processing. Two-to-three days later, you should see a new expiration date for 3 years in the future. If you have any concerns about whether your check is indeed in process, please reach out to volunteers@phoenixchildrens.com

Thanks!



For learning!