



# **Children's Recovery Center of Northern California**

Dear Volunteer:

Thank you for your interest in the Volunteer Program at Children's Recovery Center (CRC). We look forward to providing you with the opportunity to work and interact with our wonderful and unique group of infants and children.

The patients here at CRC have intensive medical and rehabilitative needs, however, they also have the same needs as any other child – love, attention, and friendship. At CRC, we strive to provide a homelike environment that is conducive to the healing process of each child. We do so by upholding interventions and strategies that coincide with our mission:

To provide innovative and nurturing rehabilitative care to infants and young children with complex medical conditions. Our foremost priority is to use all therapeutic modalities to help each child recover and rejoin their family. Intensive rehabilitation services address all problem areas including respiratory, cardiac, neurological, orthopedic, motor skills, cognitive ability and social interaction.

We are committed to:

- Providing family-centered, child-focused care through a coordinated individualized team approach to allow for the optimal recovery of every child.
- Involving the family as integral members of the team.
- Optimizing an environment that promotes wellness of the body, mind and spirit for children with special needs.
- Assisting with long term planning and training for eventual transition to home.
- Aiming for excellence through continual quality improvement, education and research.
- Being a respected resource for hospitals, the community and families of Northern California for the care of complex infants and children.

Through your volunteer work, you play an important role in helping fulfill our mission. We believe that the experiences you have here will be invaluable and will remain with you throughout your life and each child's life. Not only will you have the opportunity to complete hours for school, you will contribute to your own professional development or personal fulfillment, and you will be building relationships with our children and helping them realize their true potential, which in itself, is part of the healing process.

In this volunteer packet, you will find the following:

1. Volunteer Program Information
2. Volunteer Application Form
3. Volunteer Questionnaire
4. Volunteer Letter of Agreement: Commitment, Confidentiality, and Release of Liability
5. Parental Permission Slip (required if under the age of 18)

Please complete items 2-5 and return to the Volunteer Coordinator or the Administrative Office.

If you would like additional information, please visit us on the web at <http://www.pedisubacute.com> or contact the Volunteer Coordinator at 408.558.3676. Again, thank you for your interest and we look forward to working with you!

Regards,  
The Children and Staff at Children's Recovery Center



Desirable times for you to volunteer: (Circle)

Weekdays: morning (9am-12noon) afternoons(3:00-5:00pm) evenings (5:00-7:00pm)

Weekends: morning (9am-12noon) afternoons(3:00-5:00pm) evenings (5:00-7:00pm)

What type of volunteer work are you interested in?

Infants \_\_\_\_\_

Small Children \_\_\_\_\_

Office Support \_\_\_\_\_

Other \_\_\_\_\_

Do you speak other languages besides English? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language(s)? \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name

Phone

Relationship

**Please include a copy of your resume and two letters of recommendation with this application form.**

I hereby certify that I have read understand all statements on this information sheet, and that my responses are true and complete to the best of my knowledge. I understand that the references I have provided will be contacted. I further understand that Children's Recovery Center will not be paying me for my time, and I agree that I am here on a voluntary basis.

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

Contact Information:

Volunteer Coordinator  
Children's Recovery Center  
3777 South Bascom Ave.  
Campbell, CA 95008  
www.pedisubacute.com  
408.558.3676  
408.377.1139 fax

**CHILDREN'S RECOVERY CENTER  
OF NORTHERN CALIFORNIA  
Volunteer Questionnaire**

**Name:** \_\_\_\_\_ **Date of Interview:** \_\_\_\_\_

**Volunteer Interview - Recommendations**

**A. General Information**

1.) How did you hear about Children's Recovery Center?

\_\_\_\_\_

2.) Why did you select Children's Recovery Center?

\_\_\_\_\_  
\_\_\_\_\_

3.) What prior jobs, education and/or volunteer experience do you have that qualifies you to work with medically fragile children?

\_\_\_\_\_  
\_\_\_\_\_

**B. Personal Information**

1.) What time commitment can you make with respect to the amount of hours you can volunteer (the minimum acceptable for a CRC volunteer is 60 hours over a six month period). It is also important that volunteers work a minimum of 2-4 hours per week for bonding purposes with the children.

\_\_\_\_\_  
\_\_\_\_\_

2.) Are you volunteering hours for school credit or for your own sense of accomplishment? Is there someone who can "vouch" for your ability to commit and follow-through with this commitment?

\_\_\_\_\_  
\_\_\_\_\_

3.) How much (and what type) of experience have you had with small children?

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4.) How comfortable are you in a hospital setting and working with children who are medically fragile?

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# Children's Recovery Center of Northern California

## Volunteer Letter of Agreement: Commitment, Confidentiality, and Release of Liability

### COMMITMENT

I understand that I am being offered the opportunity to volunteer at Children's Recovery Center ("CRC"). It has been explained to me that I am going to be working with children who are medically fragile. I understand that these children need a consistent presence in their lives and that is why I am being asked to commit to a minimum of six months of regularly scheduled visits. I agree to make myself available for two hours each week during the agreed upon six months.

CRC has agreed to provide me with a physical and tuberculin skin test at no cost to me. I understand that I am under no obligation to take these tests through CRC, but I must have a clear physical and tuberculin test prior to becoming an active volunteer. I agree to complete volunteer training and to comply with the guidelines and policies and procedures I am taught.

I understand that the first three to four weeks of my volunteer assignment are generally considered a trial period. Placement at that time is probationary, allowing both the volunteer and staff to assess its suitability.

### CONFIDENTIALITY

CRC acknowledges both a legal and ethical responsibility to protect the privacy of patients. Consequently, the indiscriminate or unauthorized review, use or disclosure of personal information, medical or otherwise from any source regarding any patient, is expressly prohibited. I agree to be bound by confidentiality for the entire time that I volunteer at CRC. I understand that a violation of patient confidentiality is grounds for my immediate dismissal from the volunteer program.

### RELEASE OF LIABILITY

I understand that I am providing my services on a voluntary basis and am not an employee of CRC. Consequently, I am not entitled to any financial compensation or benefits that employees receive. These benefits include, but are not limited to, wages, health and dental insurance, retirement, etc.

CRC will do its best to create a safe working environment. I understand that while volunteering, certain risks may be involved. Consequently, I agree to release, waive, discharge and covenant not to sue CRC, its officers, agents, servants, employees, and other volunteers for any claims arising from my involvement with CRC as a volunteer. These claims include, but are not limited to, injury, loss of property, legal fees, etcetera, whether or not caused by negligence from the aforementioned parties above.

### AGREEMENT

I have read and fully understand all of the terms and conditions associated with my involvement as a volunteer with CRC. Additionally, as a volunteer, I understand that my services may be terminated with or without cause. By signing below, I agree to abide by this contract, in its entirety.

### VOLUNTEER NAME

### GUARDIAN NAME

(Required if Volunteer is under the age of 18)

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Parental Permission Slip**  
(Required if Volunteer is under the age of 18)

I understand that my child is considering volunteering at the Children's Recovery Center. As a condition of being accepted in to the Volunteer Program at Children's Recovery Center, my child will be given a brief physical and a PPD screening to ensure that he/she is in good health.

I understand that it is the policy of the Children's Recovery Center to ask each volunteer for a six-month commitment, for a minimum of two hours each week. Volunteers are welcome any time during normal visiting hours, which are 7 days a week, 9am until 7pm.

The staff at the Children's Recovery Center maintain the ultimate responsibility for patient care. I understand that my child will be given orientation and instruction about safety while on the premises. I feel that my child is mature and capable of the responsibilities involved with volunteering at the Children's Recovery Center.

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_