



Shriners Hospitals
for Children™

Dear Volunteer Group:

Thank you for your interest in Shriners Hospitals for Children – Galveston! We are pleased that you would like to volunteer your group's time to assist us with our efforts to treat burned children from around the world. Volunteers play an important role in the Hospital's patient care. We are confident the time you spend at Shriners Hospital in Galveston will be rewarding and satisfying. By helping us here, your group can make a real difference in the lives of others.

Since 1966, Shriners Hospitals for Children – Galveston has been providing high quality care to children, under the age of 18, with burn injuries, regardless of race, religion, or affiliation with the Shrine organization. The Shriners Hospital in Galveston is one of 22 hospitals in the Shriners Hospitals for Children system and one of only four in the system that treats burn injuries. There is **no charge** to the patient or family for any of the medical care or services provided by Shriners Hospitals. Additionally, we do not file with insurance companies, nor are we supported by any governmental funds for these treatments. The Shriners Hospitals are a non-profit charitable institution supported by Shriners, their families & friends, and donations from the community as a whole. Because of this dedication and commitment, Shriners is commonly referred to as the "World's Greatest Philanthropy."

Please complete the attached information in full. The completed form can be dropped off or mailed into the address below, or it can be faxed (though we must have an original on file before you begin volunteering) to (409) 770-6563. Only the form itself should be returned. Please keep the Visitation Guidelines for reference and discussion with your group members.

If you have any questions, please call (409) 770-6600 and ask for Volunteer Services.

Again, thank you for your interest in the "**World's Greatest Philanthropy!**" We look forward to working with you soon!

Clemmie White
Public Relations
& Volunteer Services



Volunteer Group Information Form

ORGANIZATION INFORMATION

Group Name _____

Address _____

City _____ State ____ Zip _____

Website _____

Phone (____) _____ Fax (____) _____

When was your organization formed? _____ (month/year)

How did you learn about Shriners Hospital volunteer opportunities? _____

Does your organization have a newsletter? Yes No

If yes, frequency: Weekly Monthly Quarterly Annually

Does your organization have a constitution and/or a set of By-Laws? Yes No

If yes, please attach a copy for our records.

Please also provide a complete list of your officers, along with their positions and contact information.

In what month does your Board/Officers' terms end? _____

PRIMARY CONTACT INFORMATION

Preferred Salutation (check one)

Mr. Mrs. Miss. Ms. Other _____

Name _____
First Middle Last

Position in Organization _____

Address _____
(Mailing; if different from organization's)

City _____ State ____ Zip _____

Email Address _____

Home Phone (____) _____ Work Phone (____) _____

Cell (____) _____

PROJECT/PROGRAM INFORMATION

Has your organization ever provided a similar service(s)? Yes No

If yes, please provide:

Organization _____ How long? _____ Yrs _____ Mths

Contact Name: _____ Phone # (____) _____

Can you offer bi-lingual services for your visit? Yes No

If so, what languages:

- Spanish
- Vietnamese
- French
- Other _____ (please specify)

Desired frequency of visits (please check only one):

- Weekly Monthly Quarterly Annually
- Bi-Monthly Bi-Weekly Other _____

Estimated number of participants: _____

It is our policy to identify all individual visitors in the hospital. Please bring a list of participants on the day of the visit or advise participants to sign in at the PR desk.

Check days and provide specific times your organization would like to visit.

<u>DAY</u>	<u>MORNING</u>	<u>AFTERNOON</u>	<u>EVENING</u>
<input type="checkbox"/> Monday	_____	_____	_____
<input type="checkbox"/> Tuesday	_____	_____	_____
<input type="checkbox"/> Wednesday	_____	_____	_____
<input type="checkbox"/> Thursday	_____	_____	_____
<input type="checkbox"/> Friday	_____	_____	_____
<input type="checkbox"/> Saturday	_____	_____	_____
<input type="checkbox"/> Sunday	_____	_____	_____

Please provide detailed information about the project/program your organization would like to provide, include any materials or equipment you will be bringing or that which you may need the hospital to provide.

Would your organization like a tour of the hospital upon your first visit? (Allow one hour)

- Yes No

AGREEMENT

On behalf of the organization identified in this information form, I acknowledge that we have received a set of Visitation Guidelines and agree to abide by them. We further agree to convey the information to individuals who may visit the Hospital as part of our group and do so before any visit. We will especially make sure that all members of the group understand the children's rights to the privacy of their medical information. We will not include in the group any member who is not willing to agree to maintain the patients' privacy.

As volunteers, we have no expectation of remuneration for the services we will provide.

Authorized Signature

Date

Position in Organization _____



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Visitation Guidelines

Because we want to make your visit a pleasant and meaningful experience, we ask you to read these guidelines and share them with your group before your scheduled visit. If you have any questions, please contact the Volunteer Services office or the hospital representative that helped with scheduling your visit.

SCHEDULING YOUR VISIT

- All visits must be schedule in advance through either our Child Life or Public Relations departments.
- Visitors must be at least 16 years old.
- Group members interested in a tour please call 409.770.6975 to schedule.
- Most visits/group activities are contained to our clinic and/or playroom areas.
- Be prepared to provide a list of all participants upon arrival or advise participants to sign in at the PR Desk upon their arrival.

PRIVACY POLICY

- The 1996 Health Insurance Portability and Accountability Act (HIPAA) establishes' a minimum standard for patient privacy, administrative business functions, and security of health information. Our hospital strictly complies with HIPAA. Any and all information that identifies a patient, their treatment, their status, or otherwise is never divulged without the parent/guardian's explicit written permission. Because of this, we ask you to adhere to the following:
 - Do not take pictures of patients, unless properly consented.
 - Do not discuss particular patients once you leave our facility. We encourage you to tell our story, but refrain from giving details about particular patients.
 - Do not ask patients for specifics of their injury or treatment.

REGARDING ACTIVITIES

- Group size must be kept to manageable numbers. Generally, no more than 10 volunteers for a "hands-on" group activity is appropriate, with fewer if the activity will be "team lead" or the children can work on their own.
- Child life has an array of games, crafts, and activities that groups may use in addition to bringing in their own activity or craft ideas and supplies.
- Hospitalized children may have limited attention spans and lower energy levels. Your performance/activity will be most successful if it is no longer than 45 minutes.
- All activities should be easily adapted to accommodate children of all ages and physical abilities. For example: some children may be wear splints or have digit and/or limb amputations.
- Please consider the safety or our patients and families during all performance visits.
- Activities must not include threatening themes, such as death, separation, abandonment, injury, illness, and/or medical procedures.
- Costumes must not be frightening.

PHOTOGRAPHS / VIDEO / MEDIA

- Any and all photographs, video, and/or media involving SHC-G patients should be disclosed in advanced, and approved by a member of the Public Relations Department. No exceptions.

INTERACTING WITH THE KIDS

- Greet hospitalized children as you would other children. Comment on their age, name, or a common interest. You may ask children about the activities they are involved in (drawing, video games, etc.). For example, ask:
 - "Tell me about the book you're reading."
 - "What do you like to play with?"

Do not ask them about their injuries or treatment. For example, do not ask:

- "What happened to you?"
 - "How long have you been here?"
 - "When are you going home?"
- There is no reason to avoid working with children with special equipment. Staff will be present to assist you.
 - If you happen to recognize a patient or patient's family member, do not initiate a greeting. They may be uncomfortable with discussing their child's treatment.
 - If you later encounter a former patient in public, do not embarrass them by publicly recalling that you saw them in the hospital.
 - Approach children slowly and bend down to their level, allowing them to interact with you. It is normal for the hospitalized child to show some resistance when interacting with visitors.
 - The appearance of a burn survivor, amputee, or a child with no hair may startle you. Be prepared to meet children who look different and interact with them as you would any other child. Avoid making assumptions about patients. For example: Do not assume a patient is a boy if they have no hair, or short hair, and are wearing blue.

OTHER USEFUL INFORMATION

- Many of our families come from outside the United States. Because they are from a variety of religious, political, and social backgrounds, the content of any presentation or visit must be religiously and politically neutral. Your group cannot distribute unsolicited religious literature or messages.
- A large number speak Spanish, so keep this in mind when planning. We cannot always provide a translator.
- Toys or favors must be approved by hospital personnel prior to distribution to the patients. Please avoid things with small parts that could be potential choke hazards in our smaller children.
- Latex balloons are strictly prohibited.
- If passing out gifts, please bring enough of the same or similar gifts for at least 75 patients. Although we have 30 inpatient beds, we have a large residential outpatient population who are staying here and are receiving daily treatments.
- As a general rule, no food or candy can be distributed. There are some exceptions, please call 409.770.6802 for more information on what you can bring.
- Please note that visitors should be escorted through the building, to any designated area for the arranged visit. All efforts should be made to keep your group in-tact as much as possible while in our facility.

THE DAY OF YOUR VISIT

- Our address: 815 Market Street, Galveston, TX 77550. Our front entrance is on Market Street, between 8th and 9th.



- Parking:
 - Free parking may be available in the parking lot behind our facility. A token is required to enter the parking lot. Your hospital representative can help with these arrangements. Pull up in front of the hospital and come in to the Security Desk (to your left when you enter the lobby) for the token.
 - In the even parking in our lot is not available, we can help you find an alternative.
 - For buses, you must advise us in advance. When arriving, you can unload at the front of the building and park on the East side of the building (8th Street) where the curb is painted red.
- The entire group should check in at the Public Relations window (operator/receptionist). Your hospital representative will be contacted upon your arrival and you will be escorted through the building.