



## **VOLUNTEER HOLD HARMLESS/RELEASE OF LIABILITY FORM**

I understand that as a volunteer at The Ranken-Jordan Home for Convalescent Crippled Children (aka "Ranken Jordan"), I will be volunteering my services to Ranken Jordan. I further understand that the nature of such volunteer activities may involve physical activity, exposure to individuals with communicable illnesses and diseases, contact with unfamiliar persons, and exposure to other potential risks of injury.

In consideration of my participation in volunteer activities, I agree to assume the risks incidental to such participation. On my own behalf, and on behalf of my heirs, executors, administrators, and next of kin, I hereby release, covenant not to sue, and forever discharge Ranken Jordan, its employees, officers, directors, agents, and volunteers (collectively, the "Release Parties"), of and from all liabilities, claims, actions, damages, costs, or expenses of any nature arising out of or in any way connected with my participation in such volunteer activities, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorney's fees and disbursements up through and including any appeal. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me either before or after such participation.

I certify that I am 18 years of age or older and I am executing this waiver on behalf of myself.

\_\_\_\_\_

Volunteer Name (Please Print)

\_\_\_\_\_

Volunteer Signature

Date

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I certify that I am 18 years of age or older and I am executing this waiver individually and on behalf of my child or ward, \_\_\_\_\_, and the information set forth above pertaining to my child or ward is true and accurate.

\_\_\_\_\_

Parent/Guardian Name (Please Print)

\_\_\_\_\_

Parent/Guardian Signature

Date



**RankenJordan.**

PEDIATRIC BRIDGE HOSPITAL

*Transitioning kids from hospital to home*

## **VOLUNTEER MEDIA RELEASE FORM**

I grant Ranken Jordan, its employees, officers, directors, agents, and volunteers (collectively, the “Release Parties”), the right to photograph and/or videotape me and further to display and/or use my name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, in perpetuity (including, without limitation, in online webcasts, television, motion picture, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of event results or for any other purpose whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise said rights herein granted.

I certify I am 18 years of age or older and I am executing this permission form on behalf of myself.

\_\_\_\_\_

Volunteer Name (Please Print)

\_\_\_\_\_

Volunteer Signature Date

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I certify I am 18 years of age or older and I am executing this permission form individually and on behalf of my child or ward, \_\_\_\_\_, and the information set forth above pertaining to my child or ward is true and accurate.

\_\_\_\_\_

Parent/Guardian Name (Please Print)

\_\_\_\_\_

Parent/Guardian Signature

Date



**RankenJordan.**  
PEDIATRIC BRIDGE HOSPITAL

*Transitioning kids from hospital to home*

## **VOLUNTEER NOTICE OF CONFIDENTIALITY REQUIREMENTS**

Under the HIPAA Privacy Rule, all information about patients and their families, including their admission, diagnosis and treatment, is confidential and is never to be disclosed or repeated to anyone outside of The Ranken-Jordan Home for Convalescent Crippled Children (“Ranken Jordan”) or anyone inside Ranken Jordan who doesn’t have a need to know the information. All patient information is legally considered privileged and protected by Federal and State law. Unauthorized access or disclosure of this personal and confidential information may result in civil action by the individual and/or disciplinary action up to and including discontinuation of your services.

Volunteers are prohibited from taking photographs and/or video of patients and families.

**Volunteers with and questions regarding confidentiality should refer those questions to Ranken Jordan Privacy Officer, Becky Coker at 314-872-6415 or [becky.coker@rankenjordan.org](mailto:becky.coker@rankenjordan.org).**

\_\_\_ I/my child or ward has read the above stated Volunteer Notice of Confidentiality Requirements.

\_\_\_ I/my child or ward fully understands and acknowledges that in the performance of duties as a volunteer at Ranken Jordan, volunteers must hold patient information strictly confidential.

\_\_\_ I/my child or ward has had the opportunity to ask questions regarding the confidentiality of patient information and to have those questions addressed.

\_\_\_ I/my child or ward is aware that protecting the privacy of a patient is everyone’s responsibility.

\_\_\_ I/my child or ward fully understands that failure to comply with privacy and security regulations may result in termination of my services.

\_\_\_\_\_

Volunteer Name (Please Print)

\_\_\_\_\_

Volunteer / Parent or Guardian Signature

\_\_\_\_\_

Date

**VOLUNTEER PERMISSION FORM**  
(Required for all Volunteers under the age of 18)

**Volunteer Name:** \_\_\_\_\_  
(Please Print)

**By signing below:**

- I hereby give my permission for the minor named above to volunteer at The Ranken-Jordan Home for Convalescent Crippled Children (“Ranken Jordan”). This consent is valid and in effect for as long as this minor volunteers at Ranken Jordan, or becomes legally authorized to give his/her own consent.
- I hereby give my permission for the minor named above to be transported by Ranken Jordan staff in a Ranken Jordan vehicle for recreational trips with patients.
- I hereby grant Ranken Jordan permission to provide emergency treatment to my child or ward in the event he/she becomes ill or sustains an injury while serving as a Student Volunteer.

**In Case of Emergency:**

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please indicate if there are any special concerns that we need to be aware of (e.g., allergies):**

\_\_\_ YES \_\_\_ NO

Explain: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent / Legal Guardian**

\_\_\_\_\_  
**Date**

**Relationship:** \_\_\_\_\_

**TUBERCULIN SKIN TEST CONSENT AND RESULTS**

Name: \_\_\_\_\_  
(Please Print)

I am a: \_\_\_Employee \_\_\_Volunteer \_\_\_Other: \_\_\_\_\_

I am under the age of 18: Yes\* No

\* **Consents for persons under the age of 18 must be signed by a Parent or Legal Guardian.**

**PLEASE ANSWER:**

- 1) Have you ever had a positive tuberculin skin test before? **Yes\*\* No**  
*\*\* If yes, complete the Assessment of Tuberculin Status AND provide a copy of previous positive test and any follow up information including chest x-ray and treatment information.*
  
- 2) Have you had temporary or permanent residence (for ≥1 month) outside of the United States? **Yes No**
  
- 3) Do you have current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication? **Yes No**
  
- 4) Have you had close contact with someone who has had infectious TB disease since the last TB test? **Yes No**

**TST AUTHORIZATION:**

The nurse will place a small amount of fluid just under the skin to test for a reaction. You will feel a small needle prick. The site will have a small bump that should decrease over time. It is not uncommon for the area to become red.

The results should be read between 48 and 72 hours after administration of the test by the Reception staff.

“Self-reading” of the test is not acceptable according to the CDC’s guidelines.

I authorize Ranken Jordan to provide a tuberculin skin test today. I agree to return to Ranken Jordan to have my test read during the dates indicated below. Failure to do so will require another test to be placed. I certify all answers to these questions are true and correct.

\_\_\_\_\_  
Signature / Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**STAFF USE ONLY:**

Manufacturer / Lot # / Expiration Date	Administered By:	Site / Date / Time	Result in mm:	Examined by:	Date / Time
Manufacturer: _____ <input type="checkbox"/> Tubersol <input type="checkbox"/> Aplisol  Lot #: _____  Exp. Date: _____		Site: _____  Date: _____  Time: _____	_____mm		Date: _____  Time: _____