



PCFLV VOLUNTEER APPLICATION

Overview: Volunteer opportunities are intended to give individuals an opportunity to provide a service to PCFLV either during a one-time assignment or on a continual basis.

Eligibility: One time applicants/Community Service: For applicants who wish to volunteer one time or for applicants under 18, you will not need to obtain clearances. However, we will not allow you to have any direct contact with children unless you are supervised by someone who has their clearances. These opportunities to be in contact with children will be made at the discretion of PCFLV staff on an individual basis and be partly decided by determining what other volunteers may be present to provide your supervision.

On-going Volunteers: If you will have direct contact with children at certain PCFLV events, you must pass a criminal background check and child abuse clearance. Some assignments (i.e. clerical work in our office) do not require this.

CRIMINAL BACKGROUND APPLICATION: Here is the link for the PA Criminal Background. <https://epatch.state.pa.us/Home.jsp>. You must use a credit card. The fee is \$8.00. You can do this on-line and print out your results. If you do begin volunteering for us and you retain your receipt, we can reimburse you if you would like. We can't reimburse you without a receipt!

CHILD ABUSE CLEARANCE: Here is the link to obtain your child abuse clearance: <https://www.compass.state.pa.us/cwis/public/home>. You will create an individual log-in. When you check that you are applying to volunteer there is no fee.

LEHIGH VALLEY HOSPITAL VISITS WITH PCFLV: For applicants who wish to volunteer with PCFLV during hospital visits to the pediatric unit at LVHN- Cedar Crest, you **MUST** complete the hospital's volunteer certification process. In this case, they will take care of the Criminal Background Check and Child Abuse Clearance for you. To begin this process, go to http://www.lvhn.org/become_a_volunteer. The preference site should be listed as Cedar Crest. If you are volunteering under PCFLV some of the hospital guidelines will not apply to you such as not needing to commit to 50 hours as stated or not needing to purchase a hospital uniform.

THE MOST EFFECTIVE WAY TO GET INVOLVED: Due to the volume of volunteer requests we receive, the best way to get involved is to give us authorization to add your name

to our group emails that get send out (through Constant Contact) when there is a volunteer need or general support need. If you email Michelle@pcflv.org we will get you added immediately, with your permission.

We also announce most of our needs on Facebook our page, “Pediatric Cancer Foundation of the Lehigh Valley”. Additionally, please search for the “Friends of PCFLV” group and ask to join. If you still want to complete the attached application on this website, we will follow up with you after we receive your application. Again, we ask highly encourage that you be involved in our volunteer opportunities through social media due to the volume of volunteer requests we receive. We apologize but it is difficult to personally discuss all the events and opportunities we offer with each potential inquiry. Thank you for your understanding.



**If you wish to complete a written application please email or mail this form to:
Michelle Zenie, PCFLV Executive Director 25 W. Third St. Bethlehem, PA
18015, Michelle@pcflv.org**

Today's
Date:

Last Name _____

First Name _____

Date of Birth
____/____/____

Email
Address _____

Do you give PCFLV permission to add you to email lists for general/volunteer help requests: _____

Home
address _____

(Street)

(City) (State) (Zip)

Home Phone Number _____ Cell
Phone _____

Emergency Contact Name and
Number _____

Is Your Volunteer

Interest: Ongoing _____
One time _____ For
community service _____

Please describe your interest in volunteering for
PCFLV:

Do you have any special skills, needs, or requests that you bring to your volunteer
experience? _____

The following is a list of volunteer opportunities common to PCFLV. Please place a check mark
next to all of those that interest you.

___ LVHN inpatient visits* (additionally requires hospital
certification)

___ Community outreach (representing PCFLV at community
functions)

___ Organize a
fundraiser

___ Solicit donations from local
businesses

___ Media outreach (Press Releases, Contact local newspapers,
etc.)

___ In-office clerical
work

___ Participation in annual programming events for children and families (Big Top Carnival,
family outings in the community. PCFLV parents are with children).

___ Participation in monthly programs for children and families* (Art soup, child care for
parent date nights. PCFLV children are not with their parents.)

___ Participation in large annual fundraising events (Run to LIVE, Golf
Tournament, Gala)

___ Participation in Camp SMILE (our annual 5-day summer day camp)*

___ Coordinating sales of PCFLV merchandise

___ Participation in Spread the Gold/Awareness committee from May to September

___ Family respite - visiting with inpatient children to give parents a break* (requires additional hospital certification)

___ I would be willing to head or chair a committee for one of the above volunteer categories. Which one? _____

*Requires Criminal Background Check and Child Abuse Clearance

Emergency Information

Family Physician: _____

Phone: _____

List any medications:

List of any allergies:

Other

comments: _____

Name of Medical Insurance Carrier/Policy #:

Phone: _____

Consent to Participate

I hereby request/grant permission for myself/ my child to participate in the PCFLV Volunteer Program. I specifically authorize the following: ___ Publicity activities, including interviews, photos, and videotaping. Use of myself/ my child's name and image in print and/or online.

___ Contact and summon any and all necessary emergency attendants, including but not

limited to medical, dental, and surgical, that may be necessary for myself/my child during any volunteer assignments.

I release PCFLV and its subsidiaries, their respective employees, representatives and agents and any individuals involved from any liability associated with my or my child's participation in this program.

Signature of Volunteer Date

Signature of Parent Date (If volunteer is under 18)

Acknowledgment of Confidentiality I understand that as a volunteer of PCFLV (along with its components and subsidiaries), the performance of my volunteer duties may require me to access or become aware of the following confidential information:

- Names of children and families affected by pediatric cancer
- Personal information about these families
- Business information relating to PCFLV

I understand that approval to access and use this information in verbal, written, or electronic (stored in a computer) form is a privilege. I also understand that access to information is granted to me based on business or clinical "need to know" standards and the responsibilities of my volunteer duties with PCFLV. I understand that I may not seek information that is not required to do my volunteer duties. I also understand that I may share information only when necessary to do my volunteer duties. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality for PCFLV families. I understand that the methods I use to get information may only be used in the performance of my volunteer duties. If I required special authorization to access computer-based information, I understand that my computer sign-on information may only be used by me. I also understand that I may not give my sign-on information to anyone, and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information. I declare that I have read and understand this acknowledgment. I have had an opportunity to ask questions and have them answered. I recognize that giving confidentiality information at any time during or after my volunteering or affiliation with PCFLV may cause irreparable damage to PCFLV, the children, and families. Accordingly, PCFLV or the owner of such information may seek legal remedies against me, such as fines, criminal penalties, suspension or termination of volunteering.

Signature Date

Signature of Parent Date (If volunteer is under 18)