



# Welcome to Volunteer Services



MedStar National  
Rehabilitation Network



# Volunteer Checklist

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## About MedStar National Rehabilitation Network

Since opening its doors in 1986, MedStar National Rehabilitation Hospital has grown from a single hospital to become MedStar National Rehabilitation Network offering inpatient, day treatment and outpatient services in Washington, DC, Maryland and Northern Virginia. The Network provides comprehensive programs specifically designed to aid in the rehabilitation of individuals recovering from stroke; brain injury; spinal cord injury and disease; cancer; and other neurologic and orthopaedic conditions including sports injuries.

MedStar National Rehabilitation Hospital is a private, not-for-profit facility with 137 beds and approximately 2,200 admissions per year located in Northwest Washington, DC. We treat patients from the age of six and up in our pediatric unit—the National Center for Children’s Rehabilitation—which is a joint service of MedStar NRH and Children’s National Medical Center.

Our outpatient network, MedStar NRH Rehabilitation Network, provides over 350,000 ambulatory visits annually at more than 30 locations in Washington, DC, Maryland and Northern Virginia.

Consistently ranked by physicians in *U.S. News & World Report* as one of America’s “Best Hospitals” for Rehabilitation, MedStar NRH is fully accredited by The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), with CARF accredited specialty programs for spinal cord injury, brain injury and stroke. For more on MedStar NRH, log on to [MedStarNRH.org](http://MedStarNRH.org).

# Becoming A Volunteer

Thank you for your interest in volunteering at MedStar National Rehabilitation Network (MedStar NRH). We are both a hospital and an outpatient network of almost 30 locations. Our credo is Adding Life to Years® and we recognize that volunteers are an essential part of the level of excellence provided to our patients. Whether you need to complete community service

hours, increase exposure or want to give back to the community, MedStar NRH's volunteer program will help you find just the right fit for your talents and skills. **Please note, you must be age 16 or older to volunteer in the MedStar NRH Network.**

Volunteer Services provides:

## Career Exposure Program

Individuals pursuing medical/healthcare careers may gain experience by shadowing a medical/healthcare professional or working in a department of interest.

## Community Volunteer Program

Volunteers greet and visit patients admitted to the hospital on behalf of Volunteer Services, part of the Marketing & Strategic Development Office. Volunteers also provide administrative support to a variety of service areas and sites, greet patients at the front desk, and assist in Dietary and Environmental Services.

## Student Volunteer Program

This program is available to any student who needs to complete community service or required volunteer hours for admission to a PT/OT program.

Through these programs many volunteers may work throughout the MedStar NRH Network.

Service areas within the hospital include:

- Human Resources
- Information Systems
- Materials Management
- Environmental Service
- Nursing Units
- Front Desk
- Physical Therapy
- Occupational Therapy
- Medical Record
- Speech Therapy
- Research
- Administration



## Inpatient/Hospital Volunteer Program

If you are interested in being a volunteer within the main hospital at 102 Irving St, NW contact LaShonne Williams-Fraley at 202-877-1010 or visit our website at MedStarNRH.org.

## Outpatient Volunteer Program

Please contact Monica Solomon at 301-540-6140 who will coordinate your placement in the outpatient network with locations in DC, Maryland, Eastern Shore Maryland, Northern Virginia and Delaware

A complete listing of our outpatient sites can be found on the attached map.





# INPATIENT Volunteer Requirements

## PLEASE READ REQUIREMENTS BEFORE COMPLETING THE APPLICATION

### 1 Step 1. Submit your completed volunteer application (located on pages 15 and 16) and provide one reference letter.

*(current or previous job supervisor, teacher, or other advisors may serve as a reference)*

The completed application should be mailed or faxed to:

MedStar National Rehabilitation Hospital,  
102 Irving St, NW, Washington, D.C. 20010  
Attn: LaShonne Williams-Fraley,  
Administration; or fax to 202-829-5161.

### 2 Step 2. Your application will be carefully reviewed.

You will be contacted if there is a volunteer opportunity that matches your interest and background. Further instructions regarding next steps will be communicated to you regarding your acceptance in the volunteer program. **DO NOT PROCEED to Step 3 until you have received this notification.**

### 3 Step 3. Successfully complete a background check.

If you are selected for acceptance in our volunteer program, you will need to complete the attached form "Notice/Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report" (on page 17). Fax or mail your Background Check form to HR. Upon successful completion of the criminal background check, required by all hospitals, continue to step 4.

### 4 Step 4. Complete a health clearance.

Have your health care provider complete and sign the attached Volunteer Health Clearance Form on Page 19 and 20. The form requires you to provide documentation of the following:

- Providing Measles, Mumps and Rubella (MMR) immunization documentation.
- Providing Varicella (Chicken Pox) immunization documentation.
- Providing proof of annual Flu vaccination (Required during Flu season, Oct.-Feb.)
- Providing proof of recent Tuberculosis (TB) skin test (PPD) with the last 12 month.

If you have not received a PPD within 12 months of this application, documentation of a 2-step PPD is required. These PPDs can be obtained within 7 days of each other. If you have had 1 TB skin test within 12 months of this application, you will still be required to have another one placed at Occupational Health before you start. This additional PPD is necessary in case the first one is a false negative. Then we will know if at some point you have been exposed to someone with active/contagious TB. You may choose to get your health clearance done at one of the following locations:

MedStar Washington Hospital Center  
(MedStar WHC)  
East Building  
Occupational Health, Room 1121  
100 Irving Street, NW  
Washington, DC 20010  
202- 877-6781

MedStar Union Memorial Hospital  
Employee Health & Safety, Room 264  
201 East University Parkway  
Baltimore, MD 21218  
410-554-2547



# INPATIENT Volunteer Requirements

continued

Medical Access  
19504 Amaranth Drive  
Germantown, MD 20874  
301-428-1070

Peninsula Regional Medical Center  
Occupational Health Services  
262 Tilghman Road  
Salisbury, MD 21801  
410-523-7188 - Direct  
800-272-7188 - Direct

## **5** Step 5. Attend an orientation.

Orientations are held the first and third Monday from 8 a.m. to 4 p.m.

PROFESSIONAL DRESS ONLY (individuals not appropriately dressed will be asked to leave and attend another session)

Review the Dress Code on pages 10 through 12. (No jeans, sandals, etc...)

## **6** Step 6. All volunteers are required to have a MedStar NRH Photo ID and Volunteer Name Tag.

For volunteers within the hospital you will get this at orientation.

## **7** Step 7. Begin your volunteer assignment on time and as scheduled, and in appropriate attire.

We have included a copy of the dress code in your volunteer materials.

Failure to meet all volunteer requirements may result in the denial of your application.

## **8** Step 8. "Volunteer Time Sheet" must be completed and forwarded to LaShonne Williams-Fraley at the end of the assignment. Contact information is as referenced on Page 2.

For volunteers within the hospital, you will receive your timesheet at orientation.

For more information on our volunteer programs, please visit our website at [MedStarNRH.org/volunteer](http://MedStarNRH.org/volunteer).





# OUTPATIENT Volunteer Requirements

## PLEASE READ REQUIREMENTS BEFORE COMPLETING THE APPLICATION

- 1 Step 1. Complete the Outpatient Volunteer Application Form located on pages 15/16.**
- 2 Step 2. Complete the attached Background Check Form authorization located on page 17.**
- 3 Step 3. Have your health care provider complete and sign the attached Volunteer Health Clearance Form on Page 19/20.**

The form requires you to provide documentation of the following:

- TB Tests (PPDs) or recent chest x-ray. A 2-step PPD is required. If you have documentation of a PPD within 12 months of this application, a current PPD is also required with documentation. If you have not received a PPD within 12 months of this application, documentation of a 2-step PPD is required. These PPD's can be obtained within 7 days of each other.
- Immunization documentation for two (2) Measles, Mumps and Rubella (MMR) vaccinations.
- Immunization documentation for two (2) Varicella (Chicken Pox) vaccinations, a positive Varicella titer, or history of Chicken Pox.
- Proof of Flu vaccination (Required during Flu season, October through February).

You may choose to get your health clearance done by your primary care physician or at one of the following locations:

MedStar Washington Hospital Center  
Hospital Center  
East Building  
Occupational Health, Room 1121  
100 Irving Street, NW  
Washington, DC 20010  
202- 877-6781

MedStar Union Memorial Hospital  
Employee Health & Safety, Room 264  
201 East University Parkway  
Baltimore, MD 21218  
410-554-2547

Medical Access  
19504 Amaranth Drive  
Germantown, MD 20874  
301-428-1070  
Peninsula Regional Medical Center

Occupational Health Services  
262 Tilghman Road  
Salisbury, MD 21801  
410-523-7188 - Direct  
800-272-7188 - Direct

- 4 Step 4. Complete the Volunteer Service Application Form, Background Check Form and Volunteer Health Clearance Form and return all three with Health Clearance back-up documentation to:**

Monica Solomon  
MedStar NRH Rehabilitation Network  
Administrative Office  
20410 Century Blvd., Suite 215  
Germantown, MD 20874  
monica.g.solomon@medstar.net  
Fax: 301-540-5190



# OUTPATIENT Volunteer Requirements

continued

## **5** Step 5. Attend an orientation.

Outpatient orientations are scheduled by the Regional/Clinic Director at that location.

PROFESSIONAL DRESS ONLY (individuals not appropriately dressed will be asked to leave and attend another session). Review the Dress Code on pages 10 through 12. (No Jeans, sandals, etc...)

## **6** Step 6. All outpatient volunteers are required to have and wear a Volunteer Name Tag.

A name badge will be made for you and must be worn at all times.

## **7** Step 7. Begin your volunteer assignment on time and as scheduled, and in appropriate attire.

For more information on our outpatient volunteer program, please visit our website at [medstarnrh.org/volunteer](http://medstarnrh.org/volunteer) or contact:

Monica Solomon  
 MedStar NRH Rehabilitation Network  
 Administrative Office  
 20410 Century Blvd., Suite 215  
 Germantown, MD 20874  
 301-540-6140  
 Fax: 301-540-5190

## **8** Step 8. Volunteers are required to complete the "Volunteer Time Sheet".

The time sheet must be forwarded at the completion of the assignment to:

Monica Solomon  
[monica.g.solomon@medstar.net](mailto:monica.g.solomon@medstar.net)  
 Fax: 301-540-5190





# Inpatient Volunteer Job Description

## GENERAL SUMMARY

Volunteers perform all, or a combination of the duties described below depending upon the assigned work area and the specific needs of the area. Duties will vary according to service area, volunteer program/ assignment and ability.

For Students who are completing community service/internships, the duties will vary according to program. Students must abide by hospital policies and procedures while completing hours/program and work closely with on-site/department management/instructor/preceptor.

## GENERAL DUTIES AND RESPONSIBILITIES

1. Receives and screens telephone callers, provides information per service area/Hospital policy, and/or routes calls to appropriate personnel. Demonstrates consistent, professional telephone etiquette.
2. Greets patients, visitors, and staff to the office/service area, determines their need(s) and assists/directs them accordingly.
3. Assists patients with comfort needs and emotional support, as assigned.
4. Assist in keeping supplies stocked in essential areas, as assigned.
5. Runs errands.
6. Escorts patients, visitors/guests around hospital.
7. Performs array of clerical/office/ computer tasks.
8. Delivers/stocks/labels/stores supplies.
9. Notifies volunteer coordinator of changes that may compromise the health and safety of patients, guests and employees. Responds to all codes as appropriate.
10. Visits with patients; provides social/therapeutic interaction with patients/visitors which may include but not limited to reading, writing, drawing, communicating, music (when/where permitted/appropriate).
11. Provides other services and duties as requested within scope of ability. May assist staff with other tasks as needed once volunteer gains experience and expresses an interest in learning more.

## REQUIREMENTS

**AGE:** You must be 16 or older to volunteer.

**EDUCATION:** Requires the ability to read and write English. Also requires ability to speak and understand written instructions in English.

**COMPLEXITY AND JUDGEMENT:** Work consists of a number of varied tasks. Volunteer makes some decisions, using standard instructions, policies, protocols and/or procedures for guidance. On-site supervisor is consulted to handle non-standard activities.

**WORKING CONDITIONS:** Working conditions may involve an occasional exposure to dust, fumes, noise, heat, or similar elements. Depending on department, conditions may be less desirable than those found in an office. Duties may require moderate visual attention to a computer, video display terminal, or similar equipment or device. Injuries, should they occur, would be minor (e.g., minor cuts, burns and abrasions).





# Inpatient Volunteer Job Description continued

**PHYSICAL DEMANDS:** Duties may require exerting up to ten pounds of force occasionally and/or small amounts of force frequently. Any sedentary work typically involving sitting most of the time, however as tasks vary per department/role, the volunteer may be subjected to brief and/or extended walking or standing, pushing, pulling, lifting, bending, and stooping.

**OTHER:** Community Volunteers work at least four hours each volunteer session and commit to a minimum of 100 service hours per year. Annually, all volunteers must update their PPD and Flu shots with Occupational Health,

and successfully complete MedStar NRH mandates including but not limited to: HIPPA, Fire and Safety, Hazardous Materials, Infection Control, Injury Prevention and Workplace Violence.

The duties stated are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of volunteers. Other related duties may be assigned within scope of ability.



# Outpatient Volunteer Job Description

## General Summary

Under the supervision of a Physical and/or Occupational therapist, the Volunteer will observe and learn about the physical and/or occupational therapy profession. Their duties will include but will not be limited to maintaining treatment areas, equipment, supplies; performance of routine office duties; assisting with patient treatments as directed by a physical and/or occupational therapist and responding to other assistive request(s) to promote the overall therapeutic program.

Duties will be conducted in accordance with the Physical/Occupational Therapy Practice Act of the District of Columbia, Maryland and Virginia. Volunteers will not have “Hand-On” contact with patients.

## General Duties and Responsibilities

1. Check daily schedule for assigned duties upon arrival each day
2. Help keep the therapy area clean, orderly and safe
  - Return equipment to proper place
  - Maintain open areas for wheelchair passage and ambulatory patients
  - Change and discard used linens promptly after use
  - Stock linen cabinets and maintain appropriate levels of linen
3. Perform clerical duties to include but not limited to
  - Photo copying
  - Filing
  - Replenishing forms or bins
  - Collating
  - Faxing
  - Restocking office supplies
  - Computer data entry

Phone answering will be limited to “interoffice” communications only until proper Customer Service training has been completed.

4. Assist therapist in patient care and preparation of treatment area
  - Greet, escort and/or transport patient to and from therapy area
  - Prepare area and/or equipment for patient treatment
  - Supervise exercise programs as directed by physical and/or occupational therapist
  - Stabilize wheelchair for patient’s transfer
  - Bring wheelchair behind patient who is ambulating
  - Assist group leaders during exercise groups
  - Prepare hot and cold packs

## Requirements

**AGE:** You must be 16 or older to volunteer.

**EDUCATION:** Requires the ability to read and write English. Also requires the ability to speak and understand written and oral directions in English.

**COMPLEXITY AND JUDGMENT:** Work consists of a number of varied tasks. Volunteers must have decision making capabilities using standard instructions, policies, protocols and/or procedures for guidance. The on-site supervisor will be consulted to handle non-standard activities.

**WORKING CONDITIONS:** Working conditions may involve an occasional exposure to dust, fumes, noise, heat, or similar elements. Depending on department, conditions may be less desirable than those found in an office. Duties may require



# Outpatient Volunteer Job Description continued

moderate visual attention to a computer, video display terminal, or similar equipment or device. Injuries, should they occur, would be minor (e.g., minor cuts, burns and abrasions).

**PHYSICAL DEMANDS:** Duties may require exerting up to ten pounds of force occasionally and/or small amounts of force frequently. Any sedentary work typically involving sitting most of the time, however as tasks vary per service area/role, the volunteer may be subjected to brief and/or extended walking or standing, pushing, pulling, lifting, bending, and stooping.

**OTHER:** Annually, all volunteers must update their PPD and Flu shots with Occupational Health and successfully complete MedStar NRH mandatories including but not limited to: HIPPA, Infection Control, Injury Prevention and Workplace Violence.

The duties stated are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of a volunteer. Other related duties may be assigned within scope of ability.





# Volunteer Dress Code

## Purpose:

All MedStar NRH Volunteers will maintain a clean and professional appearance while working in a volunteer capacity.

## 1. Policy and Responsibility:

**1A. This dress code policy applies to all MedStar NRH Network volunteers.**

**1B. Volunteers are expected to demonstrate professionalism** and good judgment at all times regarding appearance.

**1C. It is the responsibility of all managers to implement this policy** throughout the network. Each service director or clinic manager is responsible for determining, communicating, and assuring compliance with the dress code within his/her service area or clinic.

**1D. Exceptions.** A request for an exception to this policy for medical or religious reasons must be submitted in writing to the manager of the service area in which you work, who may consult with Human Resources.

**1E. Modified attire will be allowed on only designated theme days** “theme days” and during inclement weather.

**1F. A volunteer who does not adhere to the expectations related to dress will be removed from the volunteer program.**

## 2. General Guidelines for all Volunteers:

**2A. To maintain the MedStar NRH image of excellence in patient care matters, clothing should be clean, properly fit, and not wrinkled. Clothing should not appear too tight, too baggy, too short in length, faded, or in need of repair. In addition, see through or revealing clothing is not permitted.**

### 2B. Name Tags

All volunteers will be issued a name tag which must be worn in an upright, readable position. Name tags should be worn in the left upper chest area and on the outermost layer of clothing. Name tags must be removed when engaging in non-business activities. Volunteers have the option of wearing up to two pins on the name tag. The only pins that may be worn on the name tag are those issued by MedStar NRH. Stickers or other decorations are not permitted.

### 2C. ID Badges

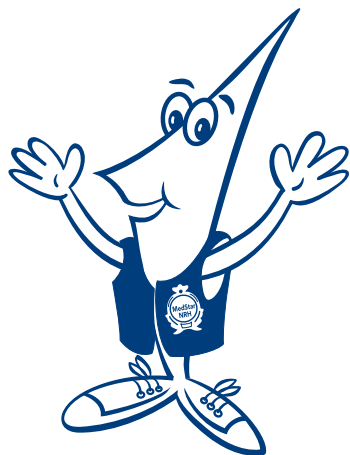
All volunteers will be issued an official ID badge. This badge must be immediately accessible by the volunteer at all times.

### 2D. Personal Hygiene

Cleanliness and maintenance of personal hygiene are required of all volunteers. Use of perfumes or colognes should be avoided or kept to a minimum.

### 2E. Hats

Hats or head coverings are permitted while working outdoors and in food service areas or for religious or medical reasons. Hats must be plain with no logos of any kind.



# Volunteer Dress Code

continued

## 2F. Sunglasses

Sunglasses are a block to interpersonal communications with customers. Sunglasses are permitted only for medical reasons or while working outdoors where direct sunlight could prevent a volunteer from doing his or her job safely.

## 2G. Tattoos

Visible tattoos are not permitted on exposed skin areas.

## 2H. Undergarments

Volunteers are required to wear appropriate undergarments at all times. Patterned or colored undergarments that are visible when worn under light-colored uniforms or dress are not permitted. Outlines of undergarments should not be seen under clothing.

## 2I. Cellular Phones and Pagers

Personal cell phones and pagers are not to be worn during working hours. If extenuating circumstances exist and no other accommodation can be made, the volunteer must receive written approval from their service director or clinic manager.

## 2J. Chewing

Chewing gum while delivering patient care and/or interacting with customers is not permitted.

## 3. Dress Guidelines for Volunteers

Service areas or clinics will require their volunteers to dress in Business Attire, Business Casual Attire, Uniforms, or a combination of these.

### 3A. Business Attire

Business attire consists of the following options:

1. A suit with a business-style shirt and tie
2. Skirts with a business-style blouses or sweater

3. Dress with or without jacket

4. Dress pants and a business-style shirt; jacket or blazer optional

5. Dress trousers, dress shirt and a tie; coordinating sports coat or blazer optional

6. Dress shoes in good business taste; shoes should be clean, neat and professional in appearance

### 3B. Business Casual Attire

Clothing should be clean, discreet and reflect the nature of the profession. Consideration of professional image with customers, team members, and other volunteers is required. Footwear, which may include athletic shoes if the service area or clinic permits it, should be clean, neat, and professional in appearance. Pantswear in the workplace must be at calf length and longer. Professional or tailored dress shorts may be permitted in some areas as long as they are knee length, worn with stockings and shoes that are appropriate for the work assignment. Slippers and casual sandals are not acceptable. Pants which are soiled, have holes, rips, are extremely tight, faded, are hip huggers or pedal pushers are not permitted.

### 3C. Special Dress

During certain days of the year, jeans may be worn by volunteers. Such days are: 1) theme days and 2) inclement weather days. Theme days are designated days set aside for special activities. These days will have a specific theme that will result in related activities and attire. There will be several each year which will be well communicated with sufficient notice. Inclement weather days are defined as when the sites jurisdiction declares a weather emergency.



# Volunteer Dress Code

continued

Note: Jeans must be dark colors, such as denim blue, black or brown and be worn in good taste. More specifically, jeans which have holes or rips, are hip huggers, cut-off, faded, pedal pushers/capri style and are extremely tight are not permitted. Management and Human Resources will monitor this attire continuously. Services and sites, as deemed by management, also will have the option to not permit jeans due to business operations unique to the area. In order to assure that customers, such as patients, have the correct understanding about jeans worn by volunteers, a written explanation regarding jeans attire will be posted in pertinent locations.

Other “Special Dress” guidelines will be determined and announced by Senior Management.

### 3D. Uniforms

Service areas may require volunteers to wear a uniform while at work. Refer to your service area dress code policy for uniform requirements.

### 3E. Clothing Styles Not Permitted

The following is a non-exhaustive listing of types of dress that are not permitted under any circumstances:

1. Clothing with bold advertising, slogans, slang, political sayings, etc.
2. Tops that are revealing, see through or too tight
3. Sleeveless shirts
4. Legging style pants
5. Jogging or sweat suits
6. Drawstring style pants in sweat suit material
7. Denim overalls

8. Shorts above knee length (if approved by manager), including pedal pushers, short shorts, one-piece jumpers, and shorts/suspender combinations

### 3F. Clothing Lengths

Dress and skirt lengths may range from three inches above the top of the kneecap bone to three inches above the anklebone. An exception will be made for volunteers who wear long dresses/skirts for religious reasons. Slits in skirts, kick pleats, and buttoned or snapped closures should not exceed five inches above the middle of the knee. Pants must be a minimum of mid calf length.

### 3G. Fingernails

Fingernails should be kept clean and not longer than one inch in length. In keeping with CDC guidelines, patient care providers are not permitted to wear artificial nails of any type. This includes, but is not limited to acrylic and silk wrapped nails.

### 3H. Hair

Hair should be clean and neatly combed. Hair below shoulder length should be confined so it will not fall forward over the face while working. MedStar NRH does not permit neon-colored hair colors.

### 3I. Hair Accessories

Hair accessories should be modest in size.

### 3J. Jewelry

Rings, necklaces, bracelets, earrings, lapel pins, tie bars or clips, cufflinks and a business-style watch are permitted. Up to two earrings per ear is permitted. No more than two rings on each hand are permitted, with the exception being a wedding set. Aside from earrings, jewelry may not be worn in any visible body part including, but not limited to, piercing in the tongue, eyebrow or nose.

### 3K. Mustaches, Beards, and Sideburns

All facial hair should be neatly and closely trimmed.



# MedStar National Rehabilitation Network

MedStar Franklin Square Medical Center  
 MedStar Georgetown University Hospital  
 MedStar Good Samaritan Hospital  
 MedStar Harbor Hospital  
 MedStar Montgomery Medical Center  
**MedStar National Rehabilitation Network**  
 MedStar St. Mary's Hospital  
 MedStar Union Memorial Hospital  
 MedStar Washington Hospital Center  
 MedStar Family Choice  
 MedStar Health Centers  
 MedStar Visiting Nurse Association  
 MedStar Institute for Innovation  
 MedStar Health Research Institute

## Vision

To be the trusted leader  
 in caring for people  
 and advancing health

## Mission

The mission of the MedStar National Rehabilitation Hospital and the MedStar National Rehabilitation Network is to serve the community as a regional and national leader in rehabilitation services through five major areas:

- **Quality patient care** in inpatient, outpatient and day treatment programs
- **Rehabilitation research**
- **Education and training** of rehabilitation professionals and the community
- **Assistive technology** that helps persons with disabilities live productive lives
- **Advocacy** — working with persons with disabilities to communicate their needs to policymakers at the local, state and national levels

## Values

### Service

We strive to anticipate and meet the needs of our patients, physicians and co-workers.

### Patient first

We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

### Integrity

We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

### Respect

We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

### Innovation

We embrace change and work to improve all we do in a fiscally responsible manner.

### Teamwork

System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

*Knowledge and Compassion*  
**Focused on You**



## MedStar National Rehabilitation Network

MedStar Franklin Square Medical Center  
MedStar Georgetown University Hospital  
MedStar Good Samaritan Hospital  
MedStar Harbor Hospital  
MedStar Montgomery Medical Center  
**MedStar National Rehabilitation Network**  
MedStar St. Mary's Hospital  
MedStar Union Memorial Hospital  
MedStar Washington Hospital Center  
MedStar Family Choice  
MedStar Health Centers  
MedStar Visiting Nurse Association  
MedStar Institute for Innovation  
MedStar Health Research Institute

# Vital Signs

## MedStar NRH Credo

Adding Life to Years®

### New Value Service Vision

Every patient encounter will be life-enhancing experience that builds toward a lasting relationship

### New Value Service Priorities

- **Safety** – providing for the welfare of our customers and fellow Team Members
- **Courtesy** – respecting the emotions, abilities and cultures of each person
- **Care** – each person's contribution to the environment of care
- **Efficiency** – the smooth and seamless operation of the MedStar National Rehabilitation Network

### New Value Courtesy Behaviors

- Greet everyone with a warm welcome, introduce yourself and ask, "How may I help you?"
- Smile, make eye contact and show a positive attitude.
- Offer directions to all customers; escort them, whenever possible.
- Project a professional image. Follow the dress code and always wear your name tag.
- Provide prompt and efficient service. Always explain a delay and how long it will take.
- Take ownership of complaints and facilitate immediate service recovery. Always look for ways to exceed customer expectations.
- Thank patients for choosing MedStar NRH and encourage them to return for additional assistance, as needed.

Knowledge and Compassion  
**Focused on You**





Please print legibly  
except where  
signature is required.

# Volunteer Application Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address ( Street, Apt #, City, State, Zip) \_\_\_\_\_

Phone(daytime) \_\_\_\_\_ E-mail address \_\_\_\_\_

Current High School/ College \_\_\_\_\_

Major/Graduation Date \_\_\_\_\_

Are you at least 16 years of age? (please insert "X") \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Employer \_\_\_\_\_

Contact Name and Phone Number of Current Employer: \_\_\_\_\_

Position Held with Current Employer: \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Please list your talents and skills \_\_\_\_\_

## VOLUNTEER INTEREST (Select a program)

Career Exposure Dept/ Position \_\_\_\_\_

Student Program Number of hours to complete \_\_\_\_\_

Community Volunteer Program

Days/ Hours you are available \_\_\_\_\_

Transportation: Metro / Car / Carpool / Other \_\_\_\_\_

Do you have a disability that would require an accommodation? \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Physician \_\_\_\_\_

Address/ Phone Number \_\_\_\_\_





Please print legibly  
except where  
signature is required.

# Volunteer Service Application Form continued

**PARENT/GUARDIAN CONSENT (Applicant ages 16-18)**

I understand that my son/daughter \_\_\_\_\_ (*applicant name*) has applied for a volunteer position in the MedStar National Rehabilitation Network. We have discussed the types of work assignments that my son/daughter has expressed an interest in performing. I am giving \_\_\_\_\_ (*applicant name*) my permission to volunteer at the MedStar National Rehabilitation Network.

I also understand that Volunteer Services has the right to remove me from the volunteer program if I do not meet the expectations of a volunteer.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZATION TO TREAT (All applicants)**

This is to certify that I give consent for Occupational Health to administer a PPD test for Tuberculosis. Also, if I am injured on the job, I consent to any treatment which may be deemed necessary or advisable during the time \_\_\_\_\_ (*applicant name*) is serving as a volunteer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent(s) or Legal Guardian(s) \_\_\_\_\_ DATE \_\_\_\_\_

Address (Street, Apt #, City, State, Zip) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**PERSONAL STATEMENT**

By signing this volunteer application, I certify the information I have provided is true and complete. I understand that any misrepresentation, willful omission, false or misleading information may disqualify me from further consideration for volunteering, or may result in my removal as a volunteer at the MedStar NRH Network.

If accepted as a volunteer, I understand that I must abide by all policies, rules and regulations of the MedStar NRH Network. I authorize the MedStar NRH Network to investigate all statements contained in this application, check personal references, review medical history, and conduct a criminal background investigation in accordance with the separately completed Authorization Form. I also release employers, schools or individuals from liability in responding in inquiries relating to my volunteer application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Your completed application should be mailed, emailed or faxed to one of the following individuals:**

**Inpatient/Hospital Volunteer Services**  
MedStar National Rehabilitation Hospital  
102 Irving Street, NW  
Washington, DC 20010-2975  
Attn: LaShonne Williams-Fraleay  
Fax: 202-829-5161

**Outpatient Volunteer Services**  
MedStar NRH Rehabilitation Network  
Administrative Office  
20410 Century Blvd., Suite 215  
Germantown, MD 20874  
Attn: Monica Solomon  
Fax: 301-540-5190



Please print legibly  
except where  
signature is required.

# Background Check Form

(Inpatient Only: Please do not submit this Form until you are instructed to do so)

## Notice/Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report

I, the undersigned consumer, do hereby authorize **MedStar National Rehabilitation Network**, by and through its independent contractor, UNIVERSAL BACKGROUND SCREENING, INC. (UBSI), to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; USA offender search; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to UBSI, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **MedStar National Rehabilitation Network** by and through UBSI, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **MedStar National Rehabilitation Network**, UBSI and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized.

I understand that this Notice/Authorization Release form shall remain in effect for the duration of volunteering with said Company. Additionally, I give **MedStar National Rehabilitation Network** permission to investigate any incidents of workplace misconduct, including but not limited to: sexual harassment, for which I am alleged to have been involved during my employment. Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application for volunteer will be terminated based on any false, omitted or fraudulent information.

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

Printed Name: \_\_\_\_\_  
First Middle Last

Other Names Used: (*alias, maiden, nickname*): \_\_\_\_\_ Date Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/PO Box City State ZIP Code County Dates

Former Address: \_\_\_\_\_  
Street/PO Box City State ZIP Code County Dates

Former Address: \_\_\_\_\_  
Street/PO Box City State ZIP Code County Dates

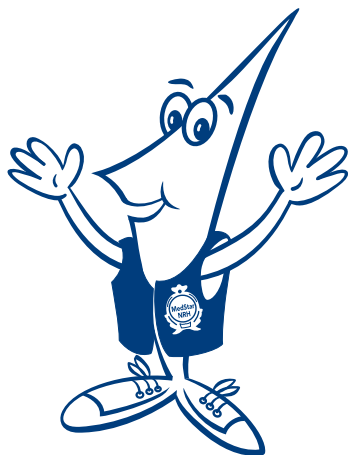
Social Security Number: \_\_\_\_\_ Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_ Gender\*: \_\_\_\_\_

- Have you ever been sanctioned or had your licenses suspended or revoked?  Yes  No
- Are you currently under any investigation or pending charge?  Yes  No





Please print legibly  
except where  
signature is required.

# Volunteer Health Clearance Form

All volunteers working in the MedStar NRH Network are required to meet all the health requirements outlined below. Please provide documentation of vaccinations and most recent TB Skin Test (PPD) or have your physician or nurse practitioner complete and sign the Volunteer Health Clearance Form on page 20. You may (1) bring your documentaion or completed Volunteer Health Clearance Form with you when you visit one of the health clearnace locations listed on page 2 and 3, or (2) have your health care provider fax the documentaion or completed form to 202-877-8118.

## REQUIRED IMMUNIZATIONS

## REQUIREMENT

### VACCINATION

- 2 MMRs are required

### MMR

Measles (Rubeola)

1. Born before 1957 — 1 vaccination or positive titer; born in or after 1957 — 2 vaccinations or positive rubeola titer

Mumps

2. Born after 1957 — 1 vaccination or positive mumps titer

Rubella

3. Born after 1957 — 1 vaccine or positive rubella titer

### VARICELLA

Chicken Pox

- 2 vaccinations; **or**
- Positive Varicella Titer; **or**
- History of Chicken Pox

### TUBERCULOSIS SKIN TESTING (TST)

- Negative PPD test within the past 12 months. If no history or negative PPD skin test in prior 12 months, complete two-step PPD test; OR
- Negative IGRA- Quantiferon Gold/T Spot test result (a current test result)
- If history of a POSITIVE TEST, a negative chest X-ray report after the date of positive test completed within prior one (1) year.

### What tests am I required to complete every year?

TB Skin Testing (PPD) or completion of a TB Questionnaire are required of all volunteers every year.

### Seasonal Flu Vaccination





# Volunteer Health Clearance Form

Please print legibly except where signature is required.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 ID# or SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Volunteer Location Service or Site:  
 MedStar NRH \_\_\_\_\_ Specific Service \_\_\_\_\_  
 MedStar NRH Rehabilitation Network \_\_\_\_\_ Specific Site \_\_\_\_\_

## I. TB Test (PPD)

If TB testing was completed by personal medical provider this section must be completed. We require documentation of a 2-step PPD.

- If you have documentation of a PPD within 12 months of this application, a current PPD is also required with documentation.
- If you have not gotten a PPD within 12 months of this application, documentation of a 2-step PPD is required. These PPD's can be obtained within 7 days of each other. The second PPD must be placed at Occupational Health.

### Step 1 PPD - TST Administration PPD Reading: (Read in 48-72 hours)

Date/Time: _____	Date/Time: _____	TB Surveillance:
Lot#: _____	Negative	Normal/CXR def _____
Arm: _____	_____mm Induration	Abnormal/CXR req _____
Planted by: _____	Positive	CXR date/results _____
	_____mm Induration	Additional testing req: yes/no

### Step 2 PPD - TST Administration PPD Reading: (Read in 48-72 hours)

Date/Time: _____	Date/Time: _____	TB Surveillance:
Lot#: _____	Negative	Normal/CXR def _____
Arm: _____	_____mm Induration	Abnormal/CXR req _____
Planted by: _____	Positive	CXR date/results _____
	_____mm Induration	Additional testing req: yes/no

## II. Flu Vaccination (Required from October through February)

Seasonal influenza vaccine 0.5cc given IM Right/Left Deltoid Lot: \_\_\_\_\_  
 Date Administered \_\_\_\_\_

## III. Measles, Mumps, Rubella, Chicken Pox History

If you cannot obtain documentation on your MMR/Chicken Pox history, documentation of a current titer is required.

#1 _____	MMR _____	Documentation of MMR dated: _____
#2 _____	MMR _____	Documentation of MMR dated: _____
#1 _____	Varicella _____	Documentation of Varicella (Chicken Pox) dated: _____
#2 _____	Varicella _____	Documentation of Varicella (Chicken Pox) dated: _____

# MedStar National Rehabilitation Network



MedStar National  
Rehabilitation Network



## WASHINGTON, DC

### **MedStar NRH Rehabilitation Network Irving Street**

102 Irving Street, NW  
Washington, DC 20010-2949

Physical and Occupational Therapy  
202-877-1760 202-829-2789 FAX

Speech/SLP, Dietary, Psychology, Vocational  
Rehab, Rehab Engineering  
202-877-1440 202-291-2836 FAX

### **Outpatient Center for Orthopaedic Rehab (OCOR)**

*A part of MedStar NRH Rehabilitation Network*

102 Irving Street, NW  
Washington, DC 20010-2949  
202-877-1566 202-877-1113 FAX

### **NRH Rehabilitation Network K Street, NW\***

2021 K Street, NW, Suite 215  
Washington, DC 20006-1003  
202-466-9719 202-466-9465 FAX

### **NRH Rehabilitation Network 19th Street, NW\***

1145 19th Street, NW, Suite 403  
Washington, DC 20036-3701  
202-721-7680 202-955-7998 FAX

## VIRGINIA

### **MedStar NRH Rehabilitation Network Ball- ston**

3833 North Fairfax Drive, Suite 300  
Arlington, VA 22203  
703-717-6900 703-717-6909 FAX

### **MedStar NRH Rehabilitation Network McLean**

6858 Old Dominion Drive, Suite 200  
McLean, VA 22101  
703-288-8260 703-288-9316 FAX

## MARYLAND

### Prince George's County

### **MedStar NRH Rehabilitation Network Mitchellville**

12158 Central Avenue  
Mitchellville, MD 20721-1932  
301-390-3076 301-390-3725 FAX

### **MedStar NRH Rehabilitation Network Oxon Hill**

6196 Oxon Hill Road, Suite 450  
Oxon Hill, MD 20745-3108  
301-839-0400 301-839-0130 FAX

### Southern Maryland

### **NRH Rehabilitation Network St. Mary's\*\***

24035 Three Notch Road (Site location)  
P.O. Box 940 (Mailing address)  
Hollywood, MD 20636  
301-373-2588 301-373-4558 FAX

### **NRH Rehabilitation Network Waldorf\*\***

3 Post Office Road, Suite 105  
Waldorf, MD 20602  
301-893-2345 301-638-1783 FAX

**MedStarNRH.org**

## Montgomery County

### **NRH Rehabilitation Network Bethesda\***

6410 Rockledge Drive, Suite 600  
Bethesda, MD 20817-1844  
301-581-8030 301-581-8031 FAX

### **MedStar NRH Rehabilitation Network Chevy Chase**

5454 Wisconsin Avenue, Street Level  
Chevy Chase, MD 20815  
301-951-0546 301-215-4488 FAX

### **NRH Rehabilitation Network Friendship Heights\***

5530 Wisconsin Avenue, Suite 960  
Chevy Chase, MD 20815-4404  
301-986-4745 301-657-4678 FAX

### **NRH Rehabilitation Network Germantown\***

Johns Hopkins Wellness Center  
20500 Seneca Meadows Parkway, Suite 101  
Germantown, MD 20876  
301-916-8500 301-528-6258 FAX

### **MedStar NRH Rehabilitation Network Leisure World Blvd.**

3305 N. Leisure World Blvd., Suite 200  
Silver Spring, MD 20906  
301-438-6280 301-438-6281 FAX

*Available to residents of Leisure World only.*

### **NRH Rehabilitation Network Montrose\***

6001 Montrose Road, Suite 402  
Rockville, MD 20852  
301-984-6594 301-984-7271 FAX

### **NRH Rehabilitation Network Olney\*\*\***

18109 Prince Phillip Drive, Suite 155  
Olney, MD 20832-1591  
301-570-3138 301-570-3139 FAX

### **NRH Rehabilitation Network Wheaton\***

Westfield North  
2730 University Boulevard West, Suite 812  
Wheaton, MD 20902-1977  
301-962-7612 301-962-7782 FAX

### Anne Arundel County

### **MedStar NRH Rehabilitation Network Pasadena**

8109 Ritchie Highway, Entrance B  
Pasadena, MD 21122-6917  
410-590-8750 410-590-8755 FAX

### Eastern Shore

### **Peninsula/NRH Rehabilitation Network Salis- bury†**

1655 Woodbrooke Drive, Suite 102  
Salisbury, MD 21804  
410-546-2702 410-546-8272 FAX

### Harford County

### **MedStar NRH Rehabilitation Network Bel Air**

658 Boulton Street, Suite A  
Bel Air, MD 21014-4214  
410-638-9400 410-638-9061 FAX

## Howard County

### **MedStar NRH Rehabilitation Network Ellicott City**

Dorsey Hall Medical Center  
9501 Old Annapolis Road, Suite 125  
Ellicott City, MD 21042  
410-997-1063 410-997-1408 FAX

### Carroll County

### **MedStar NRH Rehabilitation Network Westminster**

412 Malcolm Drive, Suite 200  
Westminster, MD 21157  
410-751-7930 410-751-7931 FAX

### Baltimore City

### **MedStar NRH Rehabilitation Network MedStar Good Samaritan Hospital**

Walker Building, First Floor  
5601 Loch Raven Boulevard  
Baltimore, MD 21239-2905  
443-444-5757 443-444-5750 FAX

### **MedStar NRH Rehabilitation Network Stadium Place**

900 East 33rd Street  
Baltimore, MD 21218  
410-366-0791 410-366-0930 FAX

### **MedStar Union Memorial Hospital Rehabilitation & Sports Medicine**

3333 North Calvert Street  
Johnson Professional Bldg., Suite 300  
Baltimore, MD 21218  
410-554-2318 410-554-2316 FAX

### **MedStar NRH Rehabilitation Network MedStar Harbor Hospital Sports Medicine**

*(Across from MedStar Harbor Hospital campus)*  
2900 South Hanover Street, Suite 102  
Baltimore, Maryland 21225  
410-350-8372 410-350-3821 FAX

### **MedStar NRH Rehabilitation Network Wilkins Avenue**

3455 Wilkins Avenue, Suite 306  
Baltimore, MD 21229  
410-737-8418 410-536-7127 FAX

### Baltimore County

### **MedStar NRH Rehabilitation Network Dundalk**

1576 Merritt Boulevard, Suite 7  
Baltimore, MD 21222-2114  
410-650-2145 410-282-5955 FAX

### **MedStar NRH Rehabilitation Network Perry Hall**

5009 Honeygo Center Drive, Suite 209  
Perry Hall, MD 21128  
443-725-2150 443-725-2155 FAX

### **MedStar NRH Rehabilitation Network Lutherville Hand Center**

1400 Front Avenue, Suite 205  
Lutherville, MD 21093-5363  
410-823-4263 410-823-1861 FAX

### **MedStar NRH Rehabilitation Network Lutherville Sports Medicine**

1407 York Road, Suite 100  
Lutherville, MD 21093-6077  
410-512-5820 410-512-5859 FAX

The NRH Rehabilitation Network is a growing network of outpatient therapy centers located throughout Maryland, the District of Columbia and Northern Virginia. It is a part of MedStar National Rehabilitation Hospital (MedStar NRH). A number of centers are a joint service of MedStar NRH and Suburban Hospital(\*); MedStar NRH, Calvert Memorial Hospital, Calvert Physical Therapy and Sports Fitness Center, Civista Hospital and MedStar St. Mary's Hospital (\*\*); MedStar NRH, MedStar Montgomery Medical Center and Suburban Hospital (\*\*\*); and MedStar NRH and Peninsula Regional Health System (†)