St. Jude Children's Research Hospital Volunteer Orientation for Family Centered Care Participants



Kathryn Berry Carter, CAVS, CVA Director, Volunteer Services

Objectives

- Provide overview of St. Jude policies and procedures
- Become familiar with the Volunteer Department and the goals and expectations of volunteers
- Understand the role of Family Centered Care volunteers
- Ensure you are ready for Joint Commission or other regulatory agencies
- Instructions for form completion, getting an ID badge and parking hang tag

Mission of St. Jude

Our mission at St. Jude Children's Research Hospital is to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment. Consistent with the vision of our founder, Danny Thomas, no child is denied treatment based on race, religion or a family's ability to pay.



Finding cures. Saving children.

Mission of Volunteer Department

In support of the St. Jude Children's Research Hospital mission, the Volunteer Services department recruits, trains, and provides a foundation that recognizes community members and groups by effectively engaging their efforts institutionally; resulting in an improved quality of life for our patients, families, staff and visitors.



Volunteers at St. Jude

- Involved before the opening in 1962
- Importance to mission/ institution
- Family Centered Care Advisors at St. Jude (2008)
- FCC Advisors as volunteers



Beverage Cart volunteers



Happy Cart College Student volunteers

Volunteer Expectations

- Be treated as a co-worker
- Have a suitable assignment
- Know as much about the organization as possible its people, policies and programs
- Train for the assignment and receive continuing education in the position
- Sound guidance and direction
- A safe place to work
- Be heard, to feel free to make suggestions and to have a part in planning
- Be recognized through day-to-day expressions of appreciation and at formal events
- Be treated as a valued team member

Hospital Expectations of Volunteers

- Abide by the mutually agreed-upon service commitment
- Honor your commitment and inform us if you can not be present when scheduled
- Maintain a satisfactory standard of performance
- Adhere to the policies and procedures of St. Jude and the Volunteer department
- Be punctual
- Behave in a professional manner, maintaining confidentiality at all times
- Communicate any problem related to the assignment
- Cooperate with the staff
- Record volunteer hours worked

FCC Program Purpose

 The main purpose of the Family-Centered Care Volunteer Program (FCC) is for St. Jude patients, family, and friends to provide staff with invaluable insight into the needs of our patients and families.



How can FCC Advisors Help?

- Assist with planning, writing and editing of the St. Jude Parents newsletter
- Serve on a hospital committee
- Discuss patient needs and experiences with new staff
- Take part in research related to patient care
- Have your family mentor another family
- Share your family's health care story
- Assist with strategic planning committees such as design and construction
- Take part in conferences, educational programs, and training
- Become a part of the Linda R. Hajar Family Resource Center
- Serve on The Family Advisory Council

Family Advisory Council

Mission Statement:

 The Family Advisory Council is committed to fostering the mutually beneficial partnership of patients, families and healthcare providers in creating informed, respectful, safe and effective quality of care.

Purpose Statement:

 The Family Advisory Council (FAC) is a leadership council working directly with hospital administration to forward the ideals of family centered-care at St. Jude.

Roles of FAC Members

- Provides feedback and approval on projects and initiatives presented at council meetings
- Participates as full members on institutional committees and projects, consistently infusing the family perspective into discussions and decision-making
- Helps create and edit patient and family education and communication materials, both written and visual
- Helps design and plan patient care areas and new programs
- Generates new program ideas to benefit patients, family members, and staff
- Designs council-specific initiatives to support the council's infrastructure
- Co-submits abstracts and co-presents at conferences

FCC Advisor Limitations

- Not eligible for traditional volunteer placements unless 1 year off-therapy
- All volunteers are prohibited from providing clinical care (medical or nursing procedures), conducting research in a lab setting, and giving medical advice



Volunteer Services Staff

Name

Position

Phone

- Kathryn Berry Carter
- Brin Schaechtel
- Randa Spears
- Tricia Spence
- Brittany Cochran
- Leah Brooks
- Kathy Cox

Director Administrative Specialist Volunteer Coordinator Volunteer Coordinator Parent Mentor Coordinator Guest Services – PCC Guest Services – CCC 901-595-2277 901-595-3327 901-595-5293 901-595-4432 901-595-7560 901-595-2305 901-595-8605

Family Centered Care Staff

Name

Position

Phone

- Alicia Huettel
- Natassha Bowles
- Barbara Joyner

Director FCC Assistant FCC Coordinator Administrative Assistant

901-595-5453 901-595-6041 901-595-4639

Volunteer Benefits

Benefits



- Free flu vaccine when available
- Gift shop discount
- Computer training courses through IT
- VIP newsletter
- Recognition event in April
- Other benefits

Policies & Procedures

General Policies

- Department hours
- St. Jude holidays
 (New Year's Day, MLK Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day)

Volunteer Resignation

- Turn in badge
- Parking hang tag



Volunteer Termination

- Failure to comply with hospital policies, rules and regulations
- Absences without prior notification
- Unsatisfactory attitude, work or appearance
- Any circumstances which, in the judgment of the Volunteer Director, or FCC coordinator would make continued services as a volunteer contrary to the best interests of the hospital

Dress Code

- Lanyard/ neck rope
- ID badge
- Modest and professional attire
- Scents (be scent-free)
- No scrubs
- No shorts
- No artificial nails



St. Jude Logo

- Uniforms may not be worn outside of the St. Jude campus, including aprons and lanyards.
- The St. Jude logo is trademarked and may not be used for *any* purpose without prior approval.
- Failure to comply may result in volunteer termination and require legal action.

Other Policies

- Non-Sectarian Institution
- Smoking Policy
- Ergonomics
- Inclement Weather

Communications

- Social networking communications such as FaceBook, Twitter, MySpace, Linked-In and Caring Bridge must be in compliance with all St. Jude policies.
- Be sure that if you identify yourself as a St. Jude FCC volunteer on any online social network, all content associated with you is consistent with St. Jude's values and professional standards

Communications continued...

• Regarding Social Network sites:

- Keep in mind your role in the moment; keep your personal posts separate from your professional ones.
- Do not share any information on social network sites that you've learned through your Family Centered Care role/professional setting.
- Trust your gut. If it doesn't "feel right," don't post it.
- If you see negative postings about St. Jude, don't engage, but if you are comfortable doing so, report them to your supervisor so we can investigate and potentially address any issues through appropriate channels.
- Be careful not to represent yourself as an "agent" of St. Jude.
 If you have any questions or concerns, please
 don't hesitate to ask the Volunteer office or
 Family Centered Care Director.

Security

Security Services

Security Escorts

- If you are uncomfortable walking to your car

Unlock Vehicles

- Call us before you call a locksmith
- Able to unlock most vehicles

Battery Boost – We carry a battery boost kit

Air Pump

- -Able to put air in low tires
- -Officers are not allowed to change flat tires



Campus Parking

Display parking hang tag at all times while on campus. (It will allow you to pass through gates without stopping for security guard.)

Park in Staff parking areas (yellow lines or garages). Yellow = YES

Parking restrictions:

- Do not park in Patient/Visitor spaces, fire lanes, or other restricted areas
- Do not park in reserved spaces.
- Use "lined" parking spaces only

Dr. Child

- In the event that a child is missing or an abduction is suspected or confirmed, the PBX operator will announce "Dr. Child" including a description of the child.
- Listen for a description of the child. If you see the child or have information about the abduction, Call **4444**.

Do not try to stop the child or person accompanying them.

Workplace Search Policy

- Reserves the right to search any locker, desk, office or other property owned or controlled by St. Jude.
- Searches may also be made of an employee's or volunteer's personal property or automobile located on property owned or controlled by St. Jude.

Weapons

Do not bring weapons of any kind into buildings on the campus (regardless of permit status)

A weapon is any object or instrument with potential to cause physical injury

Workplace & Sexual Harassment

- Harassment can be committed by patients, family members, visitors, staff, volunteers or contractors
- Perception is all that is required to be an offense
- All employees/volunteers are required to report
- All calls will be taken seriously and be investigated immediately
- Retaliation for reporting is strictly prohibited

Harassment Help Line: 5555

Drug Free Workplace

- Possession, use, manufacture, distribution or sale of drugs and/or alcohol prohibited on St. Jude property.
- While on campus, you must never be under the influence of drugs or alcohol.

Workplace Violence

- Includes
 - Verbal or physical threats, actual or perceived
 - Intimidation
 - Violent Behavior
 - Obsessive Behavior
 - Possession of a weapon
 - Endangerment of person
- All incidents or threats must be reported to Security (4444)
- Supervisor and Department Head should also be notified

Persons included in policy:

Patients, families, visitors, employees, volunteers, contractors

Hazard Surveillance Fire Safety and Infection Control

Safety

00

- Chemical safety
 - MSDS sheets
 - Spills
 - Chemotherapy, yellow wristband
- Electrical safety Bio Engineering: x3392
- Radiation safety Officer: x2314
- Emergencies dial 911, do not dial 9 first

Infection Control

- When not to come
 - Fever, cold or flu like symptoms
 - "Strep throat", "pink eye", shingles
- How to call in FCC Coordinator: x4639
- H1N1/flu exposure
- Apple stickers
- Hand washing frequently!



Response to Fire

- Overhead announcements:
 - Dr. Red
 - Dr. Red Major
 - Dr. Green
- Keep calm, listen for overhead instructions
- Use telephones for emergency calls only
- Know evacuation route, location of fire extinguisher and pull station
- Only the clinical coordinator may shut off oxygen

Fire Plan



- R Rescue
- A Activate the nearest alarm (Call PBX operator only if you have time, be ready to identify the exact location, x3499)
- C Contain (close door to room)
- E Extinguish or Evacuate

Fire Extinguisher

- P Pull the pin out
- A Aim the nozzle at the base of the fire
- S Squeeze the handle
- S Sweep side to side



HIPAA False Claims Act and Information Security



- •A federal law!
- •The Health Insurance Portability and Accountability Act
- •Protects the confidentiality of our patients' and research subjects' health information
- •Wrongful disclosure of information carries fines and can involve jail time
- •Three legal types of information sharing:
 - Treatment
 - Payment
 - Operations



Protected Health Information

- Information in any form!
 - Paper
 - Electronic
 - Verbal
- Example:
 - Name
 - Age or sex
 - Where they are from
 - Sister's name
 - Photograph

Your Responsibilities

Maintain Confidentiality

All information collected and maintained by St. Jude is confidential information and should only be shared when:

- The requesting party needs the information in order to perform his/her job or fulfill their responsibilities to St. Jude
- Proper authorization to release the information is obtained (i.e. patient authorization)
- The release of information is authorized as part of an employee's job description and responsibility

Privacy Regulations

The Privacy Regulations dictate when you can and can't release healthcare information.

- Specific consent is not required for disclosures involving treatment, payment, and healthcare operations. For example, referring physicians, insurance companies, specialists, etc.
- Separate authorization is needed for release of information not related to treatment, payment, and healthcare operations. For example, Public Relations must obtain separate consent to use a patient's picture for fundraising purposes.
- Disclosures of patient information should be limited to the minimum necessary to accomplish the purpose. For example, release of information to a teacher must be approved by a parent.

Confidentiality

When becoming a Family Centered Care Advisor you are required to sign an agreement, which includes our confidentiality statement.

Information concerning the treatment or condition of a patient is confidential. All media inquiries should be referred to the Director of Communications.

View HIPAA & Compliance presentation with John Bailey, HIPPA Compliance Officer.

Patient Neglect and Abuse SJCRH Policy 20_044

Objective of Policy

- To minimize the risk of patient abuse.
- To describe the process of reporting
- To facilitate effective and thorough investigation
- To ensure violations are remedied fully

What is Covered?

- Physical Abuse
- Physical Neglect
- Emotional Abuse
- Sexual Abuse
- Harassment
- Misappropriation of Patient Property

St. Jude Policy

- St. Jude <u>WILL NOT</u> tolerate mistreatment, neglect, or abuse
- Each patient is to be treated at all time with courtesy and respect
- Every patient has the right to be free from all neglect and abuse
- It is a crime to neglect, abuse, or even threaten to
- It's a violation to neglect to report any incidents or threats
- It's TN law that all employees, contractors, fellows, students, and volunteers should report any suspected abuse or neglect

Responsibilities

St. Jude Volunteers

- Comply with the policy
- Report all suspected neglect and abuse
- Cooperate with all investigations
- Initiate an incident report
- Report any neglect and abuse to the State

Final Notes It's almost time to go!

Volunteer Office Hospitality

- Location BP012
- Hours
- Coats/ purses/ locker system
- Bulletin board
- Free coffee!
- Great company ... please come see us!



Recording Hours

- Please keep track of the hours you contribute during your role as Advisor.
- Report them to: Barbara Joyner <u>barbara.joyner@stjude.org</u>

or Brin Schaechtel volunteers@stjude.org

 OR: An online reporting form can be found at:

www.stjude.org/fcc-training-support

Publications & Information

St. Jude insider Promise **VIP Newsletter**

Weekly Employee Newsletter **Quarterly Public Magazine** Quarterly volunteer newsletter

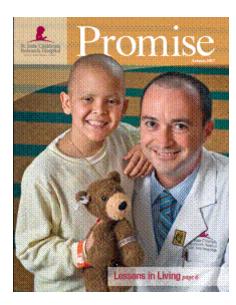
Physical copies of each of these publications are available in Volunteer Services





alter the diare







Forms It's almost time to go!

Form Completion Instructions

Visit <u>https://www.stjude.org/fcc-training-support</u>

Choose the appropriate link for your assigned FCC Volunteer Level
All of the materials to read and files you need to complete will then be available

For a step by step instruction, click on "Orientation Directions"





FCC/ VOLUNTEER SERVICES ORIENTATION AND COMPETENCY CHECKLIST

Volunteer Services Organization Mission Volunteer Definition Benefits Limitations Volunteer/ Department Expectations Sick Policy/ Call-in Procedure	Initials 	Confidentiality/HIPAA/Info Mgt Confidentiality HIPAA Awareness & Training Information Management Social networking guidelines Next Steps	Initials Initials
Volunteer Policies & Procedures Department Office Hours St. Jude Holidays Vacation, Leave of Absence, Resignation Volunteer Termination Dress Code Non-Sectarian Institution Smoking Policy Harassment Substance Abuse Ergonomics Inclement Weather		Neck rope/Lanyard Get ID Badge	
General Hazard Surveillance & Safety Security Parking Instructions Chemical Safety Electrical Safety Radiation Safety Infection Control Fire Plan & Emergency Preparedness	Initials 		

By signing below, you are verifying that you have completed volunteer orientation and understand the covered information to the best of your ability.

Volunteer Name

Date Volunteer Services Staff

Date

H3Common/Forms/Orientation Information/Orientation Packet/Vol Services Orientation and Competency Checklist.doc

lunteet Agreement

Form 4101 St. Jude Children's Research Hospital Memphis, Tennessee 38105-3678 12/10

FAMILY CENTERED CARE AND VOLUNTEER SERVICES DEPARTMENT FCC PARTICIPANT AGREEMENT

I agree to treat all information that I may hear about patients, families or hospital personnel as confidential. I understand that Federal law protects patients from having their personal health information disclosed. I understand that confidentially is essential to the effective functioning of any Quality Management, Peer Review Committee, or Family Advisory Council that I may serve on as a FCCP Volunteer, and that the law provides that any person who assists one of these committees is immune from liability to any person for providing information to the Committee, unless such Information is lake and the person providing it had actual knowledge of such information being failse.

I agree that if I am asked to participate in any meeting or on a committee where identifiable patient information is presented or discussed, I will sign an additional confidentiality agreement, referred to as "Business Associate Agreement" before participation begins.

I agree to serve as a volunteer as agreed to by the Family Centered Care (FCC) Coordinator and myself. I understand that my services are that of a volunteer and not as an employee of the hospital. My services are given without contemplation of thure employment, and are given for humanitarian, religious, or charitable reasons. In some instances, I understand I may receive a stipend to defray costs associated with participation but it is not considered income.

I agree to notify the FCC Coordinator if I am unable to attend a meeting or event as scheduled. I will not report to work with a temperature of 38.0°C (100.4°F) or greater, measles, mumps, chicken pox, shingdes, boils, infected lesions of the hands, sterptococcal pharpngits ("streps throat") or conjunctivitis (pink sys).

I have been instructed in and understand the Universal Precautions policy and the safety procedures in place at St. Jude Children's Research Hospital and will conduct myself accordingly. I understand that as a volunteer I am covered under an accident insurance policy provided by the Hospital, except when I fail to follow the Hospital's policies, as well as the particular instructions for the research/clinical study areas. I have been informed that hazardous biological and chemical materials, including radioactive substances, are used in the research area at this institution and I agree to adhere to all applicable safety guidelines.

I agree to abide by the policies and procedures set forth in the St. Jude Children's Research Hospital Volunteer Orientation Marual, including the Hospital's Fire Plan R.A.C.E. I fully understand the Infection Control policies and procedures and any additional information provided to me by my department supervisor and other St. Jude personnel. Other areas included in orientation are age-specific competencies, ergonomics, life safety and utilities management, substance abuse, electrical safety, security, information management and the Patient Abuse policy.

I understand St. Jude Children's Research Hospital will hold harmless and defend me against third-party claims based on services I perform, in good faith as part of my authorized responsibilities under this Agreement.

I understand that the FCC or Volunteer Services Office reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any circumstances which, in the judgment of the FCC Coordinator would make my continued services as a FCCP volunteer contrary to the best interests of the hospital. It is also understood that I may terminate my services as a volunteer if I become unable to continue my services under this agreement.

Volunteer Signature

Date

Witness

Date

Request For Indentification Badge

Human Resources St. Jude Citildren's Research Hospital

REQUEST FOR IDENTIFICATION BADGE

St. Jude Volunteer

Section 1	(Please	PRINT)
-----------	---------	--------

Name (last, first, middle):	
Preferred name: Ho	me phone (with area code):
Last 4 Social Security # Gender: _ Male - Female	Date of birth:
Address:	
City, State ZIP:	
Department assigned to: Family Centered Care	
Supervisor Name: Kathrvn Berry Carter	
Section 2 Please issue an identification badge for the above named volunteer.	
If access to a restricted area is needed, please check here:	ea:
Manager/Supervisor (last, first; please print) Kathryn Berry-Carter	
· · · · · · ·	
Manager/Supervisor signature:	
Department: Volunteer Services	Extension: 3327

Section 3 Emergency Contact Information

Energency contact mornation				
Last name:	First name:	Middle name:		
Preferred name:	Contact phone (with area code):			

Acknowledgements

I understand that I am expected to wear my identification badge at all times while volunteering at St. Jude. I understand that I am responsible for the badge and may be charged a replacement fee if the badge is lost or damaged. I further agree that I will return my ID badge, parking hang tag and any other hospital property to my supervisor or Human Resources upon completion of my assignment at St. Jude Children's Research Hospital.

Volunteer signature	Date	ID badge #	

FOR ADMINISTRATIVE USE ONLY

Received date:	Check assignment start and end dates
□ ID Badge ID#:	Signature packet
Security entered by:	Orientation packet Orientation date:
HR Entered by:	Term Verified D Previous # :
HR Entered into No. log by:	Position code:
HR Comments:	

parking Hang Tag

St. Jude Volunteer/Employee Parking Hang Tag Application

Employee Information

Name:
Employee I.D. Number
Department: Volunteer Services
Extension: X 3327
Pager: N/A
Supervisor: Kathryn Berry-Carter
Orientation Date:

Vehicle Information

First Vehicle		Second Vehic	Second Vehicle (If applicable)	
Make:		Make:		
Model:		Model:		
Year:		Year:		
Color:		Color:		
License:	State	License:	State	

Hang Tag Information (To be filled out by Security)

Color:	Issuing Officer:	
Number:	Date:	Time:

Fill out information above, except hang tag information. To replace a faded hang tag, present an application along with your current hang tag and employee I.D. in the Security Control Room, 505 building. Parking Hang Tags will not be issued without this form completely filled out. Form 5955 St. Jude Children's Research Hospital 262 Danny Thomas Place Memphis, Tennessee 38105-3678 12/10

HIPAA AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR THE FAMILY-CENTERED CARE PROGRAM

We at St. Jude respect the privacy of all of our patients. St. Jude would like your permission to use and share information about you and your child as a patient of St. Jude in connection with the Family-Centered Care Program.

Taking part in this program is strictly voluntary, so you do not have to give your permission if you do not want to take part. If you decide not to give this permission, your child's treatment and admission to St. Jude will not be affected in any way.

If you give permission, you can revoke it (take it back) at any time. You may do so by filling out a form available from the St. Jude Health Information Management Services Department. Of course, St. Jude would not be able to take back any information that had already been published including stories, photographs or videos about you or your child on the Family-Centered Care Internet Web pages or in other publications such as the *St. Jude Parents* news-letter, *Promise* magazine, *VIP* (volunteer newsletter) or other intranet or Internet publications. Unless revoked by you, this Authorization (permission) will expire two (2) years from the date of your signature.

____, parent or legal guardian and personal representative of (name of child)

(Patient Medical Record Number _____) give permission to St. Jude Children's Research Hospital to disclose my child's health information. I understand that this may include my name, telephone number, e-mail address, family biography, pictures, child's name and diagnosis. This information may be used if I am a Family-Centered Care (FCC) Volunteer for the Family-Centered Care Program. It might also be used if I take part in Family-Centered Care activities for educational and public awareness purposes.

I also agree that such uses may include: continuing education for St. Jude staff; staff orientation for FCC parent volunteer training; various educational and training conferences and seminars; FCC parent volunteers in workgroups or committees with staff; parent-to-parent mentoring and support groups; educational items such as brochures and posters; and interactive multimedia such as streaming video; and internet postings for St. Jude use or other publications in other media. I will not receive a payment for any such use.

My child's health information, as indicated above, may be shared with others by way of correspondence, broadcast, film, print media, internet, telephone and/or publications for public awareness, including use by the news media.

Signature of participant or personal representative

Date

Printed name of participant or parent/legal guardian/personal representative

Relationship to patient (such as parent or legal guardian), if applicable

E-mail address

Cell phone number

Note: Other entities may not be subject to the same privacy regulations that St. Jude must follow. Those entities might not be penalized under those regulations if they share your information. Under federal privacy regulations, if you authorize disclosure of your health information for a purpose beyond treatment, payment, or health care operations, it is possible that your health information might later be re-disclosed and no longer protected by federal privacy regulations.

HIPAA HIPAA Lipaaisa Lipaaisa

Form 5956 St. Jude Children's Research Hospital 262 Danny Thomas Place Memphis, Tennessee 38105-3678 12/10

POSITION DESCRIPTION—FAMILY ADVISORY COUNCIL ADVISORS

PURPOSE OF POSITION: Provide leadership and support, from a parent's perspective, in the educational and programmatic activities that promote Family Centered Care.

MAJOR RESPONSIBILITIES:

- 1. Membership in the Family Advisory Council (FAC):
 - a. Completes assigned activities in a timely manner.
- 2. Provides education to staff:
 - Provides new employees with information and education regarding best care practice from a family's perspective.
 - b. Serves as a resource to staff on family/patient respective and provides formal education through presentations, etc.
 - c. Develops educational curriculum to teach patient and family-centered care.
 - d. Participate in educational initiatives for children, families, staff and faculty.
- Serves as a liaison to other family members who serve on institutional committees with the purpose of providing the FAC with an overall view of family involvement.
- 4. Participates in institutional committees to provide the patient and family centered care point of view.
 - a. Provides family perspective.
 - b. Attends meetings regularly.
 - c. Completes assigned activities.
- Assists, when requested, with the design, implementation and evaluation of services, programs or systems that enhance services to families.
- 6. Serves as on-site resource for families and staff.
- Respects and protects the confidentiality of patients, family members and employees at all times and in all circumstances.
- Participates in improving organizational performance through recommending areas or approaches for improvement activities, performing new procedures, collecting data, and providing input to department discussions.
- Advises the institutional (from patient and family-centered care point of view) on issues related to strategic planning, operations, and function of the institution.
- Collaborates with St. Jude investigators in the development of a research agenda capable of addressing patient and family needs. Integrate patient and family centered care approach in clinical and research methodologies.
- Promotes patient and family centered care in clinical, educational and research programs within St. Jude Children's Research Hospital.

NECESSARY SKILLS: Exceptional verbal, written, interpersonal and customer service skills required. Ability to relate to diverse age and demographic backgrounds. Sound understanding of concepts of Family Centered Care. Demonstrate organizational, problem solving and negotiation skills. Capable of working with a diverse customer population, expressing global empathy and adapting to unique situations. Demonstrates an independent work initiative.

EDUCATIONAL/EXPERIENCE: Adult family member of a child who is currently or has been a patient at St. Jude Children's Research Hospital. Previous volunteer or leadership experience helpful.

LENGTH OF TERM: Advisors will be asked to commit to 2 years of service. Advisors will work approximately 6 hours a month.

I have received a copy of my position description and have read and understand my role as a Family Centered Care Advisor.

Family Centered Care Advisor

Date

Family Centered Care Coordinator

Date



After you finish viewing this presentation, please take our online quiz. Once all your forms are submitted and the quiz has been successfully completed, you will be considered an active Family Centered Care Participant. Welcome aboard!



"At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us."

Albert Schweitzer

"May you light the flame by advocating and being the voice of all St. Jude families through your role within Family Centered Care."

Kathryn Berry Carter

Please call with questions, 901-595-3327 or e-mail volunteers@stjude.org