



**WALK & PLAY L.A.**  
Saturday, May 20, 2023  
2023 Volunteer Application

**Applicant Information**

Name	
Date of Birth	
E-mail Address	
Phone	
Street Address	
City, State, Zip Code	

**Emergency Contact Information**

Name	
Cell Phone	
E-mail address	
Relationship to Applicant	

**Additional Applicant Information**

Occupation/Title	
Company Name	

Have you ever been convicted of a crime? (Other than a minor traffic violation)	<input type="checkbox"/> Yes (please explain)  <input type="checkbox"/> No
Are you a current volunteer at Children's Hospital Los Angeles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not currently, but I have volunteered at CHLA before.
Are you a current or former CHLA employee?	<input type="checkbox"/> Yes, I am a current employee <input type="checkbox"/> Yes, I am a former employee of CHLA from the dates of _____ to _____ <input type="checkbox"/> No, I am not an employee and never have been.

**Shift**

(select all shifts you are available)

- ☐ 6:30 am – 11:30 am (largest need)
- ☐ 8:00 am – 1:00 pm

**Volunteer Assignment**

I am interested in the following assignment(s). We will try our best to accommodate your selection but may need to assign you to other areas based on need. You may be assigned to multiple areas during your shift.

(select all that apply)

- ☐ Registration (6:30 am shift only)
- ☐ T-shirt Distribution (6:30 am shift only)
- ☐ Incentive Prizes Distribution (6:30 am shift only)
- ☐ Wayfinding Assistance (assist participants in finding their way from parking to registration; to various areas in the festival area; and along the walk route)
- ☐ Food & Beverage (setting up, refreshing, and passing out food & beverage at stations in the festival area and/or walk route)
- ☐ Sport Clinics
- ☐ Cheer Squad (cheer on participants at the start and finish line and along the walk route)
- ☐ Event Breakdown

**Shirt Size:**

Volunteer shirts will be provided the morning of the event. Please indicate your desired shirt size. We will make every effort to accommodate your request.

- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ XL
- ☐ XXL

### **Agreement Acknowledgment**

Please take a moment to read the Walk and Play L.A. Volunteer Agreement (pages 3-5).

- ☐ By checking this box, I verify that I have read and understand the guidelines provided in the Volunteer Agreement.
- ☐ I am not experiencing any symptoms related to any infectious diseases, including but not limited to, the flu or COVID-19. Symptoms include, but are not limited to, fever or chills, headache, cough, sore throat, congestion, runny nose (not related to chronic allergies), loss of taste or smell, shortness of breath or difficulty breathing, nausea, vomiting, diarrhea, fatigue, muscle or body aches. I am not living with and have not been exposed to someone with an infectious disease.
- ☐ I will cancel my Walk and Play L.A. volunteer shift if I begin experiencing or am exposed to someone experiencing any symptoms related to an infectious disease in the 10-days prior to the event.
- ☐ I will comply with all CHLA guidelines and policies regarding masking and other safety protocols required during the event.

### **Volunteer Agreement**

Children's Hospital Los Angeles ("CHLA") needs reliable and trustworthy volunteers. Volunteering in healthcare requires a commitment to the work, the patients, their families and to patient privacy. By signing this agreement, you are promising that if you are selected to be a volunteer, you will abide by and submit to all the requirements set forth below.

Accordingly, in consideration of the opportunity to apply and volunteer for CHLA, I hereby understand and agree to the following:

1. **Not an Offer.** As an applicant for a CHLA volunteer position ("Applicant"), I understand that this agreement and attached application is not an offer for a volunteer position. I understand that should I be selected as a volunteer, I will be required to, among other things, (a) attend orientation, (b) sign and acknowledge important CHLA policies and procedures regarding health and safety, code of conduct, and hospital compliance, and (c) successfully complete a health screening and background check. I understand that failure or refusal to comply with, submit to, or pass any of the requirements contained in this agreement may result in denial of my application or loss of my volunteer status.
2. **Time Commitment.** If selected, I will donate my time and effort to CHLA with no expectation of future employment or compensation of any kind. I will donate my time and effort out of a charitable desire to support CHLA's mission: to create hope and build healthier futures.
3. **Professional Conduct Commitment.** If selected, I will be punctual to my scheduled shifts and any shifts that I agree to work. During all shifts that I volunteer to work, I will maintain a professional demeanor and appearance, use workplace appropriate language at all times, and always treat everyone with respect.
4. **Confidentiality of Patient Protected Health Information.** As an Applicant and if I am selected, I understand that I may obtain or observe, directly or indirectly, Protected Health Information of CHLA patients. Protected Health Information (sometimes referred to as "PHI") includes, but is not limited to,

patient name, diagnosis and treatment information, patient images, or any other identifier that alone or in combination with other more general identifiers could identify a current or past patient or such patient's family. Accordingly, I hereby commit to the following:

- a. I will not use or disclose any Protected Health Information and I will maintain patient and family confidentiality at all times.
- b. I will not take any audio, video, film recordings or still photographs during my time volunteering at CHLA without prior permission from CHLA.
- c. I will not exchange personal contact information with patients or their family members.
- d. If I breach or threaten to breach this promise, CHLA may, on behalf of its patients, and on its own behalf, seek a restraining order, injunction or similar remedy, in addition to any other remedies it may have at law or in equity.

5. **Prohibition of Sales and Solicitation.** If selected, I will not attempt to sell anything on CHLA property, nor will I use my status as a CHLA volunteer to sell or solicit anything without the prior written consent of CHLA. Additionally, I will not attempt to solicit business for any other professional service providers, including, but not limited to, doctors or attorneys.

6. **Background Check.** I understand that a background check may require me to submit to fingerprinting or other identifying procedures and that such background check may ultimately uncover criminal records that disqualify me for CHLA volunteer positions. I understand that objecting to background checks may result in a denial of this application and future CHLA volunteer applications.

7. **Attending Orientation and Training.** As an Applicant, I will attend a volunteer briefing provided by the event manager. I understand that failure to attend this session may result in denial of my volunteer status.

8. **Policies and Procedures.** If selected, I will abide by all CHLA policies and procedures. I understand that CHLA may terminate my volunteer status, should I fail to abide by CHLA policies and procedures.

9. **Release of Liability.** I hereby release CHLA, its officers, employees, agents and assigns from any and all claims, demands, actions, and causes of actions under any and all theories of law or equity, and from any and all liability for any loss of property, damage or personal injury of any kind, nature or description, under any and all theories of law or equity, that may arise or be sustained by me and/or my child, during or related to this application and my/my child's volunteer activities at CHLA. This release will be binding upon my/our heirs, administrators, executors and assigns.

**For All Volunteers:**

I hereby release CHLA, its officers, employees, agents and assigns from any and all claims, demands, and causes of actions under any and all theories of law or equity, and from any and all liability for any loss of property, damage or personal injury of any kind, nature or description, under any and all theories of law or equity, that may arise or be sustained by me and/or my child, during or related to my/my child's volunteer activities at Walk and Play L.A.. I also agree to hold harmless and indemnify CHLA for all costs and liabilities arising from my/my child's participation in the volunteer activities. This release will be binding upon my/our heirs, administrators, executors and assigns.

**For Employee Volunteers:**

CHLA does not require you to volunteer at Walk and Play L.A. You will not be compensated by CHLA or any of its personnel for your volunteer activities at Walk and Play L.A. You have volunteered to perform the activity.

You will not be paid by CHLA for your time spent volunteering at Walk and Play L.A. You agree to only perform the volunteer activities outside your work hours and outside your meal and rest periods.

**By signing this agreement, I certify that I have fully read and understand this agreement and that the answers given by me in the attached volunteer application are true and correct.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please send your completed application to [walk@chla.usc.edu](mailto:walk@chla.usc.edu).**

**All applications must be received by Friday, May 05, 2023.**