

RADIOLOGIC TECHNOLOGY PROGRAM VOLUNTEER REQUIREMENTS

Thank you for your interest in our program to pursue a career in the medical imaging profession as a Radiologic Technologist. Volunteer/Shadow hours are important for understanding what is involved in the profession and determining if this field is a good fit for your future career.

A minimum of 40 hours of volunteer work and observation of various routine procedures and examinations performed by radiologists is required for this course.

You must volunteer at a hospital-based facility that conducts various medical imaging tests/procedures. Clinics, private doctor's practices, or outpatient facilities are not comprehensive to expose students to necessary procedures. Therefore, any volunteer hours at one of those smaller facilities will not be accepted. If you are interested in volunteering at our affiliated facilities, please see the attached application. If you would like to volunteer at another organization, please contact the Volunteer Services Department to set up the process. You must provide a timesheet of your volunteer hours, along with a letter from the hospital verifying your hours (Letters must be printed on the company's letterhead, signed, and dated. No photocopies, only submit original letters). **Any fraudulent documentation will result in disqualifying you from applying for the Radiologic Technology Program.**

Volunteer hours must be submitted to the school by the application deadline. Submit the documents to Los Angeles City College Radiology Technology, Attention: RT Application Review Committee. We strongly recommend that you make a copy for your records. It is recommended to start the process in advance of the deadline, as most hospitals require 200 volunteer hours. Volunteer approval is a lengthy process, and as deadlines approach, hospitals may not be able to accommodate everyone's needs.

Attached are an hourly documentation form, a list of procedures to record, and an assessment sheet to be completed by the lead technologist or volunteer services at the facility you are volunteering at. If you are rotating to other areas within the Medical Imaging department, a separate assessment is required for each facility that documents time. Preferably from the technologist you shadowed that day.

Volunteer participation levels vary by location, and it is up to the hospital and volunteer services to decide how much participation is allowed. You must be engaged and participate as much as the facility allows. Each facility will rate you in the following areas:

1. Dependability
2. Appearance
3. Communication Skills (verbal, non-verbal)
4. Interest

5. Attitude
6. Ethics
7. Empathy
8. Professionalism

In addition, volunteers are required to provide certain documentation and test results for onboarding. For example, the volunteer must provide proof of flu vaccine, COVID-19 vaccine, TB test, Hep-B series, etc. Each facility may require a different list of requirements. This is at the student's expense. The Student Health Center on campus and the Wesley Health Center on Vermont Avenue provide free or low-cost healthcare.

Lastly, they will rank whether they would recommend you with or without reservations as a prospective student in our program.

We hope that you have a pleasant experience performing your volunteer hours and that you find Radiologic Technology to be an exciting profession that you want to pursue.

If you are unsure if a certain facility is adequate for your volunteer hours, please feel free to reach out to the department at RadTech@lacitycollege.edu.

Best wishes,

Los Angeles City College Radiologic Technology Program.

RADIOLOGIC TECHNOLOGY PROGRAM VOLUNTEER HOURS DOCUMENTATION

Student's Name: _____

Clinic Site Name and Phones: _____

Clinical Site Address: _____

Radiology Dept Supervisor Name: _____ Email: _____

Students are required to complete 40 hours of volunteer service in a Radiologic Technology department. A technologist must sign the student in and out for each visit and document the number of hours completed each day.

Date	Time in	Time out	# Hours	Rad Tech Name First Name, Last Name	Rad Tech Signature
Total Hours					

RADIOLOGIC TECHNOLOGY PROGRAM PROCEDURE LIST (Optional)

Student's Name: _____

Clinical Site and Phone Number:

Optional (strongly recommended): Students observe the following procedures. A technologist must sign and date each exam to verify that the student actively shadowed them during the exam or activity.

Exam/Activity	Rad Tech Signature	Observation Date	Comments
Upper/Lower Extremity			
Abdomen			
Chest			
Upper GI			
Barium Enema			
Other Fluoro Exams			
Portable/Mobile Exam			
Pediatric Procedure			
Patient Transportation			
Processing or Manipulating Image			
RT Manipulating Mobile Equipment			
RT Analyzing Image for Quality			
RT Acquiring a Patient's History			
RT Explaining a Procedure to a Patient			



RADIOLOGIC TECHNOLOGY PROGRAM VOLUNTEER EVALUATION FORM

This section is to be completed by the applicant:

Last Name: _____ First Name: _____ MI: _____

D.O.B: _____ Address: _____ Contact #: _____

Waiver of Accessibility:

I understand this evaluation will be confidential, and I waive my right to read it.

Applicant's signature: _____

I DO NOT waive my right to read this evaluation.

Applicant's signature: _____

RADIOLOGIC TECHNOLOGY PROGRAM VOLUNTEER EVALUATION FORM

The Imaging Department must complete this section. The volunteer is applying for admission to the Radiological Technology Program at Los Angeles City College. Please complete the following assessment based on your observation working with the volunteer at your facility.

Volunteer: _____

Name of Facility: _____

Type of Facility: _____

VOLUNTEER EVALUATION

Please rate the volunteer according to the description that best describes his/her participation at your facility.

- I. Dependability – Reliability, Trustworthiness
 3. Punctual, consistent
 2. Calls to reschedule on occasion
 1. Inconsistent, fails to show, always tardy
 0. Not observed

- II. Appearance — follows the organization's uniform or professional attire policy
 3. Professional attire, clean, neat, and appropriate
 2. Too casual, wrinkled
 1. Dirty clothing or excessive accessories
 0. Not observed

- III. Communication – Written, verbal, or non-verbal with hospital staff and patients.
 3. Calm, clear, appropriate, good eye contact
 2. Unclear, unsure, poor eye contact
 1. Acts inappropriately, rude, or makes jokes
 0. Not observed

- IV. Interest – Engaged in duties.
 3. Asks questions and discusses issues.
 2. Quiet, listens when spoken to, and has few questions
 1. Easily distracted, poor attention to the task
 0. Not observed

V. Attitude – Shows enthusiasm in communication and actions

- 3. Alert, positive, confident, respectful
- 2. Focused on self, opinionated, or shy
- 1. Shows no interest in volunteering
- 0. Not observed

VI. Conducts themselves appropriately.

- 3. Demonstrates integrity and respect to all patients.
- 2. Inappropriate behavior (lack of soft skills in a professional setting)
- 1. Disrespectful to patients and others
- 0. Not observed

VII. Empathetic – Shows concern.

- 3. Respectful. Speaks to patients with compassion.
- 2. Speaks only to RT, standoffish
- 1. Little interaction with patients
- 0. Not observed

Please check only one of the boxes below

Strongly Recommend	Recommend	Recommend with reservation	Do not recommend

Comments:

Name: _____

Title: _____

Telephone: _____ Email: _____

Address: _____

Signature: _____ Date: _____