Directions to the Photo ID Center:

The Photo ID Center is open weekdays from **9 – 11** am, and **3:30 – 4:30** pm. Please call **610-988-4132** between these hours to arrange a time to have your photo taken.

The Center is located in G-Building 2nd Floor, Room 2804. Enter at the 6thAvenue entrance, make a left, and follow the corridor to the end of the hall. Proceed outside over the bridge and enter G-Building. Make a right and the Center is the first room on the right.

Please do not forget:

- **Your Photo ID form needs to be signed by the Volunteer Services Office**
- **You must bring your drivers' license and/or your school ID with you in order to obtain your picture.**
- **You cannot volunteer without completing this requirement.**

Your uniform and photo ID must be worn at all times.

ID Badge Request/Change Form

HUMAN RESOURCES

The Reading Hospital and Medical Center

BADGE INFORMATION (PLEASE PRINT)

NAME	APPROVED BADGE TITLE
DEPARTMENT	START DATE

REASON FOR BADGE REQUEST

- ☐ NEW EMPLOYEE
- ☐ REPLACE LOST BADGE
- ☐ NON-EMPLOYEE - ***Select role in next section***
- ☐ CHANGE IN NAME, POSITION, OR DEPARTMENT - *List prior and new below:*

Prior: _____ New: _____

CHECK BOX THAT DESCRIBES ROLE OF PERSON (If Applicable)

- ☐ VOLUNTEER
- ☐ NON-EMPLOYED MEDICAL STAFF
- ☐ EMPLOYED PHYSICIAN STAFF
- ☐ RESIDENT
- ☐ VISITING CHAPLAIN
- ☐ CORONER'S OFFICE
- ☐ THE HIGHLANDS AT WYOMISSING
- ☐ THE READING HOSPITAL MEDICAL GROUP
- ☐ CHILD DEVELOPMENT CENTER PARENT
- ☐ EMERGENCY MEDICAL SERVICES
- ☐ PRIVATE PHYSICIAN PRACTICE/GROUP → List Practice/Group Name: _____
- ☐ NURSING HOME NURSING LIAISON → List Nursing Home: _____
- ☐ AGENCY STAFF → List Agency: _____
- ☐ CONSULTANT → List Organization/Firm: _____
- ☐ INTERN/EXTERN → List School: _____
- ☐ SCHOOL OF HEALTH SCIENCES STUDENT
- ☐ MEDICAL STUDENT → List School: _____
- ☐ OTHER STUDENT → List School: _____

NON-EMPLOYED PHYSICIAN EXTENDER - ***Select role below:***

- ☐ Nurse Coordinator
- ☐ Registered Nurse First Assistant
- ☐ Radiologist Assistant
- ☐ Independent Surgical Assistant
- ☐ Pathologist Assistant

DEPARTMENT HEAD / VICE PRESIDENT APPROVAL

Approved: ☐ YES ☐ NO	*Notes:*	
Valid picture ID checked: ☐ YES ☐ NO		
Print Name:	*Signature:*	*Date:*

HR DIRECTOR / DESIGNEE APPROVAL

Approved: ☐ YES ☐ NO	*Notes:*	
Print Name:	*Signature:*	*Date:*

HR USE ONLY

Valid picture ID checked: ☐ YES ☐ NO	Date Badge issued:
Person who issued Badge:	List type of ID provided: