

Dear Prospective Junior Volunteer:

Thank you for your interest in volunteering at Weems Memorial Hospital (WMH). In response to your expressed interest, I have enclosed some information about the Junior Volunteer Program. You and your parents/guardians should read the material thoroughly and evaluate your decision to participate in this program.

Please discuss and identify the preferred hours and days you would like to volunteer. Shifts are available Monday through Friday, 8am – 12 noon and 12 noon -4pm. Junior Volunteers may serve a maximum of twelve hours per week.

Your application to serve as a Junior Volunteer must be completed in full to be considered for the program.

Healthcare is a highly regulated industry and we strive to comply with complex and changing rules, regulations and guidelines. Please read through the list carefully so you can better familiarize yourself with our requirements:

- *Complete all information on the application.*
- *Obtain all necessary signatures, including those of your parent/guardian and school officials.*
- *Obtain one written recommendation. If your grade point average is less than 2.50, a Counselor, Teacher or Principal must write the recommendation.*
- *Write a brief essay about why you would like to volunteer at WMH.*

Selection of Junior Volunteers will be based on letter of recommendation, previous community service, availability and grade point average.

If you are selected for our program, you will be notified by either mail or telephone communication, and required to complete an orientation, scheduled by this office.

Incomplete applications will not be accepted. Should you have any questions, please feel free to call my office at 653-8853 ext 101, between the hours of 8am and 4pm, Monday through Friday. I look forward to receiving your information.

Sincerely,

Heather Guidry

Administrative Assistant/ Marketing / Volunteer Coordinator

Office 850-653-8853 x101

Cell 653-5748

Fax 850-653-2474

hguidry@weemsmemorial.com



Weems Memorial Hospital Junior Volunteer Application

(Please Print)

Date: _____

Name: _____ Male _____ Female _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone: _____ Cell #: _____

Email address: _____

Date of Birth: _____

School(s) Currently Attending: _____ Grade Enrolled: _____

Work Experience: _____

Former Volunteer Experience: _____

Campus Organizations, awards, honors: _____

Name of Parent(s) / Guardian(s): _____

Address, if different than above: _____

In Case of Emergency, Notify:

Name: _____ **Contact #:** _____

References: (Please provide two references who aren't family members)

1. Name: _____ Phone # _____
2. Name: _____ Phone # _____

Shift Preference: 8am – 12 noon _____ 12 noon – 4pm _____

Day / Days Available _____

Area of Interest: (circle two – placement not guaranteed)

Answering phone Greeting Patient Transport Patient Interaction
Office – filing Office – scanning / copying

Signature: _____ **Date:** _____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex or disability.

For Office use only: Date received: _____ **By:** _____

Weems Memorial Hospital

Junior Volunteer Agreement

As a Weems Memorial Hospital Junior Volunteer, I understand that I must meet certain requirements and complete the training offered to me by the WMH Volunteer Services Department. In return for the opportunity to volunteer, these requirements include, but are not limited to, the following:

I understand that I must agree to a minimum of four hours per week and a maximum of twelve hours per week.

I understand that I must attend a volunteer orientation in order to comply with Weems Memorial Hospital's policies and procedures.

I understand that if I miss my regularly scheduled shift for any reason, it is my responsibility to inform WMH Volunteer Services as soon as possible.

I understand that the consequences for not keeping these agreements will be that I will not be allowed to continue volunteering at WMH.

I understand that I am applying to become a volunteer at WMH, not an employee.

I agree that information regarding any patient in the hospital will be not be revealed by me to anyone.

I understand that WMH is not obligated to utilize my services as a volunteer nor am I obligated to accept the volunteer assignment offered.

I have read and understand this agreement:

Print Student Name: _____

Student Signature: _____

Parent / Legal Guardian Signature: _____

Date: _____



(This page to be completed by parent or guardian)

Student Name: _____

Health Information:

Describe the health of your child during the past year: ____ Good ____ Other (If other, please explain:

Does your son/daughter have a history of serious or chronic illness? ____yes ____no (If yes, please explain:

Please list medication(s) being taken by your son/daughter: _____

Any known allergies? _____

Has your son/daughter had chicken pox or shingles? _____

If not, did he or she have the vaccine? (2 vaccines required) _____

All employees and volunteers are required to have a yearly skin test – called a PPD – which screens for infection with Tuberculosis. If your child has not had a yearly skin test for the past 4-5 years, a second skin test is needed one week after the first one is administered. The test will be performed at WMH during training.

My son/daughter has my consent to obtain PPD skin testing, which screens for infection with Tuberculosis.

_____yes _____no

Signature of Parent / Legal Guardian _____

If your child is in need of a vaccine, do not have any administered until evaluated or advised by the Employee Health Nurse at WMH. Live virus vaccines can affect the reading of the TB skin test.

Are the following immunizations up to date? We need to have a physician's signature to verify the dates. If getting the signature is difficult for you, please call your physician's office and get the dates and the name of the person who gave you the information OR A copy of the immunization record may be attached.

MMR: _____ (date given) Physician's Signature: _____

Tetanus / DT: _____ (date last given) Physician's Signature: _____

Hepatitis B _____ (dates for all three) Physician's Signature: _____

Please Note: We must have all Health Information completed in order for your son/daughter to volunteer.

My son/daughter has my permission to serve as a Junior Volunteer at Weems Memorial Hospital. **I furthermore, waive all claims against Weems Memorial Hospital occurring during my son/daughter's volunteer experience.** I understand he/she will perform, under supervision, only those duties to which he/she has received instruction. Those duties include, but may not be limited to, the following:

1. Help in the admission or discharge of patients;
2. Pass and refill water pitchers;
3. Serve extra nourishments;
4. Transport patients via wheelchair or stretcher;
5. Run errands to lab, central patient supply and other departments;
6. Serve and remove meal trays;
7. Put forms together for admission packets;
8. Make unoccupied beds;
9. Respond to patients' calls;
10. Write and/or mail letters for patients;
11. Visit with patients;
12. Comb and/or brush patients' hair;
13. Obtain newspapers or items for patients;
14. Arrange patients' rooms;
15. Care for patients' flowers;
16. Help with daily cleaning and maintenance of the Nursing Unit;
17. General clerical duties;
18. Assist in other Departments as needed.

Signature of Parent / Legal Guardian

Date