

Metroplex Health System Summer Youth Volunteer Application

Please print

Name: _____
Last
First
Middle Initial

Address: _____ City/Zip: _____

Home Ph. w/ area code: _____ Cell: _____

Email: _____

Date of Birth: _____ Shirt (Adult Sizes – Circle One) XS S M L XL XXL

In case of an emergency, provide name of relative/friend to contact living in the area.
Name: _____
Address: _____
Home Ph: _____ Work Ph: _____

() Teen (15-17) School Attending: _____

Grade: _____ Grade Average: _____

Please mark below the days and indicate the times (morning or afternoons) you are available to volunteer.
Typical shifts: a.m. = 8:00 a.m. – noon ; p.m. = noon – 4:00 p.m.

Monday	Tuesday	Wednesday	Thursday
A.M. or P.M.	A.M. or P.M.	A.M. or P.M.	A.M. or P.M.

Have you ever volunteered in a healthcare facility? ____ Yes ____ No

If so, where? _____

On a separate sheet of paper, describe:
“Why I Would Like to Be a Summer Youth Volunteer for Metroplex Health System”.

Are you interested in a health career? ____ Yes ____ No

If no, what is your ambition? _____

Please attach your reference form and your letter explaining why you would like to become a youth volunteer with the completed application before returning it to the volunteer services office. No application will be considered without the required documents.

VOLUNTEER AGREEMENT

I AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO CONFORM WITH METROPLEX HEALTH SYSTEM AND THE VOLUNTEER SERVICES RULES AND REGULATIONS. I ALSO AGREE TO RESPECT THE CONFIDENTIAL NATURE OF HOSPITAL INFORMATION AS WELL AS INFORMATION OBTAINED AS A RESULT OF PERSONAL CONTACTS WITH PATIENTS. I ALSO AGREE TO PARTICIPATE IN ORIENTATION AND TRAINING. I FURTHER UNDERSTAND THAT I WILL NOT BE PAID FOR MY SERVICES AS A VOLUNTEER. I UNDERSTAND THAT THE VOLUNTEER RELATIONSHIP IS DURING MY SUMMER BREAK, AND I MAY BE TERMINATED AT ANY TIME FOR ANY REASON BY THE VOLUNTEER SERVICES COORDINATOR.

Applicant's Signature

Date

Applicant's Parent/Guardian Signature

Date

April 2009

Dear Parent and Youth Volunteer Applicant,

Thank you for your interest in the Junior Volunteer Program with Metroplex Health System. We look forward to having your student as part of our program. The formal program will run for six weeks, June 19- July 30th, for students who are 15 years of age and older. Mandatory training for all youth volunteers is scheduled for June 19.

Metroplex Health System is committed to providing compassionate personalized healthcare of the highest quality. As a part of the Adventist Health System, we strive to reflect Christian principles in all we do. One of our avenues of service is the implementation of the Summer Youth Volunteer Program.

The Summer Youth Volunteer Program is designed to not only provide a framework for “neighbor-helping-neighbor” philosophy and experiencing the rewards of volunteerism, but it is also an incredible opportunity to develop future career interests. In a sense, it is like a summer mission project to explore His plan for young lives.

This year we are only accepting a limited number of youth volunteers. Tentatively, we project 15 at Metroplex and four at Rollins Brook Community Hospital in Lampasas. Our process will be more selective. Please read the information and mail or drop by your completed application packet to the Volunteer Services Office for processing by **May 10, 2009**. Applications received after this date will not be accepted – no exceptions!

Please note several important items- **ALL OF THE ITEMS BELOW MUST BE RETURNED WITH YOUR APPLICATION. INCOMPLETE PACKETS WILL NOT BE CONSIDERED.**

- **Parental Permission** – Remember to have all forms signed by the parent or guardian for each Youth Volunteer.
- **Reference Form** – This form must be completed by a teacher, counselor or church leader. It may not be completed by a family member or friend. If this form is completed by an individual other than those specified, your application will not be considered.
- **Letter from the Youth Volunteer Applicant** – You must return a letter to the Volunteer Services Office with your application which states why you would like to be a summer volunteer and what volunteering means to you. It must be at least one page in length. Your letter will be compared with other volunteer applicants for final consideration.
- **Confidentiality Agreement** – Please sign and return to our office.
- **Immunizations** – Please enclose a copy of your immunization records for Measles, Mumps and Rubella with your completed application. A current TB test must have been completed within the last year or may be completed at orientation. If you have had a TB test within the last year, please return proof of this testing. A parental permission for the TB test is attached and must be returned. TB testing is mandated for our regulatory requirements.
- **Orientation** – Training and orientation are required to participate in the Youth Volunteer Program, which will be held on June 19th, from 1:00 to 5:00 p.m. at Metroplex Adventist Hospital, Conference Room 3. This training is mandatory for anyone to serve as a volunteer.

- Attire – A polo T-shirt will be provided for each Youth volunteer. No denim jeans can be worn. Young men may wear slacks, and young ladies may wear slacks or a skirt. Absolutely no spandex, capris or shorts may be worn. Slacks are not to be saggy, nor fall below the waistline. For safety reasons, no flip-flops, sandals, crocs or open-toed shoes can be worn. We request youth volunteers to wear comfortable rubber-soled shoes such as tennis shoes or comfortable walking shoes.

We are looking forward to receiving your application packet. We are very excited about the opportunities for a wonderful volunteer experience together! If you have further questions, please contact us as 254.519.8147. Again, thank you for your interest in the 2009 Youth Volunteer Program.

Sincerely,

Nance Travis

Volunteer Services
Metroplex Health System
2201 S. Clear Creek Rd.
Killeen, TX 76549
(254) 519-8147
(254) 519-8558 fax

Metroplex Youth Volunteer Program

Job Title: Youth Volunteer

Assignment length: This program is designed to be a summer project for students.

Typical Youth Volunteer Day:

- ✓ Dressed in uniform, including name badge.
- ✓ Signs in at the Front Desk upon arrival for assignment.
- ✓ Reports to the assigned area for work on time and reports to supervisor.
- ✓ Receives instruction from supervisor for daily activities.
- ✓ Reports back to supervisor after completion of each duty assignment. Is willing and cooperative and shows initiative in asking for additional assignments.
- ✓ Conducts him/herself professionally and is thoughtful to all supervisors, employees, patients, guests and other volunteers.
- ✓ Respects and maintains the confidentiality of all patients. Also respects the privacy and dignity of these patients at all times.
- ✓ Is allowed a 30-minute lunch break.
- ✓ Will uphold and carry out the policies and procedures associated with the Metroplex Volunteer Program.
- ✓ Signs out at the front desk after completion of assigned duty time.

Enjoy your day and make friends along the way.
Volunteering is a rewarding experience of "Service Above Self"

Metroplex Health System Youth Volunteer Agreement

I, _____ (name of Youth Volunteer Applicant), as a Youth Volunteer, have read all the information in this packet and hereby pledge to abide by the rules and regulations set forth by the Metroplex Health System Volunteer and Youth Volunteer Program under the auspices of the Metroplex Volunteer Services.

Youth Volunteer Signature

Date

I, _____, as a parent/guardian, have read all the information in this packet and hereby give my permission for my child to participate in the Youth Volunteer Program at either Metroplex Adventist Hospital or Rollins Brook Community Hospital.

Parent/Guardian Signature

Date

Metroplex Health System Youth Volunteer Program Reference

NOTE: This form must be completed by a teacher, counselor or a church leader. It must not be completed by a friend or family member.

Metroplex Health System Youth Volunteer Program is designed to give our youth the opportunity to experience the benefits of volunteerism as well as practical hands-on experiences in a healthcare work environment. In order to assess their ability to handle this unique experience as well as to properly place each Youth Volunteer, your support in providing a reference would be most helpful. Return this letter to the applicant in a sealed envelope with your initials across the seal. If you prefer, you may mail the reference to: Nance Travis, Volunteer Services, Metroplex Hospital, 2201 S. Clear Creek Rd., Killeen, TX 76549

Name of Applicant: _____

Reference Name: _____

Your relationship to the applicant: _____

_____ I recommend _____ as a potential Youth Volunteer at either Metroplex Adventist Hospital or Rollins Brook Community Hospital.

_____ I DO NOT RECOMMEND _____ as a potential Youth Volunteer at either Metroplex Adventist Hospital or Rollins Brook Community Hospital.

How long have you known this applicant: _____

Please use a scale of 1 to 5 to rate this applicant, using 5 as superior, 3 as acceptable and 1 as below average for this age and development.

_____ Generally possesses a positive and enthusiastic attitude

_____ Willingly accepts a challenge

_____ Is pleasant and receptive to constructive criticism

_____ Respects and abides by rules and expectations

_____ Meets people with openness and interest

_____ Has the ability to receive and carry out instructions

_____ Presents a clean and neat appearance

_____ Has no disciplinary issues

_____ Is socially mature for his/her age

Comments: _____

Signature

Date

**Metroplex Health System Individual Confidentiality Form
Submitted to Volunteer Services**

As a volunteer for Metroplex Health System, I willingly adhere to all rules, policies and procedures pertaining to confidentiality regarding all files and identification of patients, former patients or potential patients for which I come into contact.

I agree to follow all rules, policies and procedures to the best of my ability and to respect the confidentiality regarding all records and personal contact with patients.

I understand violation of this confidentiality requirement could result not only in my being dismissed from my volunteer position, but could also result in other appropriate disciplinary and/or legal action being initiated by Metroplex Health System.

I have read and fully understand the above statements.

Signature of Volunteer

Date

Parental Permission Form for TB Testing

I, _____, as a parent/guardian
(Print name)

of _____, understand that
(Print name)

Metroplex Health System is committed to the safety of our volunteers, staff and patients. In order to comply with Metroplex Health System's regulatory requirements, I agree that my child can participate in the TB testing offered through the Metroplex Health System Infection Control Office at the Summer Youth Volunteer Orientation on Friday, June 17, 2009. I understand that my child must return to the Volunteer Services Office for reading of the TB test on Monday, June 22, 2009, at either 8:00 a.m. or 12 noon.

Parent/Guardian Signature

Date

Standards of Behavior

These are the adopted standards of behavior from the SHARE Excellence initiative. Each employee, with a signature, commits to these standards to help Metroplex Health System provide excellent care and service.

Sense (Initiative), I will:

- Seek first to understand before seeking to be understood.
- Show the direction instead of just pointing.
- Introduce myself before waiting on a customer.
- Refuse to be moody, or let others determine how I act or feel.
- Learn and use the customer's name immediately.
- Ask "Is there anything else I can do for you?"

Help (Teamwork), I will:

- Be there on time to do my job and pull my weight.
- Take responsibility for solutions to problems.
- Keep our facility clean (picking up trash and clutter when I see it).
- Try to understand how my work affects someone else.
- Always wear my name badge in the upper chest area.
- Ask for feedback on my own performance.
- Observe and respond to signs of discomfort.
- Go the extra mile to be helpful.
- Compliment and thank coworkers who help me out.
- Never say "I disagree with you," or "I think you're wrong."
- Say "we need," instead of "you'll have to."
- Say "I'll be glad to," instead of "I'll have to."
- Don't talk negatively about another department.
- Be an ambassador for our organization by recommending other services.

Acknowledge (Empathy), I will:

- Apologize for delays, waits, inconveniences or mistakes.
- Listen without interrupting when someone is upset.
- Make empathetic statements before explaining anything.
- Never minimize or treat another person's feelings as trivial.
- Be the first to make eye contact, smile and greet everyone in a friendly manner everyday.

Respect (Courtesy), I will:

- Guard the confidentiality of our patients' information.
- Be extra quiet on patient floors, especially at night.
- Knock before entering a patient's room.
- Keep intercom interruptions to a minimum.
- Speak to the elderly as adults, not children.
- Address people by the name they prefer.
- Dress and groom in a professional way.
- Be constructive in criticism by attacking the problem, not the people.
- Introduce myself before any physical contact with a patient.
- Only use cell phone in break room, not in patient or family areas.

Explain (Communication), I will:

- Explain what needs to be done or what I am about to do.
- Look at people when I talk or listen to them.
- Frequently update our patients/family members on expected wait times.
- Get back to individuals or departments about their requests.
- Tell what I can do to solve a problem, not what I can't do.

My signature indicates my commitment to demonstrating these behaviors.

Signature

Date