



Dear Prospective Junior Volunteer,

Thank you for your interest in the Junior Volunteer program at Northern Hospital of Surry County. Our Junior Volunteers graciously commit their time and effort to serve our hospital and patients by helping the professional staff provide quality care.

A Junior Volunteer's commitment is important to the individuals they serve and to the community as a whole. A well-run hospital is an asset to any community – and we are fortunate to have an excellent facility in Surry County from which to obtain quality health care services.

Junior Volunteers can be an invaluable addition to the hospital team when they consider their volunteer opportunity to be a priority in their summer schedule. All volunteers should approach their work with the goal of providing excellent service to the patients, visitors and staff of our hospital.

While donating your time and efforts to our hospital, you will have the opportunity to see firsthand how a hospital operates. Hospital volunteer work also offers career exploration and learning opportunities. The skills that volunteers acquire through hospital work can be beneficial in future careers or educational endeavors.

An application for the 2017 Summer Junior Volunteer program is enclosed. Completed applications will be accepted through **March 31, 2017**. Applicants must be at least 15 years old by August 1, 2017 and must have successfully completed the 9th grade. Other requirements include TB testing, background check, drug screening, and completion of a mandatory orientation session (There are NO makeup orientation dates). Those selected for the program will receive a letter with details about the program and orientation.

Again, thank you for your interest. If you have other questions, please call at (336) 783-8196.

Sincerely,

Tina L. Beasley

Tina L. Beasley
Volunteer Coordinator



Junior Volunteer Application

*Please Print. Entire Application **Must** Be Completed.*

Date ____/____/____ Social Security # _____

Name _____
(Last) (First) (Middle)

Male or Female _____ Date of Birth ____/____/____ Email _____

Current Home Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____ (Cell) _____

School Name _____ Grade Completed _____

Have you ever volunteered at NHSC before? _____ If yes, when _____

Do you have any relatives employed at NHSC? _____ If yes, please list their name and relation

Are you able to commit to 6 weeks of volunteering? _____

Days Available M T W Th F

Are there any dates you will not be available? _____

Shirt Size S M L XL XXL

Do you wish to pursue a degree in health care? _____

Have you ever been convicted of any criminal offense other than a minor traffic violation?

Yes or No _____ If yes, please explain _____



Contact Information

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email Address _____

Emergency Contact if other than parent _____

Relationship _____ Phone Number _____

References

(Other than relatives)

1. Name _____ Relationship _____

Address _____

Phone (____) _____

2. Name _____ Relationship _____

Address _____

Phone (____) _____



Junior Volunteer Recommendation Form

To the Evaluator: Participation in the Junior Volunteer Program requires a high level of responsibility and commitment. Students must be able to follow instructions and work independently. We appreciate your honest evaluation and assessment of the applicant. Students are accepted based on the application, interview, teacher recommendations and space available in the program. Thank you for your help.

Student Name: _____

Subject: _____

Teacher Name: _____

School: _____

Please circle one response for each of the following questions:

1. How often is the applicant late or tardy to your class?

Never Rarely Sometimes Often Almost Always

2. How often does the applicant submit good quality class work?

Never Rarely Sometimes Often Almost Always

3. How often does the applicant participate in class discussions?

Never Rarely Sometimes Often Almost Always

4. This applicant completes work on time

Yes No

5. This applicant performs beyond what is asked of him/her

Yes No

6. This applicant follows rules and has not been subject to any significant disciplinary actions.

Yes No If no please specify in comments section

Comments:

Teacher's Signature: _____ Date: _____

*****Return to student in a sealed envelope & signed across the back*****



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Yes No

6. This applicant follows rules and has not been subject to any significant disciplinary actions.

Yes No If no please specify in comments section

Comments:

Teacher's Signature: _____ Date: _____

*****Return to student in a sealed envelope & signed across the back*****



NORTHERN HOSPITAL OF SURRY COUNTY
STATEMENT OF CONFIDENTIALITY

In the process of performing your duties at Northern Hospital, it is possible to become aware of and/or overhear many things regarding our patients' confidential health information. ALL of the information concerning patients or hospital business must be held in the strictest confidence and must not be discussed with others in the hospital who do not have a "need to know" or with any individual outside the hospital, or used by employees for personal reasons.

Students who violate the confidentiality of NHSC information and/or patient information **will be subject to IMMEDIATE termination.**

General inquiries concerning patients should be referred to the information desk or the nurse in charge of the unit who will only release information about the general condition of the patient. Calls from the media should be forwarded to Administration Office.

It is your responsibility as a Junior Volunteer at NHSC to protect our patients and their families at all times by adhering to this statement.

I, the undersigned, being age _____, have read, heard explanation, and understand this statement of confidentiality of patient and/or hospital information and agree to hold such information in the strictest confidence.

Student Signature

Date



Dear Parent or Guardian,

The Volunteer Services Department of Northern Hospital of Surry County is pleased that your child has shown an interest in volunteering at NHSC.

In order for your child to apply for a volunteer position with Northern Hospital of Surry County's Junior Volunteer Program, we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. If you have any questions or would like further information please call Volunteer Services at (336) 783-8196.

In applying for acceptance to the Junior Volunteer Program, the Volunteer Coordinator makes the assumption that your child will follow the various regulations and policies in place for the program. These rules and regulations have been established to ensure that your child's experience is educational, safe, and fun. Northern Hospital is not interested in students who reject supervision and/or assignments from adults, exhibit poor judgment, are difficult in the classroom, disrespect the rights of others, and demonstrate a lack of respect for one's surroundings or for the property of others. Not all students who apply will be accepted. A total of 50 students will be selected to participate in the program. After applications are submitted, screening interviews will take place. After students are selected, letters will be sent out to each applicant to let them know whether or not they were accepted.

Students who are accepted into the junior volunteer program **MUST** attend orientation prior to the start of the program. Orientation information will be sent to the accepted applicants in their acceptance letter. There will be **NO** make-up orientations for orientation. Proof of a recent (within the past year) 2-step Tuberculosis test will be required or a Tuberculosis test will be administered at no charge prior to the date of orientation.

Background checks and drug screens are required for all students accepted into the junior volunteer program. Parental consent for background checks and drug screens is required for students under the age of 18.

TB tests, background checks, drug screens, and immunization records are NOT required until acceptance letters are sent out. More detailed information about these items will be provided to the students who are accepted into the program at a later date.

The uniform for Junior Volunteers is a knit polo and khaki pants. The knit polo will be provided by the hospital. Casual shoes with closed heels and closed toes and soft soles are required. Junior Volunteers are **NOT** permitted to wear jeans or shorts while volunteering. Khaki colored pants should be worn with the polo shirt. Skirts will be permitted as long as they are not above the knee



in length. Junior volunteers will be issued a photo ID badge. The ID badge must be worn at all times while volunteering. Students are not allowed to wear coats, jackets, or sweatshirts over their uniform.

Junior volunteers must be able to be easily identified, so the embroidered hospital logo on the shirt and photo ID badge must be visible at all times. Solid colored long sleeved shirts worn under the polo shirts are allowed.

The junior volunteer program will begin June 26th and end on August 4th. Each student will be required to volunteer a total of 8 hours per week. A 6-week schedule will be provided at the time of orientation. We do understand that some weeks will be missed due to family vacations or camps. Missed workdays should be discussed with the Volunteer Coordinator as soon as they are anticipated to arrange for makeup days. Please discuss with your child beforehand the days and hours that he/she will be able to work. Junior Volunteers who have less than 40 total hours by the program's conclusion will not receive credit for the program, and will not be allowed to count those hours for school purposes. If it appears that an applicant will be unable to complete at least 40 hours of volunteer service within the six weeks program, it is advised the applicant not apply.

Transportation is the responsibility of the junior volunteer. Junior volunteers must arrive on time as well as be picked up on time. Junior volunteers who drive are allowed to leave for lunch if they choose. NO JUNIOR VOLUNTEER will be allowed to leave with another junior volunteer for any reason without written parental permission.

Applications must be received no later than March 31st.

We thank you for your support of our program. If you have any questions, please do not hesitate to call me at (336) 783-8196, or email me at tbeasley@nhsc.org.

Sincerely,

A handwritten signature in black ink that reads "Tina L. Beasley".

Tina L. Beasley
Volunteer Coordinator

Please return completed application in person to Tina Beasley in the Volunteer Services Department at Northern Hospital of Surry County, or mail the completed application to:

**Volunteer Services Department
Attn: Tina L. Beasley
Northern Hospital of Surry County
P.O. Box 1101
Mt. Airy, NC 27030**



(Please sign and return this permission slip with the application.)

For Parent or Guardian:

I understand that if my child is accepted as a Northern Hospital Junior Volunteer, he/she will be required to arrange transportation to and from the hospital, serve an average of eight (8) hours per week, dress according to the dress code, and abide by the rules and regulations established by the Volunteer Services Department and Northern Hospital of Surry County. I approve of his/her entering this program and authorize the release of school data, give permission for tuberculin testing and drug screening and, in case of an accident, give permission to Northern Hospital to provide treatment for my child.

Parent's Signature

Date

For the Applicant:

I understand that I must work at least eight (8) hours a week and adhere to the rules and regulations of the Junior Volunteer Program at Northern Hospital of Surry County if I am accepted to the program. I also understand that if I fail to meet the 40 hour requirement before the conclusion of the Junior Volunteer Program that I will not receive credit for my participation in the Junior Volunteer Program.

Jr. Volunteer's Signature

Date



Mandatory Essay

Write at least two paragraphs indicating the reasons why you would like to be a Junior Volunteer at Northern Hospital. Please include your expectations for the summer as well as reasons you feel you would be a good candidate for volunteer service.

Jr. Volunteer Signature

Date



Applicant Agreement

- I agree that all the information that has been provided in this application is correct and complete to the best of my knowledge.
- Acceptance into the Junior Volunteer program is contingent upon the completion and of all pre-placement procedures which include, but may not be limited to, an interview, verification of references, criminal background investigation, orientation and tuberculosis screening.
- I realize that misrepresentation of facts will be cause for rejection of this application.
- I authorize Northern Hospital of Surry County to thoroughly investigate the information provided in this application and to conduct a criminal background investigation.
- I agree to abide by the policies in place at NHSC.
- I understand that upon both my successful completion of the volunteer placement processes required by NHSC and the receipt of approval for service by Volunteer Services, I will become a Junior Volunteer. As a Junior Volunteer I acknowledge that I will not receive compensation for services. I acknowledge that I will receive a placement description to specify the departments I will be volunteering in.

Volunteer Pledge

1. I will respect staff, fellow volunteers, visitors, and patients and will always be pleasant and willing to serve.
2. I will dress according to the NHSC Dress Code Policy and will wear khaki pants (no shorts) and no open toe/open heel shoes. I will make sure my uniform and ID badge are visible at all times. I understand that dress code violations will **NOT** be tolerated.
3. I am aware that I must be prompt on my scheduled volunteer day and ready to perform my assigned tasks.
4. I am aware that I must give Volunteer Services at least a 24-hour notice if I am unable to make my volunteer commitment.

PLEASE NOTE: You must return ALL of the following documents to be considered for the program. Incomplete applications will not be accepted.

- Application Form & Agreement
- Signed Statement of Confidentiality
- Essay
- (2) Teacher Recommendations (Sealed in envelope by your teacher and return with application)

Student Signature _____

Date _____

Parent Signature _____

Date _____