



HARDIN MEMORIAL HOSPITAL

**Junior/Teen
Volunteer Program**

Dear Prospective Junior/Teen Volunteer:

Enclosed you will find information and forms to complete to become a **Junior/Teen Volunteer**. The Junior/Teen Volunteer Program is a “summer only” and a “year round” program that is open to those who are at least 14 years of age. Junior Volunteers are 14-16 years of age and Teen Volunteers are 16 to 20 years of age. We recognize that some Junior/Teen Volunteers only have availability during the summer when school is out of session and others have availability year round.....therefore, we offer both options.

Applications for the summer program must be received by May 10th. Please read the information carefully and discuss with your parents.

As positions are available, Teen Volunteers can be placed in areas such as Nursing, Gift Shop, Information Desks, etc. Some of the duties might include answering call lights, transporting patients by wheelchair, working in the Gift Shop, clerical duties, running errands between departments, delivering flowers or greeting cards, and restocking supplies. Junior Volunteers will greet and assist patients and guests in finding their way through the hospital.

All Junior/Teen Volunteers must submit an application packet (enclosed) and attend a mandatory orientation class. You will be contacted using the telephone number or e-mail address you provide on your application to inform you of the date of the mandatory orientation and to confirm your attendance.

Prior to volunteering, all volunteers **must receive a TB skin test (PPD)**. **This test will be administered at WorkWell Occupational Health at 1111 Ring Road, Elizabethtown, KY. An appointment is necessary and can be made by calling (270)706-5621. You must present the signed “Permission for PPD/Tuberculin Skin Testing” form to the WorkWell staff (no exceptions)**. They will keep the form **and forward to the hospital to be a part of your volunteer record**. The cost for the PPD/tuberculin skin test is \$10.00 and you must return to WorkWell Occupational Health to have the skin test read within 48-72 hours (no appointment is needed for the follow up visit). If not read within the required timeframe, a second PPD will be required at an additional \$10.00. Note: Checks are not accepted at WorkWell...Cash, Credit/Debit cards are accepted.

Records that you must submit to the Volunteer Office prior to the orientation are:

- **“Permission Form to Volunteer” (for those under 18 years of age)**
- **Immunization records (records from your school file or your physician’s file will be sufficient)**
- **“Schedule worksheet”...please complete to expedite work area assignments**
- **School Grade Transcript (you must maintain a “B” average)**
- **“Junior/Teen Reference Form” (sealed)**
- **“Application For Junior/Teen Volunteer Program”**

Dinner (pizza) will be provided during the orientation. If you have dietary restrictions, please include a note with your returned application packet.

Uniforms should be ordered and paid for at the orientation. The price is **\$25.00** (cash or check). The uniform for young adult volunteers will be polo-style shirts with the HMH logo. Checks (preferred) should be made payable to Hardin Memorial Hospital Auxiliary.

Daily Routine

Sign in and out using the log at the Gift Shop Information Desk. If you are leaving the hospital for any reason, you must sign out on this log. **We need to know where you are at all times.**

Report to the Charge Nurse, Supervisor, or designee of the unit you are assigned at the beginning of each day. They will give you any special instructions for your shift. If you should encounter any difficulty or have questions, contact the charge nurse, supervisor, their designee, or the Director of Volunteer Services.

If you work a minimum of three (3) hours, a courtesy meal ticket (limit \$7.50) will be given to you that day that can be redeemed in the hospital Cafeteria. Meal tickets can be picked in the Gift Shop and should only be used for one meal. To go containers are available in the Cafeteria.

Report any illness or accident you incur to the Employee Health Nurse and contact the Director of Volunteer Services if you are unable to volunteer as scheduled.

Cell phones for internet, voice or text messaging should only be used during breaks and must be turned off or on silent during time spent volunteering.

No gum chewing or smoking in the hospital! Please do not gather in hallways in large groups or talk in loud tones. Act professional!

Your Uniform

Your image is not only important to you, but to patients, visitors, and staff. A neat, clean and professional appearance is required at all times.

Polo-style shirts with the HMH logo will be worn for both young men and women. Young men may wear black, navy, white, grey, or khaki slacks, and the young women may wear slacks or skirts in those colors. No denim jeans, capri pants, mini-skirts, skorts, or shorts are to be worn.

Closed toed shoes must be worn. Leather/vinyl tennis shoes are permitted. Proper socks or hosiery must be worn at all times with footwear.

Hairstyles must be in good taste, of a natural hair color, clean and well kept. Long hair must be pulled back away from the face.

Cosmetics are used in moderation and in good taste. Perfume and after-shave are not worn by those working in patient care areas and in moderation by all others.

Appropriate jewelry may be worn in moderation. Exposed pierced body parts other than ears are not considered appropriate professional attire. Only two (2) earrings per ear may be worn. Tongue rings and spacers are not considered appropriate attire and may not be worn.

Name tags are furnished by the hospital and must be worn at all times.

Disciplinary Procedure

Any violation of the following by a Junior/Teen Volunteer will be handled as follow
The **first** incident will be brought to the attention of the Volunteer Director with a letter to the parents and conference with parents, if they so desire. **Any further incident will be cause for dismissal**

- 1. Unexcused absences (absent without notifying Volunteer Director)**
- 2. Volunteers in unauthorized areas**
- 3. Shoplifting/theft (immediate dismissal)**
- 4. Guest (s) while on duty**
- 5. Smoking or use of drugs while on duty (immediate dismissal)**
- 6. Any unacceptable behavior**

Submit this form to Volunteer Services

School _____

Summer Program _____

Grade _____ **Age** _____

Year Round Program _____

E-mail _____

**HARDIN MEMORIAL HOSPITAL
913 NORTH DIXIE AVENUE
ELIZABETHTOWN, KENTUCKY 42701**

APPLICATION FOR JUNIOR/TEEN VOLUNTEER PROGRAM

Name _____

Last

First

Middle

Name which you prefer to be called _____

Home Address _____

Street

City

State

Zip

Home Phone _____ Date of Birth _____

Parent's Name and Phone # to contact in case of emergency _____

School you will be attending _____

Are you planning to go to college? _____

Are you interested in a medical career? _____ What field? _____

Have you ever done any volunteer work? _____ Where? _____

How did you hear about our program? _____

Have you had any experience dealing with the sick? _____ If yes, please explain

Hobbies, interests, training, previous hospital work _____

Have you had any experience in handicrafts?, Games? _____

Have you had special training in the following: Computer Software (type) _____

_____ Filing/Clerical _____

_____ Music _____

_____ Entertaining _____

Name and phone # of Family Physician _____

Polo Shirt size _____

Do you drive? _____

Submit this form to Volunteer Services

SCHEDULE WORKSHEET

Name _____ Phone _____

For the year-round and summer programs, list your days/hours of availability between the hours of 8:30am and 8:30pm, Monday through Friday, 8:30am and 6:00pm on Saturday, and 1:00pm and 6:00pm on Sunday...leave a day blank if you are unavailable any hours for that day

Please note: Not all areas will be available on all days and times listed above.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Submit this form to Volunteer Services

Permission to Volunteer

Providing there are slots available, permission is granted for my son/daughter _____ to join the Junior/Young Adult Volunteer Program of Hardin Memorial Hospital and to work in an approved hospital volunteer service. I understand that neither Hardin Memorial Hospital nor the Hardin Memorial Hospital Auxiliary will assume any responsibility for the above named volunteer prior to his/her signing in for volunteer duty or following his/her signing out from duty. I further understand that my son/daughter could be dismissed from the program for failure to abide by hospital rules and regulations.

Parent or Guardian Signature

Date

Volunteers eighteen and older can sign this form listing "SELF" beside name ...parent signature not necessary.

**PRESENT THIS FORM TO WORKWELL STAFF AT YOUR
SCHEDULED APPOINTMENT**

Permission for PPD/Tuberculin Skin Testing

I _____ give my consent that my son/daughter _____
(parent/guardian (name))

may submit to a PPD/tuberculin skin test at WorkWell Occupational Health. I understand that the cost is \$10.00 and that my son/daughter must return to WorkWell Occupational Health to have the PPD/tuberculin skin test read in the required time period. If not, a second PPD will be required at an additional cost of \$10.00.

Note: Checks are not accepted at WorkWell...Cash, Credit/Debit are accepted.

Parent/Guardian/Self Signature

Date

Note: Volunteers eighteen and older can sign this form listing "SELF" beside name...parent signature not necessary.

** WorkWell Staff...forward this form to Volunteer Services once the follow up visit has been completed!

Junior/Teen Volunteer Reference Form

The Junior/Teen Volunteer Reference Form is to be completed by a teacher, principal, guidance counselor, etc. For those Junior/Teen Volunteers who are home schooled or have already graduated an adult who is non-related may be substituted.

Junior/Teen Volunteers must be responsible and display a high level of maturity. Please take great care in completing this form to help us select the best candidates for our program. Please return to student in a sealed envelope for them to turn in with their application packet.

Junior/Teen Volunteer Name: _____

Your Name/Title: _____

How do you know this student? _____

How long have you known this student? _____

Please give accurate assessments to the following questions:	Excellent	Good	Fair	Poor
1. Conduct: Extent to which this person observes good standards of conduct and obeys rules.				
2. Cooperation: Extent to which this person works in harmony with others.				
3. Responsibility: Extent to which this person accepts responsibility for doing his/her work assignments.				
4. Persistence: Extent to which this person adheres to a task in order to see it through to completion.				
5. Initiative: This person's resourcefulness, self-reliance and energy in meeting new situations.				
6. Accuracy: This person's ability to work with exactness and precision.				
7. Attention: This person's ability to listen and follow instructions.				
8. This person's ability to speak and write correctly and effectively.				

Please mark the correct response for each of the following:	Excellent	Good	Fair	Poor
1. This person performs at a level beyond what is asked of him/her.				
2. This person obeys rules and has not been subject to any disciplinary actions. If no, explain in comments.				
3. If I were an employer or patient at Hardin Memorial Health, I would like for this person to assist me.				

I understand that all information included in this evaluation will be treated as confidential by the Volunteer Services Department at Hardin Memorial Health.

Evaluators Signature: _____ Date: _____