

Requirements for Teen Volunteers

AGE: Applicant must be **at least 14 years of age by January 1st, 2017 to apply.** Randolph Health Teen Volunteers should have a genuine desire to learn new tasks and to be helpful in their assigned areas.

APPLICATION: All prospective volunteers must complete and return an **Application** and **other required paperwork to Randolph Health Volunteer Services. Parent or Guardians signature is required.** Please download/ print each form listed on the Randolph Health website – Volunteers (Summer Teen Volunteer Documents) and fill in the required information **COMPLETELY. LATE OR INCOMPLETE PAPERWORK WILL NOT BE CONSIDERED.**

Submitting an application does not ensure a volunteer position in the program. An applicant's acceptance is based on personal qualifications and traits noted by the Director of Volunteer Services to be in accord with the Teen Volunteer program.

RECOMMENDATION: Each applicant must have a completed **Recommendation Form** from a current teacher and a **current report card.** Applicants must maintain **at least a B average and a good conduct and attendance record at school.** Applicants must also **submit a 100 word essay** about themselves and why they wish to volunteer at Randolph Health.

HEALTH: **A photocopy of health immunization records is required.** This record includes 1st and 2nd MMR, current tuberculin skin test, tetanus, Hepatitis "B" vaccine and physician documented history of chicken pox or vaccines (2).

ADDITIONAL REQUIREMENTS IF ACCEPTED:

- Attend a mandatory one day orientation session on May 9th .
- Purchase and wear a teen "scrubs" uniform (purchased through the Volunteer Office).
- Be willing to volunteer **two shifts per week at 4 hours per shift from June 19th through August 11th.** Responsible for own transportation.
- Cannot be absent for more than four shifts, equivalent of two weeks.

Checklist for Teen Volunteer Registration

This checklist is to help you make certain that you have completed all requirements.

Check each one as you complete them. **IMPORTANT! Don't wait until the last minute!**

Due to the limited number of available summer volunteer opportunities, the program fills quickly! Timely submission of your completed paperwork also shows responsibility and a true desire to participate in our program.

___ Print all of the forms listed on the Randolph Health Volunteer Services website. Read through the forms along with a parent. Make certain that you will be able to attend the mandatory orientation session on **May 9th from 4:30-8:30 p.m.** **There will be no make up dates scheduled.**

___ Fill out the application neatly and completely.

___ Read and sign the Randolph Health **Customer Service Behavior Expectations** form.

___ Complete the **Health History Update** form.

___ Compose a handwritten essay of approximately 100 words about yourself and why you want to volunteer at Randolph Health.

___ Have a current teacher fill out a recommendation form for you. ***Note: Have your teacher return the form directly to you. The recommendation form needs to be returned in a sealed envelope with your other required paperwork.***

___ Current Report Card

___ **Photocopy** of your health immunization records.

Documentation of the following must be provided:

- Current (2017) tuberculin skin test
- 1st and 2nd MMR
- Hepatitis "B" vaccine
- Tetanus (within last 10 years)
- Physician documented history of Chicken Pox or vaccines (2)

**** No paperwork will be accepted unless ALL of the above is submitted with the application ****

Please return all required paperwork to:

Volunteer Services Office - Randolph Health, 2nd Floor, Room 231

Even if all documents are submitted, there is no guarantee of being selected for the program due to a limited amount of openings.

If you have questions please e-mail Sylvia Beamer, Director of Volunteer Services sbeamer@randolphhospital.org



Sylvia Beamer, Director of Volunteer Services
336-629-8886
sbeamer@randolphhospital.org

Adult/College Volunteer Application

Please Print Legibly. Entire Application Must Be Completed.

Date _____ / _____ / _____

Name _____ M or F _____
Last First Middle

Date of Birth _____ Phone _____
Month Day Home Cell

Home Address _____
Street (and Apt/ Unit # if applicable)

City _____ State _____ Zip Code _____

E- Mail Address _____

Availability – Please circle the day(s) and time(s) you are available to volunteer
M T W Th F S Su Morning – A.M. Afternoon- P.M.

Earliest Date Available? _____ / _____ / _____

Previous Volunteer Experience? (please list)

Skills and Experience – Please tell us a little bit about yourself. What are your interests/ hobbies and in what areas do you feel you have moderate to excellent skills?

Why do you want to volunteer? (career, goals, etc.)

Do you speak a language in addition to English? _____ / _____ / _____ / _____
No Yes Fluently? Language

Criminal Offenses

Have you ever been convicted of a crime other than a minor traffic offense (including Military Service)?

No ___ Yes ___

Are you charged with an unresolved criminal charge? Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge? No ___ Yes ___

If yes to either/ both, please explain:

References - Please provide contact information for two personal references.

1. _____
Name Address Phone

How does this person know you? _____

2. _____
Name Address Phone

How does this person know you? _____

Did an active Randolph Health volunteer recruit you? ___ / ___ / ___
No Yes If yes, please list volunteer's name

Employer – Please list your current or most recent employer, if applicable.

Employer name _____

Contact Person _____

Work phone _____ OK to call? Y ___ / N ___

Have you ever been employed by Randolph Health? Y ___ / N ___ If yes, Dates employed _____

Please review

Believing that the organization has a real need of my services as a volunteer, I will:

- Be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- Conduct myself with dignity, courtesy and consideration.
- Consider as CONFIDENTIAL all information which I may hear, directly or indirectly, concerning a patient, doctor or any member of personnel and will not seek information in regard to a patient.
- Take my problems, criticisms or suggestions to the Director of Volunteer Services.
- Endeavor to make my work of the highest quality.
- Uphold the Mission, Values and Standards of this organization.
- I hereby certify that the answers on this application are true and correct and that any misrepresentations or omissions of facts on my part will be grounds for dismissal as a volunteer.
- Acceptance as a volunteer is contingent upon satisfactory references and verification of the information submitted on this application/ criminal background check. I therefore authorize Randolph Health to make such investigations and inquiries deemed necessary in determining to accept me as a volunteer.

Signature _____ **Date** ___ / ___ / ___

*****ALL TEENS AND TEEN PARENTS TO READ AND SIGN*****

***TEEN VOLUNTEERS ONLY:** On a separate sheet, in approximately 100 words, tell us about your interests, hobbies, activities, ambitions, and why you wish to become a teen volunteer. Bring the essay, application, a recommendation from a current teacher and a completed immunization form to your interview.

I/We give permission for _____ to participate in the Teen Volunteer program at Randolph Health. I/We give permission for treatment in the event of an emergency.

CONDITIONS OF PARTICIPATION

- I am expected to work the specified hours in the unit/department which I have been assigned.
- My lunch break is for a thirty minute period and I cannot leave the campus of the organization during this time.
- I am expected to perform the work assigned to me to the best of my ability. If I have questions concerning my work, I will ask my supervisor. I will discuss other concerns with my contact in Volunteer Services.
- I am expected to be courteous and helpful to patients, visitors, physicians, staff and volunteers within the organization. I will practice "excellent guest relations" at all times, and I will be a good role model for my fellow Teen Volunteers.
- Cell phones or other electronic devices will not be used while I am volunteering. I will not make cell calls, text or take photography while I am in Randolph Health.
- I am expected to keep personal telephone calls to a minimum and will make necessary calls from the office of Volunteer Services only. I also understand that I am not to receive personal calls at Randolph Health except from my immediate family or guardian. These calls will be made to the Volunteer office only.
- I understand that I may not have guests at Randolph Health at any time including my lunch break.
- I am expected to use the elevators only when necessary in the performance of my assigned duties. I should wait for people to exit the elevators before I enter, and I should hold the elevator doors (by using appropriate button) for people who are approaching the elevator.
- If I am sent on an errand, I am expected to return to my work station as soon as the errand is complete. If I am released from my assigned area before the end of the shift, I will return to the office of Volunteer Services for re-assignment.
- I am expected to be on time and will notify the Volunteer Office if I am unable to come in to work because of illness or other personal reasons.
- I understand that if my behavior is deemed unprofessional, I am subject to dismissal from the Teen Volunteer Program.
- I authorize my child to be transported by a Randolph Health representative to off-site locations when deemed appropriate.

I am willing to abide by these conditions to ensure smooth operation of the Teen Volunteer Program.

Teen Volunteer Signature _____ Date of Birth _____ / _____ / _____

Parent/Guardian Signature _____ Date _____ / _____ / _____

Randolph Health Employee Health History Update

Name _____ Date _____
 Last First Middle

Address _____

Home Phone # _____ Date of Birth _____

Department Name _____

Emergency Contact _____ Phone # _____ Relationship _____

Have you ever had Chickenpox? _____ How old were you? _____

DO YOU HAVE ...	YES	NO	COMMENTS ...
Unexplained cough lasting > 3 weeks?			
Unexplained weight loss?			
Night Sweats (sweating that leaves the bedclothes & sheets wet)			
Unexplained fever lasting > 3 weeks?			
Shortness of Breath?			
Chest pain?			
Unexplained fatigue (very tired for no reason)?			
Surgery since last update?			
Have you ever had a positive TST?			

Specify any other problems you have experienced since your last "Update" _____

This health statement is accurate to the best of my knowledge. I will advise the Employee Health Department if I am exposed to or develop a contagious disease or if my health status changes such that it may jeopardize the health, safety, or well being of others (patients, employees or visitors) in the hospital.

Employee Signature

Date

Tuberculosis Risk Questionnaire

- | | | |
|--|-----|----|
| 1. Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | YES | NO |
| 2. Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | YES | NO |
| 3. Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplants, diabetes, immunosuppressive medicines (e.g. Prednisone Remicade) Leukemia, Lymphoma, Cancer of the head or neck, Gastrectomy or Jejeunal bypass, end stage Renal Disease(on dialysis) or Silicosis? | YES | NO |
| 4. Have you ever done one of the following: used crack cocaine, injected illegal drugs? | YES | NO |
| 5. Have you ever worked or resided in jail or prison, worked or resided at a homeless shelter? | YES | NO |
| 6. Have you ever worked as a Healthcare worker in direct contact with patients? | YES | NO |
| 7. Have you even been exposed to anyone with infectious Tuberculosis? | YES | NO |

Randolph Health

Teen Volunteer Recommendation Form

To the evaluator: Our Teen Volunteer Program is demanding for a young person. Students must be responsible and display a high level of maturity. We appreciate and need honest evaluations of the applicants. 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 registration packet.

Student's Name:	Date:
Teacher's Name:	Subject:
School:	Phone #:

Please give accurate assessments to the following questions:

	Excellent	Good	Fair	Poor
1. Conduct: Extent to which this student observes good standards of school conduct and obeys school rules.				
2. Cooperation: Extent to which this student works in harmony with others in class and with the teacher in constructive participation in the activities of the class.				
3. Responsibility: Extent to which this student accepts responsibility for doing his/her work without shirking or evading issues or duties.				
4. Diligence: Extent to which this student works diligently and purposely without wasting time.				
5. Persistence: Extent to which this student adheres to a task in order to see it through to completion.				
6. Initiative: This student's resourcefulness, self-reliance and energy in meeting new situations.				
7. Accuracy: This student's ability to work with exactness and precision.				
8. Attention: This student's ability to listen and follow instructions.				
9. Communication Skills: This student'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 student performs at a level beyond what is asked of him/her.				
2. This student obeys rules and has not been subject to any significant disciplinary actions. If no, please explain _____				
If I were an employee or patient at Randolph Health, I would like to think this young person would be assigned to my area.				

Additional Comments: _____

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

Signed _____ Date _____
 (Teacher's Signature)



Service Excellence Behavior Expectations

Customer Awareness

Confidentiality and Privacy Maintain a secure and trusting environment.

- Ensure that personal information is kept confidential.
- Never discuss customers and their care in public areas.
- Knock and identify yourself before entering a room. Wait for permission then enter.
- Close curtains or doors during examinations and procedures.
- Provide an extra gown or sheet while transporting a patient. Check the quality and size of the gown for appropriateness.

Customer Waiting Convey our understanding of the *anxiety of waiting time*:

- Be as accurate as possible regarding the time and length of service.
- Regularly update patients and family members who are waiting.
- Always thank our customers.
- Offer refreshments when appropriate and an explanation if a wait occurs.

Communication Respond to customers in a manner that demonstrates caring and respect:

- Anticipate the customers' needs.
- Make the customer your top priority by actively listening.
- Use uncomplicated terminology.
- Identify and address individual communication needs such as an interpreter.

Professionalism Exhibit courteous and respectful behavior to our patients and their family members, fellow staff members, volunteers, physicians, and other visitors.

(Face-to-Face Interactions)

- Smile and make eye contact.
- Introduce yourself and your role to patients and family members.
- Take time to escort rather than pointing out directions.
- Give patients and family members priority when transporting by interacting with them and not just with staff.
- Walk at a reasonable pace. Consider a family members' inability to walk at a brisk pace.

(Telephone Interactions)

- Know how to operate the telephones within your area.
- Identify your department, yourself and ask, "May I help you?"
- End communications by asking, "May I help you with anything else?"

Attitude Communicate a positive self-attitude:

- Be aware that a customer's perception of Randolph Health is influenced by the way we conduct ourselves individually.
- Always use appropriate language and tone of voice.

- Do not offer opinions or discuss issues that reflect negatively on the organization. (This applies both inside the hospital and out in the community.)
- Adhere to policies and procedures.
- Demonstrate exemplary behavior both on and off duty.

Appearance Appropriate grooming and dress presents an image of respect for our customers and the organization:

- Follow dress code policies.
- Wear identification badge correctly at all times.
- Do not wear perfume.

Commitment to Co-workers Exhibit professional courtesy to co-workers and supervisors. Treat co-workers as we would treat our patients and guests.

- Praise and encourage co-workers whenever possible.
- Don't undermine others' work.
- Address problems through the proper channels.
- Apply teamwork and a cooperative spirit.
- Greet co-workers by name.
- Welcome newcomers.

Safety Awareness It is the responsibility of all staff and volunteers to ensure safe surroundings.

- Maintain clean, neat and safe work areas throughout the facility. This is a shared responsibility for all employees.
- Report all accidents or incidents promptly.
- Correct or report any safety hazards. And secure location to protect safety until hazard is addressed.
- Use appropriate protective clothing and equipment.

Ownership & Empowerment A "take part in" environment.

- Take pride in the organization as though you own it.
- Assume individual responsibility to resolve a problem or complaint.
- Remember that we are here to help.

Performance Improvement Keeping pace with a changing business environment.

- Set personal goals and strive to achieve them.
- Participate in educational programs to expand your skills.
- Contribute suggestions for better and more efficient ways to do things.
- Be open to suggestions.

Randolph Health Service Excellence Behavior Expectations



I have read and understand Randolph Health's Service Excellence Behavior Expectations and agree to comply with and practice the behaviors outlined above.

Signature _____ Date _____