



Welcome!

Thank you for your interest in the Summer Junior Volunteer Program at Tomball Regional Medical Center. We are excited for the great opportunities awaiting our junior volunteers this summer.

Being a middle school, high school or college junior volunteer is very special and requires thoughtful consideration of your commitment of time. Roles for junior volunteers vary each summer depending on the needs of our departments and we are not able to guarantee each volunteer's top choice in placement. Volunteer positions could consist of providing directions to patients and families, answering phone calls, assisting in special departmental projects or delivering supplies throughout the hospital.

Program Requirements:

The Summer Junior Volunteer Program is available to teens from June – August. We ask for a 4-hour shift at least once a week. Volunteers in the teen program must meet the following requirements:

1. **Must be at least 14 years of age to apply**
2. Must complete Summer Junior Volunteer application, signed by a parent or guardian
3. Must obtain two (2) confidential recommendations
4. Must schedule a Volunteer Services department interview
5. Must attend Hospital Orientation when scheduled
6. Must have results of substance screening, immunization testing and a tuberculosis skin test
7. Must participate in hospital and departmental training
8. Must abide by uniform and dress standards
9. **Must be punctual and consistent in attendance, accomplishing a minimum of 32 hours of service in order to receive a certificate of attendance for school or community service purposes**

Once you have completed the enclosed application for the Summer Junior Volunteer you will be contacted to schedule an interview. During the interview we will review your application, discuss your interests, activities, previous volunteer experiences, and your availability. We will also schedule your substance screening test and orientation.

The teen program offers two shifts a day, Monday through Friday. The morning shift will start at 8 am and end at 12 pm. The afternoon shift will start at 12 pm and end at 4 pm. Teens will be volunteering in several areas; **however we will only be able to offer work in non-clinical departments.** Each student will be limited to one or two shifts per week depending on availability.

Once again, thank you for your interest in our program. We look forward to hearing from you.



| | |
|--|--------------------------|
| Junior Volunteer Summer Program | |
| For Office Use Only | |
| Last Name | _____ |
| First Name | _____ |
| Day | _____ |
| Time | _____ |
| TB | <input type="checkbox"/> |
| Immunizations | <input type="checkbox"/> |
| Drug Testing | <input type="checkbox"/> |
| Orientation | <input type="checkbox"/> |
| Interview | <input type="checkbox"/> |

Tomball Regional Medical Center
2017 Summer Junior Volunteer Program

Tomball Regional Medical Center
605 Holderrieth Blvd.
Tomball, TX 77375
(281) 401-7587 Volunteer Office
JRobinson@tomballhospital.org

All Applications must be returned to the Volunteer Services office by
Friday, April 28, 2017

Completing this application does not guarantee acceptance into the Junior Volunteer Program.



Junior Volunteer Application

Please return your application, signed by you and your parent or guardian, along with **(2) letters of recommendation** to the Volunteer Services Department. A volunteer interview, hospital orientation and medical testing is a mandatory requirement before volunteer placement can begin.

This hospital does not discriminate on race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, citizenship, veteran status, military or uniformed services or other protected classifications, in any way including admissions, treatment, programs, services, activities or employment.

APPLICATION FORM

Name: Last _____ First _____ Middle _____

Address _____ Phone _____

City _____ State _____ Zip _____ Birthdate (mo/day/yr) _____

Social Security Number _____ Email _____

School Attending _____ Grade _____

Family Physician _____ Office Number _____

Health Limitations _____

Emergency Contact _____ Relationship _____

Contact's Home Phone _____

Work Phone _____ Cell Phone _____

Days of week you are available

Monday Tuesday Wednesday Thursday Friday

Hours availability

Mornings (8 am to 12 pm) Afternoons (12 pm to 4 pm)

**Attach a brief explanation on why you want to join our Summer Junior Volunteer Program
Volunteer**

SUMMER JUNIOR VOLUNTEER PROGRAM CONSENT FORM

I hereby submit my application and letters of reference for the Summer Junior Volunteer Program. I agree to a drug test for participation in this program and understand that a positive test results will be provided to my parent/guardian. I understand that the Volunteer Services Manager makes all regular assignments, based on a personal interview and the interests of each prospective teen volunteer. I agree to abide by the policies and procedures of the Volunteer Services Department. I voluntarily offer my services with a clear understanding that there is no monetary compensation due to me as a result of my services. I understand and agree that, in the performance of my duties as a teen volunteer, I must hold patient / medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers or family. I also understand that any violation of patient confidentiality will result in termination from the volunteer program.

If I am accepted as a Junior Volunteer at Tomball Regional Medical Center:

- I will observe all hospital rules and regulations
- I will not use my personal phone to make calls or send text messages, as this creates an unprofessional impression. If there is an emergency, I will let my Volunteer Manager and my Department Director know ahead of time.
- I will be punctual for all of my assigned shifts and I will perform my volunteer duties to the best of my ability. I will sign IN and OUT for each shift.
- I understand that volunteer placement depends upon the needs of the hospital and I may not get my first choice. I am aware that my assignment area may change at any time.
- I understand that photos taken while participating as a TRMC volunteer or at special functions may be used for promotional reasons (newsletters, brochures, pamphlets, etc.).
- I am willing and able to commit to volunteering for a minimum of one to two 4-hour shifts per week.
- I will adhere to the TRMC Junior Volunteer dress code.
- I understand that Junior Volunteers must be under adult supervision at all times while volunteering. I will take guidance and direction from those in my assigned department.
- I understand that if I am sick and need to be absent from my volunteer shift, that my parent or legal guardian must be the one to call the Volunteer Manager to report my absence.
- I understand that any absences due to illness or personal days must be made up.
- I understand that I am only permitted to volunteer in the department(s) in which I am assigned by the Volunteer Manager, and not in any other department.
- I understand that Junior Volunteers are not permitted to shadow any physicians or medical staff, per corporate policy.
- I understand that I am unable to watch any procedures (surgery, etc.), per corporate policy.
- I agree to attend Hospital Orientation when scheduled. I understand that there are no other orientation dates available, and my place in the program will be given to another student if I am unable to attend this training.

Date

Junior Volunteer Printed Name

Junior Volunteer Signature

SUMMER JUNIOR VOLUNTEER PROGRAM PARENT/GUARDIAN CONSENT FORM

I hereby give my consent for _____ to participate in the Junior Volunteer Program at Tomball Regional Medical Center (TRMC). I have read and understand the "Junior Volunteer Consent Form" and am aware of what my son/daughter has agreed to. I will assume responsibility for his/her transportation to and from TRMC.

I also give permission for a drug test to be completed on my son/daughter/charge for participation in this program and understand that I will be informed if the test is positive. I further release the hospital from any legal or other responsibilities for any injuries, act, or incidents involving the volunteer.

I am aware that TRMC does not provide insurance coverage for volunteers if personally injured or if damage occurs to personal property while acting as a volunteer. I further understand that my child is not entitled to Workers Compensation benefits, health insurance benefits, or any other benefit available to employees of TRMC. I agree that I will not hold TRMC or its officers or agents thereof liable for any injury sustained to person or property while my child is acting in a volunteer capacity.

I understand that if my child is ill and needs to be absent from his or her assigned volunteer shift, that I (not the student) must call the Volunteer Manager directly to report absence due to illness. I understand that all absences due to illness must be made up as soon as possible, and that all "personal day" absences (described earlier) due to unforeseen issues must be made up within a week of the missed shift.

I understand that photos may be taken of my child while he/she is volunteering at TRMC. I understand that TRMC may use these photos to promote the Junior Volunteer program on their website, brochures, etc.

I understand that my son or daughter's place in the program will be given to another student if he/she is unable to attend the Hospital Orientation for any reason. I understand that no alternate orientation dates are available. I understand that if another commitment later arises on the training date and my son or daughter is unable to attend, his/her place in the program will be offered to another student.

I give permission for emergency medical treatment if necessary.

Date

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

TB/PPD SKIN TEST AND VACCINATION RECORDS ACKNOWLEDGEMENT FORM

I understand that a TB/PPD (tuberculosis) skin test must be completed for all Tomball Regional Medical Center volunteers. This test must be completed **NO SOONER** than 90 days prior to the first day of volunteering. One negative skin test is required in order to volunteer. If your test is positive, documentation of a negative chest x-ray is required. You may consider waiting until confirmed acceptance into the Summer Junior Volunteer Program before scheduling a TB/PPD appointment.

TB/PPD testing for volunteers aged 14-17 years old may be conducted with a family physician, or at a local clinic. Results should be brought to your pre-screening appointment with the Human Resources (HR) department. Volunteers 18 years of age or older may elect to be tested directly at Tomball Regional Medical Center during your pre-screening appointment with the HR department. At your pre-screening appointment, a copy of your vaccination records is required. Information about scheduling a pre-screening appointment will be provided in the Junior Volunteer program acceptance letter.

Junior Volunteers are required to have proof of the following immunizations:

- Tetanus, Diphtheria, and Pertussis (Tdap), within the past 10 years
- Measles, Mumps, Rubella (MMR), documentation of 2 vaccinations or positive titer
- Chicken Pox (Varicella or VZ), documentation of 2 vaccinations or positive titer
- Hepatitis B (Hep B), documentation of 3 vaccinations or positive titer
- Current influenza vaccination (encouraged, not required)

I understand that I am required to provide vaccination records and be tested for tuberculosis before I am able to volunteer at Tomball Regional Medical Center. I understand that my TB/PPD skin test result must be negative, or a negative chest x-ray will be required. I understand that the test may not be completed sooner than 90 days prior to the first day of volunteering, and I may elect to wait until confirmed acceptance into the Junior Volunteer program before scheduling my appointment. I agree to contact the Volunteer Manager at 281-401-7587 if I have any questions regarding vaccination records and/or TB/PPD testing.

Date

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Junior Volunteer Printed Name

Junior Volunteer Signature

2017 Summer Junior Volunteer Program

REFERENCE FORM (Must be completed by a teacher or school staff member)

_____ has applied to be a Summer Junior Volunteer at Tomball Regional Medical Center and would like you to be a character reference. Please complete the following information and return directly to the student in a sealed envelope with your signature across the back of the envelope. Please do not mail this form into the hospital. (*Note: Please use the back of this form if more room is needed.*)

How do you know the applicant?

How long have you known him/her?

What extraordinary skills and/or attributes does this person possess that may contribute positively to his/her service as a volunteer?

Please give an example of when this person has gone above and beyond a required task.

Please rate him/her on a scale of 1-4 for the following attributes: (4-Excellent, 3-Good, 2-Fair, 1-Poor)

| | | | |
|-------------------------|---------|---------------------------------|---------|
| Has a positive attitude | 1 2 3 4 | Has patience | 1 2 3 4 |
| Is honest/trustworthy | 1 2 3 4 | Shows compassion for others | 1 2 3 4 |
| Is dependable | 1 2 3 4 | Demonstrates initiative | 1 2 3 4 |
| Is punctual | 1 2 3 4 | Commits fully to assigned tasks | 1 2 3 4 |

Being a volunteer at Tomball Regional Medical Center requires maturity, the ability to follow instructions, and a high level of integrity and commitment. Do you know of any reason why this individual should not be accepted as a Junior Volunteer?

Printed Name

Signature

Title

School E-Mail Address

Phone Number

Date

2017 Summer Junior Volunteer Program

REFERENCE FORM (Must be completed by a coach, pastor, mentor or other community leader)

_____ has applied to be a Summer Junior Volunteer at Tomball Regional Medical Center and would like you to be a character reference. Please complete the following information and return directly to the student in a sealed envelope with your signature across the back of the envelope. Please do not mail this form into the hospital. (*Note: Please use the back of this form if more room is needed.*)

How do you know the applicant?

How long have you known him/her?

What extraordinary skills and/or attributes does this person possess that may contribute positively to his/her service as a volunteer?

Please give an example of when this person has gone above and beyond a required task.

Please rate him/her on a scale of 1-4 for the following attributes: (4-Excellent, 3-Good, 2-Fair, 1-Poor)

| | | | |
|-------------------------|---------|---------------------------------|---------|
| Has a positive attitude | 1 2 3 4 | Has patience | 1 2 3 4 |
| Is honest/trustworthy | 1 2 3 4 | Shows compassion for others | 1 2 3 4 |
| Is dependable | 1 2 3 4 | Demonstrates initiative | 1 2 3 4 |
| Is punctual | 1 2 3 4 | Commits fully to assigned tasks | 1 2 3 4 |

Being a Junior Volunteer at Tomball Regional Medical Center requires maturity, the ability to follow instructions, and a high level of integrity and commitment. Do you know of any reason why this individual should not be accepted as a Junior Volunteer?

Printed Name

Signature

Title and Organization

School E-Mail Address

Phone Number

Date