Junior Volunteer Program

Information sheet

Basic Information

- The Junior Volunteer Program is for students ages 14 – 20 who are interested in a career in healthcare.
- All students planning to participate in the JV program must attend an orientation on **May 9, 2023 at 4 pm** in the dining room of NCMH.
- All students must complete application; have signed recommendation; and current immunizations. Applications due **Friday, April 14, 2023**. Late Applications will not be accepted.
- All students accepted into the program will be required to pay a $25.00 fee to help with the cost of uniforms. Fee will be collected at orientation. Do not send any money in with application.
- There will be two 4-week sessions. Students will work 4 hours one day a week for four (4) weeks to complete program.
- The work hours are: 8:30 am – 12:30 pm or 12:30 pm – 4:30 pm.
- Session 1 will be June 5 – June 30 and Session 2 will be July 10 – August 4

What should the student hope to gain from this experience?

- Student will gain "on-the-job" training in that they will actually be working/helping a department with actual skills needed to complete job.
- Student may use completed JV Program on College and/or job Application.
- Student will be able to experience what it is like to work in hospital setting.
- Student will learn responsibility.
- Student will make new friends/mentors.
- Student will experience personal pride by helping his/her community through volunteer service.

Contact Information

Angela Bowers, Coordinator of Volunteer Services
NCMH
P O Box 497
Newberry, SC 29108
803-405-7130
angela.bowers@newberryhospital.net

CHECK PREFERRED SESSION

☐ Session 1
June 5 – June 30

Junior Volunteer Program
2669 Kinard Street, P O Box 497
Newberry, SC 29108
803-405-7130

☐ Session 2
July 10 – Aug 4

Newberry County Memorial Hospital Junior Volunteer Application

Name _____ email _____

Address _____
(Street)

_____
(City) (State) (Zip)

I hereby certify that I am 14-20 years of age ☐ Cell # _____ Text: Y N

School _____ Grade _____

I will be graduating from high school in the year _____ Date of Birth _____

Something unique about myself is _____

Have you had prior experience as a volunteer? ☐ Yes ☐ No

If so, where? _____

Why are you interested in volunteering? _____

_____

Please share a little about yourself – (interest, attributes, career goals):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please circle the day and shifts that you will be available for volunteer service. The morning shift is from 8:30 am – 12:30 pm. The afternoon shift is from 12:30 pm to 4:30 pm.

Monday		Tuesday		Wednesday		Thursday	
am	pm	am	pm	am	pm	am	pm

☐ I will be carpooling and would prefer the same shift as: _____

Departments I am most interested in volunteering in: _____

_____

Departments I am least interested in volunteering in: _____

_____

List two adult references not related to you:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

By signing this application, I certify that the information I have given is true and that I am 14 years of age or older as of June 5, 2023. I am aware that by applying to be a junior volunteer, I commit to volunteering all four weeks of the program and understand that I may be dismissed as a junior volunteer if I have one (1) unexcused absence. I also understand that visiting friends/relatives will not be allowed to accompany me during my volunteer shift. As a NCMH junior volunteer, I am bound by a professional code of ethics, and agree to respect the privacy of each patient. I will not discuss a patient's presence, identity, diagnosis, or treatment with anyone either inside our outside of the hospital. I agree to use confidential information only as needed to perform my volunteer duties. This means I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to NCMH. I understand that I will be automatically dismissed as a junior volunteer if I do not respect my responsibility for maintaining confidentiality.

Your Signature: _____

Consent for Minor to Participate in NCMH Junior Volunteer Activities

I will authorize _____, a minor, to participate in the Junior Volunteer Program at Newberry County Memorial Hospital. I understand that daughter's/son's services are donated to NCMH without expectation of compensation or future employment.

I hereby give my permission for said minor to participate in the mandatory health screening for the NCMH Junior Volunteer Program. I understand that the screening includes a blood draw to check for TB which will be provided at no cost by the hospital. By signing this form, I also agree that my daughter/son will have reliable transportation to the facility on her/his assigned day of service.

I understand that NCMH reserves the right to terminate my daughter's/son's services as a Junior Volunteer due to any of the following: one (1) unexcused absence, a failure to comply with hospital policies and procedures, and personal conduct, attitude, or appearance unbefitting a member of NCMH Junior Volunteer Program.

I clearly understand the conditions of my daughter's/son's membership in the Junior Volunteer Program at NCMH. I release NCMH and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of NCMH while participating in such volunteer activities.

I understand there is a $25.00 fee to help defray cost of uniforms that will be due at orientation.

_____ _____

Parent/Guardian Date

Where can we reach you in case of an Emergency involving your child?

Name _____ Relationship to Minor _____

Phone # (work) _____ (home) _____

If we cannot reach you, who should be contacted?

Name _____ Relationship to Minor _____

Phone # (work) _____ (home) _____

BACKGROUND INVESTIGATION AUTHORIZATION FORM

I authorize Newberry County Memorial Hospital and any of its affiliates or its designated investigative ('agency') to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Hospital, the affiliate, and the agency have my permission to contact persons who may have information relating to my suitability for employment and to secure consumer credit reports (including investigative consumer reports). I understand that information obtained by the Hospital, the affiliate, or the agency in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving record, judgment, liens, arrests and convictions.

I authorize NCMH and its affiliates, without reservation, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes.

_____ _____
Name (Printed) Social Security #

_____
Other Names Used (Maiden)

_____ From:_____TO:_____
Current Address City State Zip

_____ From:_____TO:_____
Previous Address City State Zip

_____ _____
Home Telephone Number Business Telephone Number

_____
Driver's License and State of Issue/Expiration Date of Birth

_____
Signature of Junior Volunteer Date Witness (Parent or Guardian) Date

NOTICE ON CONSUMER REPORTS

Please take notice that the Hospital may obtain or cause to be prepared either a Consumer Credit Report or an Investigative Consumer Report on you for employment purposes. That information will be kept confidential to the extent required under the Fair Credit Reporting Act.

As an Equal Opportunity Employer, the Hospital will not use any information in any of these reports in violation of any applicable federal or local equal employment laws or regulations.

In the event that any adverse employment actions is taken with respect to you based in whole or in part on the results of the Consumer Report or Investigative Consumer Report, you will be provided a separate notice of your rights under the Fair Credit Reporting Act.

I hereby consent to the Hospital obtaining a Consumer Report or Investigative Consumer Report on me for employment purposes, and authorize the Hospital to obtain such a report(s).

_____ _____
Signature of Junior Volunteer Date

_____ _____
Witness (Parent or Guardian) Date

Newberry COUNTY MEMORIAL Hospital

Release of Information/Photo/Film Release Form

I,_____, hereby authorize the release of information,
(Print name)

photographs and/or film for the use of NCMH Marketing.

I hereby agree to hold the hospital free and harmless from any and all liabilities or ill effect, which might arise from the publication of such information, photos and/or film.

Junior Volunteer Participant:_____
(Signature)

Minor's Age:_____

Minor's Parent or Guardian:_____
(Print Name)

Minor's Parent or Guardian:_____
(Signature)

Witness Signature:_____

Date:_____

Event/Situation: Junior Volunteer Program – Summer 2023

Uniform Order

Please indicate sizes: (Circle desired size of both top and bottom)

Top	-	Adult size	XS	S	M	L	XL
Bottom	-	Adult size	XS	S	M	L	XL

☺Jr. Volunteers scrubs will be clean ☺Wear clean, soft-soled tennis shoes with socks ☺Name badge must be visible and worn above waist ☺No baseball hats, do-rags, sandals, or open-toed shoes ☺No strong perfume or cologne ☺Minimal jewelry ☺Clean hair and neat appearance is a must

- Detach the following page (Educator Recommendation) and give to an Educator to complete for you. Information for them to send to hospital is on page.

- You are now ready to submit your application.

- Please check with Educator in a week to make sure they sent their recommendation to hospital.

Educator Recommendation

The young man/woman named below has applied to become a Junior Volunteer at Newberry County Memorial Hospital. Because there are many young people interested in volunteering, and to assist in the selection process, we would appreciate your evaluation and comments by completing this recommendation.

After completing this recommendation, please seal it in an envelope and return it to the applicant to be attached to their application or mail to NCMH Volunteer Services, Attn: Angela Bowers, P O Box 497, Newberry, SC 29108. The form and application must be returned to NCMH Volunteer Services no later than **Friday, April 14, 2023** (by 5:00 pm).

Applicant Name _____

Current Grade _____

∞ ∞

Please circle qualities you have seen in this student:

Self-disciplined *Respectful* *Dependable* *Compassionate* *Honesty* *Hard-working*

Please rate this student of how you feel they would be as a Jr. Volunteer:

1 2 3 4 5 6 7 8 9 10
Unsure Great

Educator's Name _____

Comments:

Signature: _____ Date _____