



2010 JUNIOR VOLUNTEER APPLICATION FORM

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT:

Last Name _____ First Name _____
 Date _____ Age as of June 1 _____ (Student ***MUST*** be age 14 by June 1, 2010.)
 Address _____ City _____ Zip _____
 Phone _____ E-mail Address _____

Orientation sessions will be held June 7-11 and June 14 each morning at 8 a.m. at the main campus and at 1:30 p.m. on June 7 only at Deaconess Gateway. Your attendance at one of these sessions is required for participation in the program.

Have you received your citizenship rating for each semester you have attended school? Yes No

It is with my full understanding and knowledge that, after my parent/guardian signs the Parental Agreement, I will submit this application form to my school counselor or their designee for completion. They will then forward this form to the Deaconess Hospital Volunteer Office. Applications are due by April 16.

Signature of Student _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE SCHOOL:

Please check the appropriate square:

	Superior	Good	Fair	Poor	Don't Know
School Attendance					
Ability to Follow Instructions					
Cooperation with Authority					
Health					
Grooming					
Dependability					
Scholarship					
Peer Rapport					
Poise and Self Control					
Enthusiasm					
Judgment					

Is student mature enough to work with hospital patients and visitors? Yes No Possibly

Comments: _____

On the following scale, the overall potential of this applicant for volunteering is:

Superior Good Poor Fair

Date _____ Signature of Counselor or Designee _____

School _____ Phone No. _____

RETURN COMPLETED APPLICATION TO: Volunteer Services, 600 Mary Street, Evansville, IN 47747

**DEACONESS HEALTH SYSTEM, INC.
PARENTAL AGREEMENT FOR STUDENT VOLUNTEERS**

I am the parent/guardian of:

Student name: _____
(Please print)

In order to meet your expectations as a parent/guardian and your student's expectations, what outcome for your student would you like to see as a result of volunteering at Deaconess Health System?

By signing this agreement:

- I acknowledge and approve of my son/daughter/guardian applying to volunteer at Deaconess.
- I understand that there is a possibility that my son/daughter/guardian may not be accepted into the Deaconess junior volunteer program at this time.
- I acknowledge he/she can perform the essential functions of the position he/she is volunteering for, with or without reasonable accommodation, and his/her general health is _____.
- I will ensure my son/daughter/guardian understands that volunteering is a serious commitment, and he/she will not take more than two weeks off from volunteering during the 2010 junior volunteer program.
- I understand that volunteers serve without pay, pay their own transportation expense, purchase their own uniform, and pay for their meals when they eat at the hospital.
- I will ensure my son/daughter/guardian will report to volunteer on time and will follow the Deaconess dress code. *(Students will be sent home if they are dressed inappropriately.)*
- I understand that students must demonstrate appropriate behavior at all times, or they will be subject to dismissal from the volunteer program.
- I will ensure my son/daughter/guardian meets all necessary requirements on or before the deadlines, including completion of all volunteer forms and TB testing.
- I hereby give my permission to my son's/daughter's/guardian's school counselor or designee to give background information from school records pertinent to this application form.

Parent/legal guardian name *(Please print)*

Date

Parent/legal guardian signature

Daytime phone number

Your signature on this agreement will serve as your acknowledgement of the requirements of Deaconess Hospital's junior volunteer program. If you have questions or concerns, please do not hesitate to contact Judy Swartz, Manager, Volunteer Services, at 812-450-2235.



2010 JUNIOR VOLUNTEER HEALTH INVENTORY

Name: _____ Date of Birth: _____
(Please print)

PLEASE CHECK THE FOLLOWING THAT APPLY TO YOU:

_____ Latex Allergies
_____ Other Allergies (please list):

Do you have a medical condition that could be a safety hazard to you or others? [] Yes [] No
If yes, explain the nature of the medical condition: _____

Do you have any contagious diseases? [] Yes [] No
If yes, explain the nature and duration of illness: _____

Have you been immunized against or diagnosed with any of the following?

Rubella [] Yes [] No Measles [] Yes [] No
Mumps [] Yes [] No Chickenpox [] Yes [] No
Hepatitis A [] Yes [] No Hepatitis B [] Yes [] No

Notify in Emergency: _____ Phone: _____

Family Physician: _____ Phone: _____

I hereby certify the above information is true and correct to the best of my knowledge.

(Student signature)

(Date)

(Parent/Guardian signature, if student under age 18)

(Date)

NOTE: To meet regulatory requirements, all Junior Volunteers are required to be tested for TB, at the expense of the hospital, if they have not been tested within the past 12 months. Additionally, the Indiana State Department of Health requires two TB tests for those not previously tested. Children's Enrichment Center volunteers will be required to provide additional health information.



2010 JUNIOR VOLUNTEER ASSIGNMENT PREFERENCE SHEET

NAME _____ Male Female

NICKNAME _____ SOCIAL SECURITY # _____

A Junior Volunteer is required to work one shift per week to be active in the program. If their schedule permits, they may work more than one shift.

I would like to volunteer at the: Mary Street campus Gateway campus

Volunteer positions are staffed Monday through Friday, with the exception of the main campus gift shop which is open on Saturdays and Sundays. Note that different assignments have different shift times. Please indicate which days of the week you are available. Give us your preference of days by indicating "1" for your first choice, "2" for second choice, and "3" for third choice.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PLEASE CHECK: I would like to volunteer:

- Weekday morning
Weekday afternoon
4:30 – 6:30 P.M. weekday (Main campus gift shop only)
10 A.M. – 2:00 P.M. Saturday (Main campus gift shop only)
12:30 – 4:30 P.M. Sunday (Main campus gift shop only)

Using the enclosed position descriptions, please indicate below your preferred assignment(s), using No. 1 to indicate your first choice, No. 2 your second choice, and No. 3 for third choice. Please note, assignments and their shift times vary by campus. Make sure the assignments you request match the times you are available to volunteer.

POSITIONS: 1. _____ 2. _____ 3. _____

I am willing to work in any area that has an open position. Yes No

I am in a car pool and must volunteer the same day and time as: _____

I have been a Junior Volunteer at Deaconess in the past. Yes No If "yes", year _____.

My parent or grandparent is a Deaconess employee. Yes No

If "yes", list name and department _____

The Junior Volunteer Program will be held from June 7 to August 6. Please list dates that you will NOT be available to volunteer (i.e., for vacation, sports or music camps, etc.). If exact dates are unknown, please list number of weeks.



VOLUNTEER AREAS OF SERVICE

Main Campus Summer, 2010

Child Care Center: Monday through Friday, 8 a.m. – Noon. Two people needed each day.
Assist with the/ children.

The courier carrier and mail delivery duties are performed by the same person:

Courier Carrier: Monday, Wednesday, Thursday, and Friday, 8 a.m. – completion. Two people needed for each day.

Deliver newspapers to patients who are Helping Hand members.

Mail: Monday through Friday, 9:30 a.m. – completion. Two people needed for each day.
Sort patient mail and deliver mail to patients.

Family Practice: Tuesday, 1-4 p.m., Wednesday, 1-4 p.m., and Thursday, 9 a.m. -12:30 p.m. and 12:30 -4 p.m. One person per shift.

Filing, stuffing envelopes, assembling packets, basic clerical functions, reading to children in waiting area and helping with Mom's Group.

Gift Shop/Flowers: Monday through Friday, 8:30 a.m. – 12:30 p.m./12:30 – 4:30 p.m./4:30 – 7:00 p.m., Saturday, 10 a.m. – 2:00 p.m., and Sunday, 12:30 – 4:30 p.m. Ring up sales on cash register and wait on customers. Receive flowers from florists, log flowers in, and deliver flowers to patients.

Lighter Side Library: Monday through Friday 10:00 a.m. – 1:00 p.m./1:00 – 4:00 p.m.
Two people per day.

Provide videos and books to patients, employees, and volunteers; routine paperwork.

Living History/Volunteer Visitor: Incoming high school juniors who are Honors English students or Honors Journalism students. Monday-Friday, 9 to completion (approx. 11 a.m.), or 1:00 to completion (approx 3 p.m.) Must have strong English or Journalism backgrounds and enjoy interacting with patients/adults. Will visit selected patient on a specific nursing unit(s) and interview the patient. Interview information will be typed into a newsletter style document for the patient and unit. In addition, greet patients throughout the hospital, share the hospital welcome brochure and Lighter Side Library information, and check phones for the STAR stickers.

Progressive Care Center (PCC): Tuesday, 8:30 a.m. – Noon and Thursday, 8:30 a.m. – Noon. One person per day. Assist Activity Director with one-on-one visits with patients or group activities.

Resource Center: Tuesday, Thursday, and Friday only, 8 – 11 a.m.
Office assistant for Helping Hand: Distribute Helping Hand materials to patients.

Sterile Supply: Monday through Friday, 8:30 – 11:30 a.m./12:30 – 3:30 p.m. One person per shift daily.
Deliver supplies to nursing units and wrap supplies.



VOLUNTEER AREAS OF SERVICE

Gateway Campus

Summer, 2010

Gift Shop: Monday through Friday, 9:00 a.m. – 1:00 p.m./1 – 5 p.m.

One person per shift daily. Assist customers and ring up sales on cash register. Make deliveries of flowers and gifts to patients.

Sterile Supply: Monday only, 10 a.m. – 2 p.m. One person needed. Deliver supplies to nursing units and wrap supplies.

Living History/Volunteer Visitor: Monday, Wednesday, Friday, 9 – 11 a.m. One person per day. Incoming high school juniors who are Honors English students or Honors Journalism students. Must have strong English or Journalism backgrounds and enjoy interacting with patients/adults. Will visit selected patient on a specific nursing unit(s) and interview the patient. Interview information will be typed into a newsletter style document for the patient and unit. In addition, take information to newly-admitted patients.

If you would like more information regarding any of these areas, please call Martha Esparza at 450-3441 between the hours of 7:30 – 11:30 a.m., Monday through Friday.