



Volunteer Services

Junior Application Form SUMMER 2016

Thank you for your interest in becoming a Junior Volunteer within the Holy Spirit, A Geisinger Affiliate. There are a few things you should consider before filling out your application.

First, be certain that you are ready to make a regular commitment of time to be a teen volunteer. Evaluate your current and upcoming summer obligations, and discuss this additional time commitment with your parents. Patients and staff will be counting on you! It is important that volunteers be dependable and treat their assignment seriously.

Second, the Junior Volunteer Program consists of visiting with patients and helping to brighten their day. If you feel you are able and willing to spend time with our patients this summer, then this program is right for you!

Third, bring your energy and enthusiasm! Volunteering offers the opportunity to learn and contribute in a professional, care-giving organization. Your smile and positive attitude will help you get the most out of your volunteer experience.

We look forward to receiving your volunteer application. Please read the requirements of our program below before completing the application. Make sure that the application is completed in its entirety. Incomplete applications will not be accepted.

- Applicants must have completed their sophomore year of high school.
- Submit 2 recommendations, one recommendation letter and one form (form included in packet). These may either accompany your application or be mailed separately.
- Properly completed application packet.
- Ability to fulfill the commitment of at least one shift per week during the summer.
- Ability to ensure adequate transportation to and from the hospital.
- Strict adherence to the volunteer dress code.
- **Mandatory attendance at volunteer orientation/training on Friday, June 17, 2016**
- Mandatory completion of health screening upon acceptance into the program.
- Keen interest in helping .



A GEISINGER AFFILIATE

Volunteer Services

Junior Application Form SUMMER 2016

By filling out this application, you attest that you will be available to volunteer during a 9a to 12p or 12p to 3p shift Monday through Friday. You understand there are no weekend or evening assignments and that missing more than two weeks of the program disqualifies you. For example, please do not apply if you are planning on taking a 3 week course or attending a month long camp. You also agree that you can attend the all day orientation and training on Friday, June 17th.

Signed: _____ (applicant)

Parent/Guardian: _____

Applicant Information section with fields for Last Name, First Name, M.I., Nickname, Street, City, State, Zip, Primary Phone, E-mail, Other, and a question about age/completing high school with Yes/No options.

Applicant Availability section with a paragraph about scheduling, a table for Requested Shift (9am-12noon and 12noon-3pm) across days MON-FRI, and a SUMMER ONLY header.

Volunteer Profile section with fields for Prior Community/Volunteer Experience, Reasons for wanting to volunteer, How did you learn about volunteering at Holy Spirit Hospital?, School GPA, School Name, Expected Year of Graduation, and a question about criminal convictions with Yes/No options.



A GEISINGER AFFILIATE

Volunteer Services

Junior Application Form SUMMER 2016

Empty rectangular box for additional information.

| | | |
|--------------------------|------------------------------|------------------------|
| Emergency Contact | Parent/Guardian Information: | |
| | Name | _____ |
| | Work Phone | _____ Cell Phone _____ |
| | Address | _____ |
| | City | _____ State/Zip _____ |

| | |
|-------------------|--|
| References | <p><i>Please list your two references. The letter and form may accompany this application or be mailed directly to our offices. Please indicate your choice below.</i></p> <p><i>Must be two adults over 21 years who are not relatives and who have known you for at least one year.</i></p> <p>LETTER OF RECOMMENDATION</p> <p>Name _____</p> <p><input type="checkbox"/> Enclosed <input type="checkbox"/> Sent Separately by Reference</p> <p>FORM (provided with application paperwork)</p> <p>Name _____</p> <p><input type="checkbox"/> Enclosed <input type="checkbox"/> Sent Separately by Reference</p> <p>If you have any friends/relatives employed or volunteering for Holy Spirit Health System, please list their names:</p> <p>_____</p> |
|-------------------|--|

COMMITMENT STATEMENT: *I affirm that the information I have supplied is complete and accurate to the best of my knowledge, and understand that falsification may prevent my placement or justify future dismissal. I hereby request to become a member of the Volunteer Services Department with Holy Spirit A Geisinger Affiliate and will abide by all hospital, departmental, and health system policies. I am willing to volunteer unpaid hours of service. If I am offered an assignment, I am willing to provide my immunization record to the Employee Health Department, submit to a Health Screening, and to a two step PPD test to be administered by Employee Health. I willingly agree to be trained and oriented, wear a volunteer uniform and ID badge, accurately record my service hours, and comply with any other mandatory requirements. I will be responsible and regular in my attendance and will inform of necessary absences. I clearly understand that there is no employee/employer relationship and as a service volunteer I will not be entitled to compensation/workmen's compensation or fringe benefits of any kind for any voluntary service. My assignment can be terminated at any time with or without notice and for any reason. I will respect the need for safety, infection control, and patient confidentiality.*

Signature _____ Date _____

PERMISSION FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES: *I permit my child to participate in volunteer activities with Holy Spirit Health System and to receive a PPD (TB) test, as required for Infection Control. I understand my child's services are donated without contemplation of compensation or future employment.*

Parent/Guardian's Signature _____ Date _____



A GEISINGER AFFILIATE

Volunteer Services

Junior Application Form SUMMER 2016

Please review and complete this reference check form for the student named below, who has listed you as a reference on their application to become a volunteer with Holy Spirit A Geisinger Affiliate. All responses will be treated as confidential. Please return the completed form to the Hospital to the attention of:

Darlene Heiges
Volunteer Coordinator
503 N 21st Street
Camp Hill, PA 17011

Student's Name: _____

Your Name: _____

Phone: _____

| | |
|----|---|
| 1. | How long have you known the applicant? _____ _____ |
| 2. | What is/was your relationship to the applicant? _____ _____ |
| 3. | What qualities does this applicant possess that would translate well in the role of volunteer? _____ _____ _____ |
| 4. | Are there any reasons why you would not recommend this person as a volunteer? _____ _____ |
| 5. | Please feel free to share any other comments below. _____ _____ _____ |



Volunteer Services

Junior Application Form SUMMER 2016

Volunteer Agreement for Students

Volunteers within Holy Spirit A Geisinger Affiliate are limited to certain areas and responsibilities. Volunteers are expected to be flexible and accepting of different assignments according to the needs and requirements of the patients, staff, and Volunteer Services Department.

- I am aware of and will honor the schedule commitment I make with Holy Spirit A Geisinger Affiliate Volunteer Services and my high school (if applicable).
- I will attend the required Orientation.
- I will complete the required Health Screening with the Employee Health Department
- I understand and will abide by the Volunteer Services Absence Rules (please see attached).
- I will always dress in the appropriate uniform on my shift.
- I will follow all the rules and behaviors outlined in SPIRIT behaviors (see attached) and the Behavioral Code and Expectations Policy.
- As a Volunteer of Holy Spirit Hospital I realize that I not only represent myself, but also the hospital and the Volunteer Services Department and I will perform my service with compassion, dedication and respect.
- I understand that should I fail to abide by this agreement and/or by rules and regulations introduced at orientation, I may be removed from volunteering.

STUDENT

PARENT/GUARDIAN

Date

Date



A GEISINGER AFFILIATE

Volunteer Services

Junior Application Form SUMMER 2016

Volunteer Services Absence Rules

- You must call the volunteer office, **763-2656**, if you are unable to report as scheduled.
- It is the responsibility of the **volunteer**, not the school, parents, guardians, friend, etc. to call and report absence or tardiness.
- If students fail to call off two times, a letter will be sent to their parent and to the school notifying them that the student has been placed on “probation.” A copy of this letter will be placed in the volunteer’s file for future reference.
- If students fail to report off three or more times, they will automatically be removed from the volunteer program and no hours will be available for reporting to their school and no references will be available.
- If a volunteer does not have the appropriate attire for their scheduled shift, they will be sent back to school/home and the day will be marked as an absence.