

Dear Student Volunteer Applicant:

I am excited and pleased that you are interested in our Student Volunteer Program. Community Hospital is a great place to learn and work. Student volunteering is a great experience for young people because it involves learning to work with others in a business setting and making the needs of others a priority. If you are accepted, you will gain valuable skills, which will help you move forward in your studies and life.

We are looking for quality young people to provide excellent service to our employee and patients. I look forward to working you!

Bev Stephens
Director of Volunteer Services
970-256-6260

REQUIREMENTS FOR PARTICIPATION

Included in this packet are the things you need to know and complete in order to participate our Student Volunteer program.

- Complete the enclosed **application**.
- Complete an **interview** with the Volunteer Director, or the person designated by the Director. A parent or guardian needs to be present at this interview. At this meeting you will be asked to:
 - Read and sign the "Parent/Student Commitment".
 - Read and sign the "Professional Appearance Guidelines for Student Volunteers".
 - Read and sign the "Student Volunteer Evaluation Form".
- Two **written recommendations** from adults who are not relatives need to be submitted prior to your acceptance into the program. Have the person making the recommendation mail the completed form directly to the Volunteer Director. It is preferred that one recommendation comes from a teacher. Our recommendation forms will be provided to you at your interview.

During your orientation you will receive:

- A uniform and personal name badge (a \$20.00 deposit is required).
- A PPD screening. Documentation of mumps, measles, and rubella (**MMR**) history and a tuberculosis screening (**PPD**) is required. A PPD screening by Occupational Health or documentation of this test within the last 12 months is required by law. If the screening is needed, Community Hospital will pay for it. This involves an injection under the skin of the forearm. 72 hours later, the volunteer applicant must return to Occupational Health to have their test read.

Parents, guardians, and students, please read the following statements and if you are in agreement with these commitments, please sign at the bottom.

1. It is extremely important that students be present for his/her shifts. Students who do not drive and depend on the family car or bus for transportation must have the full support of the family member who is providing their transportation. If transportation is a problem and cannot be assured, this is not the volunteer program for you.
2. An unexcused absence occurs when students fail to notify the director of volunteer services and their department supervisor, that he/she will be absent. Excused absences are those, which are unavoidable and have, been discussed with their department supervisor. One no-call/no-show puts a student volunteer on probation and two no-call/no-shows will result in dismissal from the program.
3. Because of extensive orientation and training, our student volunteers must commit to a minimum of 50 hours in our program, which includes this orientation (please be sure to sign-in). This is more hours than is required by school district 51 and Mesa State College.
4. Professional behavior is expected from our student volunteers at all times. Volunteering is a great opportunity for a young person, and is considered "pre-work" experience on a résumé. Professionalism is required, which includes no loud talking, running, inappropriate language, name-calling or dirty joking. A friendly, helpful attitude and the willingness to interact with our employees and patients are an absolute necessity.
5. Professional appearance guidelines must be followed at all times when the student volunteer is on duty. If a student comes to work out of uniform, or wrinkled, dirty clothing, he/she will be asked to correct the situation immediately. This may involve going home to change, or asking a family member to bring clothing to the hospital. Our dress requirements are outlined in the Professional Appearance Guidelines.
6. Respect of property and equipment is an expectation. Any deliberate damaged caused to property will be the responsibility of the guardians of those students who are minors.

We Have Read This Parent/Student Commitment, and agree to its requirements:

Parent or Guardian: _____

Student Volunteer: _____

Date: _____

Volunteers are considered to be partners of Community Hospital. It is of great importance that volunteers dress and behave as a professional. The comfort and well being of the people we serve must be a primary motivator for our presence here. In an organization that serves the community, *our credibility does not come from what we say about ourselves, but from what others say about us.*

Good personal hygiene is essential: clean hair, clean nails well manicured, clean body, clean teeth, and fresh breath. Hair should be appropriately styled (tied back if long). Apply a good deodorant and do not wear excessive perfume, cologne, or make-up.

Student volunteers will all wear the same hospital logo embroidered scrub. You may wear this with or without a tee shirt underneath. This is not to be tucked in. We require a \$20.00 deposit upon issue of the scrub top, which will be refunded when you return your top in reusable condition. It is your responsibility to have this top pressed and cleaned. Your name badge must be worn at all times, attached to the lower portion of the V on your scrub top. Jewelry and hair ornaments should be kept to a minimum and be conservative in nature.

Student volunteers will wear slacks, denim is not appropriate. Female volunteers may wear skirts, which are appropriate in length.

Shoes need to be comfortable. If wearing athletic shoes they must be clean and not look as if they just came from the soccer field. No open toes or sandals are allowed due to safety reasons. Socks or hose must always be worn.

Thank you in advance for presenting yourself in a professional manner.

Bev Stephens
Volunteer Director

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell: _____

I expressly authorize without reservation Community Hospital, its representatives, employees or agents to contact and obtain information from all references (personal and professional), from employers, public agencies, licensing authorities, and educational institutions, to verify the accuracy of all information provided by me in this application, résumé, or volunteer job interview. I hereby waive any and all rights and claims I may have regarding Community Hospital, its agents, employees, or representatives, for seeking, gathering and using such information in the volunteer intake process and all other persons, corporations or organizations for furnishing such information about me.

If I am placed as a volunteer, I understand that I am free to resign at any time, with or without cause and without prior notice, and that Community Hospital reserves the same right to terminate my volunteer position at any time, with or without cause and without prior notice. I understand that this application does not constitute an agreement or contract for employment. I further understand that no leader or representative of Community Hospital is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressing language are valid unless they are agreed to by Community Hospital's president and CEO.

Signature of Student Applicant: _____

Date: _____

Office Use Only

Service Area	Status
Job Title	Start Date
Schedule	Last Day
ID #	