

If you are working with a special program for credit (club, etc.), please list;

(Name) (Address) (Phone)

Have you ever been convicted of any criminal offense other than a minor traffic violation? __Y__N

If yes, please explain: _____

Hobbies, Skills, Special Interest _____

Why do you want to be a Volunteer? (Career Goals, Etc.) _____

REFERENCES

1) Name _____ Address _____ Phone _____

How does this person know you? _____

2) Name _____ Address _____ Phone _____

How does this person know you? _____

Believing that the organization has a real need of my services as a volunteer, I will:

- be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- conduct myself with dignity, courtesy and consideration.
- consider as confidential all information which I may hear, directly or indirectly, concerning a patient, doctor, or any member of personnel, and will not seek information in regard to a patient.
- take my problems, criticisms or suggestions to the Director of Volunteer Services.
- endeavor to make my work of the highest quality.
- uphold the Mission, Values and Standards of this organization.
- I hereby certify that the answers on this application are true and correct and that any misrepresentations or omissions of facts or false information on my part will be grounds for dismissal as a volunteer.
- acceptance as a volunteer is contingent upon satisfactory references and verification of the information submitted on this application/criminal background check. I therefore authorize Randolph Hospital to make such investigations and inquiries deemed necessary in determining to accept me as a volunteer.

Signature _____ Date _____ / _____ / _____

*****THIS SECTION FOR ALL TEENS AND TEEN PARENTS TO READ AND SIGN*****

***TEEN VOLUNTEERS ONLY:** On a separate sheet, in approximately 100 words, tell us about your interests, hobbies, activities, ambitions, and why you wish to become a teen volunteer. Bring the essay, application, a recommendation from a current teacher and a completed immunization form to your interview.

I/We give permission for _____ to participate in the Teen Volunteer program at Randolph Hospital, Inc. I/We give permission for treatment in the event of an emergency.

CONDITIONS OF PARTICIPATION

- I am expected to work the specified hours in the unit/department which I have been assigned.
- My lunch break is for a thirty minute period and I cannot leave the campus of the organization during this time.
- I am expected to perform the work assigned to me to the best of my ability. If I have questions concerning my work, I will ask my supervisor. I will discuss other concerns with my contact in Volunteer Services.
- I am expected to be courteous and helpful to patients, visitors, physicians, staff and volunteers within the organization. I will practice “good guest relations” at all times, and I will try to be a good role model for my fellow Teen Volunteers.
- I am expected to keep personal telephone calls to a minimum and will make necessary calls from the office of Volunteer Services only. I also understand that I am not to receive personal calls at Randolph Hospital, Inc. except from my immediate family or guardian. These calls will be made to the Volunteer office only.
- I understand that I may not have guests at Randolph Hospital, Inc. at any time including my lunch break.
- I am expected to use the elevators only when necessary in the performance of my assigned duties. I should wait for people to exit the elevators before I enter, and I should hold the elevator doors (by using appropriate button) for people who are approaching the elevator.
- If I am sent on an errand, I am expected to return to my work station as soon as the errand is complete. If I am released from my assigned area before the end of the shift, I will return to the office of Volunteer Services for re-assignment.
- I am expected to be on time and will notify the Volunteer Office if I am unable to come in to work because of illness or other personal reasons.
- I understand that if my behavior is deemed unprofessional, I am subject to dismissal from the Teen Volunteer Program.
- I authorize my child to be transported by a Randolph Hospital representative to off-site locations when deemed appropriate.

I am willing to abide by these conditions to insure smooth operation of the Teen Volunteer Program.

Teen Volunteer’s Signature _____ Date of Birth ____ / ____ / ____

Parent or Guardian’s Signature _____

Date ____ / ____ / ____

FOR OFFICE USE ONLY:

Orientation: Date _____ Complete√ _____
Orient quiz: Date _____ Complete√ _____
Photo I.D.: Copied√ _____
Immunization Record: Copied√ _____
Uniform: Issued√ _____
Name Tag : Issued√ _____
MMR: Date _____
2nd Rubeola: (Born after 1957) Date _____
Tetanus: (10 yr) Date _____
Chicken Pox: Circle: Y N
 Requirements?

Computer: Name/Address √ _____
 Schedule √ _____
 Personnel √ _____

Referred to Employee Health for Immunization
 Y N

TB Skin Test:

Date Received _____
 Date Read _____
 Results _____

Hepatitis B Vaccine Required? Y N
 Hepatitis
 B Vac-Date _____
 (Series 1) (Series 2) (Series 3)

Service Assigned

Dept. _____ Dept. _____

Schedule

Day _____ Time _____ Day _____ Time _____ Day _____ Time _____ Day _____ Time _____

Weekly√ _____ Bi-Weekly√ _____

Department Contact Name _____ Phone _____

Notes: _____

Yearly Hours:

Previous	2000 total _____	2001 total _____	2002 Total _____	2003 total _____
2004 total _____	2005 total _____	2006 total _____	2007 Total _____	2008 total _____
2009 total _____	2010 total _____	2011 total _____	2012 Total _____	2013 total _____