Vidant Beaufort Hospital
Junior Volunteer Application
2020

Please direct any questions to:
Volunteer Services
Vidant Beaufort Hospital
628 E. 12th Street
Washington, NC 27889
975-4161

Completed application must be received by
5:00pm on Friday, March 27, 2020

IMPORTANT CHANGE !!!

Unlike years past, this year's Junior Volunteer Summer Program will be split into two 4-week sessions.

~ **First Session – June 15th thru July 10th**

~ **Second Session – July 13th thru August 7th**

Each session will run for 4 weeks and juniors will be required to pull one 8-hour day each week to meet the 32 hour requirement.

It is our hopes that this split program will allow your active teenager to participate in more camps, enjoy a vacation, and attend their mission trips and other summer events.

Letter to Applicant

Please keep this letter for your reference.

Thank you for your interest in the 2020 Summer Junior Volunteer Program. Due to the large number of students interested in our program it is essential that you pay close attention to the information given and that you are aware of the DEADLINE by which this information must be returned to the Volunteer Services Department. There are limited spaces available. The application must be submitted to the front desk of the hospital no later than 5:00pm on Friday, March 27, 2020.

Interviews will be scheduled April 15th - April 24th given the application is completed and received by 5pm March 27, 2020.
Mandatory Orientation will be held on ***Tuesday, June 9th***. Times will be given when acceptance letters are sent. Orientation is mandated by The Joint Commission, a government agency that accredits hospitals. If you are unable to attend orientation our policy will **not** permit you to participate in the program.

This year the Junior Volunteer Program will be in TWO sessions:

1st Session – June 15th – July 10th

2nd Session – July 13th – August 7th

Each volunteer is required to volunteer ***one full 8 hour day each week***, which will be assigned and remain the same throughout the 4 week session. Each volunteer must volunteer a minimum of 32 hours in order to complete the program and be eligible to return as a volunteer the following summer. You must be available to work your regularly scheduled day. Four full 8 hour days are required to complete the 32 hour commitment.

All eligible applicants must meet the following requirements:

- Must be at least a rising sophomore.
- You must have at least a "B" average.
- You must be free of any disciplinary actions.
- Your schedule must allow you to be free to volunteer four 8 hour days for a ***minimum*** of 32 hours from June 15th - August 7th depending on which session you serve.
- **MUST** be able to attend Orientation on ***Tuesday, June 9th***. If you cannot attend, you ***cannot*** volunteer.

If you meet the above qualifications: **CHECK ITEMS OFF AS YOU COMPLETE THEM**

- ❑ Complete your application. (Student MUST complete.)
- ❑ **Carefully** read and sign the Junior Volunteer Contract. (Both student and parent/guardian MUST sign.)
- ❑ Complete PPD Consent Form (Parent MUST complete.)
- ❑ Complete Consent Waiver and Release form (Parent MUST complete.)
- ❑ Submit copy of immunization record with application. (See the attached letter from Occupational Health.)
- ❑ Submit copy of report card/school transcript for the most recent grading period.
- ❑ Have your (2) teacher recommendations forms completed and returned in sealed envelopes with the teachers' signatures across the flaps.
  (Unsealed and/or unsigned references will *not* be accepted.)
- ❑ Bring the aforementioned items, all signed, dated and completed in their entirety to the main lobby front desk of the hospital no later than **5:00 pm on Friday, March 27, 2020.** If you are missing any requirements, your application will NOT be considered for review

Feel free to call Mrs. Tice (975-4161) or email at Jamie.Tice@vidanthealth.com with any questions.

Vidant Beaufort Hospital – Junior Volunteer Application

Must be completed by the student applicant

Application Deadline – 5:00 pm, Friday, March 27, 2020

Name_____ Date_____
(Last) (First) (Middle)

Mailing address: _____

_____

Phone numbers: #1_____ #2_____

Social Security Number: _____ Birthdate: ___/___/_____ E-mail:_____

In case of emergency notify: _____ Relationship: _____

Emergency phone numbers:

Cell: _____Work:_____Home:_____

Current School: _____ Grade Level: _____ GPA: _____

Have you ever been suspended from school? _____ If so, why? _____

Please list any activities that you are involved in throughout the school year and summer, including: employment, volunteer work, hobbies, clubs, sports, and/or community organizations. Also, please list any academic honors you have received.

_____

_____

_____

_____

_____

_____

_____

_____

List prior experience as a volunteer: _____

_____

Do you have any relatives or close relationships at Vidant Beaufort Hospital? If so list name, relationship, and department.

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Following is a list of junior volunteer placement opportunities. Please indicate the area(s) in which you are interested in working. You may check as many opportunities as you wish.

- ☐ Volunteer Workroom
- ☐ Front Lobby Main Entrance Reception Desk
- ☐ Gift Shop
- ☐ Emergency Department
- ☐ Radiology
- ☐ Outpatient Surgery
- ☐ Staff Services
- ☐ Physical Therapy (Rehab Services)
- ☐ Materials Management
- ☐ Vidant Rheumatology
- ☐ Accounting

Which day do you prefer to volunteer? Rank in order of preference from 1-3 (1 being your top choice).

____ Monday (8am – 4pm)
____ Tuesday (8am – 4pm)
____ Wednesday (8am – 4pm)
____ Thursday (8am – 4pm)
____ Friday (8am – 4pm)

List day(s) you are unable to work:
_____

Is there someone you prefer to work with for transportation? Name: _____

Reason: _____

Polo shirt size: S_____ M_____ L_____ XL_____ 2XL_____ 3XL_____

I will do what I can to accommodate each request, but I cannot guarantee you will get your first choice placement or preference day. Once you are scheduled, you will be accountable for that particular day.

Please answer the following 3 questions:

1. How do you feel you can make a difference at Vidant Beaufort Hospital/Vidant Medical Group? Please list any special skills you feel could benefit our patients, staff and visitors.

2. What distinguishes you from your peers? Why should you be chosen to be a junior volunteer here at Vidant Beaufort Hospital/Vidant Medical Group?

3. What do you hope to gain from participating in Vidant Beaufort Hospital's 2020 Summer Junior Volunteer Program?

By submitting this application I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Junior Volunteer, any false statements, omissions, or other misrepresentations made by me on this application will result in my immediate dismissal.

Applicant's Signature: _____ Date: _____

I have read my child's completed application and all registration information. I confirm that all information is correct as stated and consent to allow my child to apply and be considered for the Summer Junior Volunteer Program.

Parent/Guardian Signature: _____ Date: _____

Vidant Beaufort Hospital - Junior Volunteer Contract

Please be advised by signing this contract, your signature means you promise to abide by the rules stated therein. If at any time the contract is broken, you are subject to dismissal. If you are dismissed, you will *not* be eligible to volunteer at Vidant Beaufort Hospital/Vidant Medical Group again. All Junior Volunteers are evaluated during their summer of service. This evaluation determines if a teen is eligible to return as a volunteer the following summer.

I. Personal Appearance

- ~ Juniors will be issued a VBEA polo shirt. This is to be worn with solid khaki, white, or black pants (no blue jeans/denim of any color, stretch pants, shorts or capris). Pants are not to be worn lower than the waist and shirttails must be tucked in at all times. If the pants have belt loops, a belt must be worn. Females may also wear solid khaki, white, or black skirts of professional length; no more than 3 inches above the knee.
- ~ ID badges are to be visible at all times and worn above the waist.
- ~ Shoes should be comfortable. Tennis shoes are acceptable; slings, flip-flops, or open-toed shoes are not allowed.
- ~ Jewelry – minimal jewelry is best. Jewelry that dangles is not allowed as it poses a safety hazard. Multiple rings are not allowed as they are prone to harboring germs. No visible body piercing, other than ears are allowed.
- ~ Nails must be clean and short in length. No artificial nails. Nail polish must be unchipped.
- ~ Hair must be neatly groomed & color must be natural-looking. Hair that touches the shoulders must be tied back.
- ~ NO Visible tattoos.

All junior volunteers must be clean and neat when reporting to work.
Juniors are to remain in uniform the entire time they are on duty.

II. Behavior

- ~ Adults are to be addressed appropriately.
- ~ It is important that we are always able to locate you when you are on duty. Therefore you should be in your work area, on a job, or eating lunch; after completing a job you should return immediately to your work area. You should ***never*** leave the hospital while on duty, except with a parent or guardian and prior approval from Mrs. Tice or your immediate supervisor.
- ~ No gum, smoking, profanity, or illegal substances are permitted.
- ~ Loitering is not permitted. You are not allowed to have visitors while volunteering.
- ~ Loud talking, gathering in the halls, running and "horseplay" are not appropriate. You will be asked to leave.
- ~ ***IMPORTANT CHANGE: No Cell Phones will be permitted.***
  You may have your cell phone in your possession in case of emergency, to access your calendar or in the event that you would need to contact your parents or possible transportation, but otherwise, your cell phone should not be visible.

III. Personal Responsibility

- ~ Juniors should be in their assigned area prepared to work at 8am and stay until their shift ends at 4pm. Hours will be adjusted accordingly if you arrive late and/or leave early.
- ~ Juniors must complete a minimum of 32 hours.
- ~ Work as a team and take turns in responding to assignments.
- ~ It is your responsibility to get the necessary transportation to and from volunteering.

Student Applicant:

I have read and understand this Junior Volunteer Contract and if accepted into the program, I will abide by all the rules included therein. I realize that if I do not honor this commitment I will *not* be eligible to return as a Junior Volunteer next summer.

Junior Applicant's Signature: _____ Date_____

Parent/Guardian Commitment:

Please read and sign below:

My teenager has expressed an interest in volunteering at Vidant Beaufort Hospital and has my permission to do so. Both my teenager and I understand that she/he must be available to work her/his regularly scheduled day and serve a minimum of 32 hours during the 4 week program. I have read and understand the Junior Volunteer Contract. If my teenager is accepted into the program, I agree to support the Volunteer Department in enforcing the rules as stated. I realize that if my teenager does not honor this commitment she/he will *not* be eligible to return as a Junior Volunteer next summer.

Parent/Guardian's Signature: _____ Date_____

English or History Teacher Recommendation Form

Vidant Beaufort Hospital Junior Volunteers

Applicant's Name: _____ Date: _____

Teacher's Name: _____ Subject: **English** **History**

School: _____

I have known this student for _____semesters.

***His/her numeric grade in my class** (i.e. 96) _____ **(THIS MUST BE FILLED IN. THE PARENT/GUARDIAN SIGNATURE ON THE BACK OF THIS FORM GIVES PERMISSION TO RELEASE THIS INFORMATION.)**

TO THE EVALUATOR: Our junior volunteer program is a 4-week summer program that introduces the student to possible careers in the healthcare industry, while allowing them to contribute to their community, their résumés, and their self-esteem. We have a limited number of positions, therefore the application process is very competitive. ***Working in a hospital requires that a student be exceptionally responsible and display a high level of maturity. We appreciate your honest evaluation of this applicant.*** Students are evaluated on their school performance, their completed application with essay, interview, and two teacher recommendations. All information submitted is treated confidentially. The deadline for receipt of all applications, including teacher recommendations is 5:00 pm on Friday, March 27, 2020.

Please give honest assessments.	Excellent	Good	Fair	Poor
1. Conduct: Extent to which this student observes good standards of school conduct and obeys school regulations.				
2. Cooperation: Extent to which this student works in harmony with others in class activities.				
3. Responsibility: Extent to which this student accepts responsibility for doing his/her work.				
4. Diligence: Extent to which this student works diligently and purposely without wasting time.				
5. Persistence: Extent to which this student adheres to a task in order to see it through to completion.				
6. Initiative: This student's resourcefulness, self-reliance and energy in meeting new situations.				
7. Accuracy: This student's ability to work with exactness and precision.				
8. Attention: This student's ability to listen and follow instructions.				
9. Communication Skills: This student's ability to speak clearly and correctly.				
10. Self-Control: This student's ability to work quietly and calmly among others in a hospital environment.				

Please complete pg. 2

English or History Teacher Recommendation Form

Vidant Beaufort Hospital Junior Volunteers

Are you aware of any significant disciplinary actions that have been taken against this student? If so, please explain.

_____
_____
_____

If you were a patient at Vidant Beaufort Hospital would you want this student assisting you? Yes No Not Sure

Please include any additional comments that might be helpful in evaluating this student.

_____
_____
_____

If you have any questions regarding this recommendation please feel free to contact Jamie Tice, Manager of Volunteer Services at 975-4161. We sincerely thank you for completing this recommendation. **Please return this completed recommendation to the student in a sealed envelope with your signature across the flap. All information will be kept CONFIDENTIAL.**

Teacher's Signature: _____ Date: _____

STUDENT AND PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING BEFORE GIVING TO TEACHER.

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Student): _____ Date: _____

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Parent/Guardian): _____ Date: _____

Application deadline is 5:00 pm on Friday, March 27, 2020!

Math or Science Teacher Recommendation Form

Vidant Beaufort Hospital Junior Volunteers

Applicant's Name: _____ Date: _____

Teacher's Name: _____ Subject: **Math Science**

School: _____

I have known this student for _____semesters.

***His/her numeric grade in my class** (i.e. 96) _____ **(THIS MUST BE FILLED IN. THE PARENT/GUARDIAN SIGNATURE ON THE BACK OF THIS FORM GIVES PERMISSION TO RELEASE THIS INFORMATION.)**

TO THE EVALUATOR: Our junior volunteer program is a 4-week summer program that introduces the student to possible careers in the healthcare industry, while allowing them to contribute to their community, their résumés, and their self-esteem. We have a limited number of positions, therefore the application process is very competitive. ***Working in a hospital requires that a student be exceptionally responsible and display a high level of maturity. We appreciate your honest evaluation of this applicant.*** Students are evaluated on their school performance, their completed application with essay, interview, and two teacher recommendations. All information submitted is treated confidentially. The deadline for receipt of all applications, including teacher recommendations is 5:00 pm on Friday, March 27, 2020.

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4. Diligence: Extent to which this student works diligently and purposely without wasting time.				
5. Persistence: Extent to which this student adheres to a task in order to see it through to completion.				
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7. Accuracy: This student's ability to work with exactness and precision.				
8. Attention: This student's ability to listen and follow instructions.				
9. Communication Skills: This student's ability to speak clearly and correctly.				
10. Self-Control: This student's ability to work quietly and calmly among others in a hospital environment.				

Please complete pg. 2

Math or Science Teacher Recommendation Form

Vidant Beaufort Hospital Junior Volunteers

Are you aware of any significant disciplinary actions that have been taken against this student? If so, please explain.

_____
_____
_____

If you were a patient at Vidant Beaufort Hospital would you want this student assisting you? Yes No Not Sure

Please include any additional comments that might be helpful in evaluating this student.

_____
_____
_____

If you have any questions regarding this recommendation please feel free to contact Jamie Tice, Manager of Volunteer Services at 975-4161. We sincerely thank you for completing this recommendation. **Please return this completed recommendation to the student in a sealed envelope with your signature across the flap. All information will be kept CONFIDENTIAL.**

Teacher's Signature: _____ Date: _____

STUDENT AND PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING BEFORE GIVING TO TEACHER.

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Student): _____ Date: _____

My signature gives you permission to release this information to the Vidant Beaufort Hospital Volunteer Services Department.

Signed (Parent/Guardian): _____ Date: _____

Application deadline is 5:00 pm on Friday, March 27, 2020!

VIDANT BEAUFORT HOSPITAL
OCCUPATIONAL HEALTH
Leysi Gladding, RN, BSN
252-948-4948
Fax: 252-975-8898
Leysi.Gladding@vidanthealth.com

DATE: January 2020

TO: Junior Volunteer Applicants

The following vaccinations and/or titers are **required** for our junior volunteers at Vidant Beaufort Hospital. **Your immunization record showing proof of the following must be submitted with your application:**

- Record of 2 MMR vaccinations or positive titers for MUMPS, Rubella and Rubeola
- Record of 2 Varicella vaccinations or a positive Varicella titer
- Record of 3 Hepatitis B vaccinations or a positive Hepatitis B titer
- Tdap within the last 10 years

IF you are accepted into our Junior Volunteer Program, you will be required to receive the following from our Occupational Health Department.

- **NEW** volunteers will require 2 current PPD skin tests (within the last 2 years).
- **RETURNING** volunteers will only require 1 PPD skin test.
- *If you have had a past positive PPD, we need verification and a current chest x-ray within 2 years and a current TB screen.*

If you have been a Junior Volunteer here in the past, we should have all of your immunization records as well as your PPD skin test from 2019, therefore you do NOT need to submit them again unless requested.

Please contact me if you have any questions regarding the information listed above.

Leysi Gladding, RN, BSN

JUNIOR VOLUNTEER PROGRAM

CONSENT FOR PPD (TB SCREENING)

By my signature, I consent for _____ (please print name) my son/daughter to receive the PPD skin test. I understand that this test is administered annually to all Vidant Beaufort Hospital employees and volunteers to check for possible exposure to Tuberculosis.

This is not a vaccination and does not contain any live viruses. There is a risk of a local allergic reaction (slight swelling and redness at the injection site). This test is administered per NC State Regulations regarding the monitoring of Tuberculosis and Tuberculosis exposure in the health care setting.

This test will need to be read 48 to 72 hours after administration.

Name of Junior Volunteer (please print): _____

Name of Parent or Legal Guardian (please print): _____

Signature of Parent or Legal Guardian: _____

Date: _____

Consent Waiver and Release

I hereby give permission to Vidant Health, and its subsidiaries and affiliated entities, including, but not limited to Vidant Medical Center; Vidant Health Foundation, Inc. d/b/a Vidant Medical Center Foundation, Inc. d/b/a Vidant Health Foundation, Inc.; Health Access, Inc.; SurgiCenter of Eastern Carolina, LLC d/b/a Vidant SurgiCenter; Vidant Health Physicians, LLC d/b/a Vidant Medical Group; East Carolina Health d/b/a Vidant Community Hospitals; East Carolina Health-Beaufort, Inc. d/b/a Vidant Beaufort Hospital; East Carolina Health-Bertie, Inc. d/b/a Vidant Bertie Hospital; East Carolina Health-Chowan, Inc. d/b/a Vidant Chowan Hospital; East Carolina Health-Heritage Inc. Vidant Edgecombe Hospital; East Carolina Health d/b/a Vidant Roanoke-Chowan Hospital; Duplin General Hospital, Inc. d/b/a Vidant Duplin Hospital; The Outer Banks Hospital, Inc.; and collectively "Vidant Health entities," to record, reproduce, publish, print, film, photograph, video, prepare, use or exhibit in any form whatsoever, including but not limited to electronically or digitally, by name, picture, image, portrait, likeness, voice, or any and all of them for the use noted below and without by prior examination of the finished product.

Any picture, portrait, photograph, photo transparency, audiovisual illustration, computer file, electronic image or other likeness constitutes the property of the Vidant Health entities and may be used without prior examination of the product.

I hereby waive my rights (or my child's rights) to privacy in connection with the consent given above and I hereby voluntarily waive, release discharge and agree to defend, indemnify and hold harmless Vidant Health entities, each of their successors, assigns, affiliates and subsidiaries; each of their directors, officers, trustees, agents and employees from any liability for any and all claims or causes of action I, my heirs or assigns might now or hereafter and further agree that this consent will not be made the basis of a future claim of any kind.

By affixing the signature below, I _____ (print name) hereby certify that I have read and understand this CONSENT WAIVER AND RELEASE.

Teen Name (printed)	
Signature	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	/ /