

## JUNIOR VOLUNTEER APPLICATION INFORMATION AND PROCEDURES

Thank you for your interest in applying to Sharp Chula Vista's Junior Volunteer program. The following information will help guide you through the application process.

### **ALL APPLICANTS MUST MEET THE FOLLOWING CRITERIA:**

1. Be at least 14 years old and have completed the 8th grade.
2. Have a minimum GPA of 3.0.
3. Sealed written recommendation from school teacher and unofficial student transcripts.

### **REQUIRED COMMITMENT:**

1. You **MUST** be able to commit for a minimum of 1 year, with the option to continue long-term. Commitment is a minimum of one day per week – the shift is 3 hours. Because of the 1-year commitment, we only accept applications from students in grades 9 through 11. If you are in the 11<sup>th</sup> grade you must apply by Dec. 31 of your junior year to be considered. High school seniors are welcome to apply to our college or adult program once they graduate high school.

### **APPLICATION and ONBOARDING PROCESS:**

1. **APPLICATION:**
  - a. Return the completed application packet to Sharp Chula Vista Volunteer Services Office. Application must be signed where designated. An incomplete application will not be considered.
  - b. If your application is incomplete in any way, Sharp Chula Vista Volunteer Services is not obligated to notify you.
  - c. We do not accept court ordered volunteers.
2. **INTERVIEW:**
  - a. Those applicants being considered for an available position will be invited to an interview. Interviews are conducted on an ongoing basis.
  - b. Those not being considered for an interview will receive written notification. It is not our policy to give feedback as to why an applicant was not selected for an interview.
  - c. During the interview every attempt is made to match applicants to the most appropriate service area with regard to scheduling, skills and interests.
  - d. Volunteer Services staff reserves the right to place you in a high priority position. You reserve the right to accept or decline the position being offered.
3. **ORIENTATION:**
  - a. After being interviewed, if we have a placement for you, you will be notified by email of your acceptance and required to complete an online orientation.
  - b. During the online orientation you will be instructed on how to register for the in-person Orientation.
  - c. During the in-person Orientation, you will be given information about the purchase of the uniform and how to complete the health requirements.
4. **PLACEMENT AND TRAINING:**
  - a. You will learn where you have been placed upon acceptance.
  - b. After both orientations, and upon completion of your health clearances, you will be scheduled to train.
  - c. After you complete 3 position specific training sessions, you will be assigned your schedule and can begin volunteering.

If accepted as a Junior Volunteer, below are the Health Requirements. **NO ACTION IS REQUIRED AT THIS TIME.** More information regarding these requirements will be covered at the orientation.

### **HEALTH REQUIREMENTS:**

#### **Volunteers in hospitals and clinics**

- 1) 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department.
- 2) One dose of seasonal flu vaccine given in EOHD or a signed verification form and/or declination form.
- 3) Documentation of 2 doses measles, mumps, and rubella (MMR) vaccine.
- 4) Documentation of 1 dose tetanus, diphtheria, pertussis (Tdap) given 2005 or later.
- 5) A verbal statement if you have had chickenpox illness in the past. If you have not had chickenpox you will need documentation of 2 doses of varicella (chickenpox) vaccine.

#### **Volunteers in Women's Clinical Areas**

- 1) 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department.
- 2) During flu season, October to March, one dose of seasonal flu vaccine given in EOHD or a signed verification form and/or declination form.
- 3) Documentation of 2 doses measles, mumps, and rubella (MMR) vaccine.
- 4) Documentation of 1 dose tetanus, diphtheria, pertussis (Tdap) given 2005 or later.
- 5) Documentation of immunity to chickenpox. You can provide either a titer (blood test) showing proof of immunity if you have had chickenpox in the past OR if you have not had chicken pox you will need documentation of 2 doses of varicella (chickenpox) vaccine.
- 6) Documentation of hepatitis B vaccine.

If you have any questions, please call the Volunteer Service office at (619) 502-3606 or email us at [scv.volunteers@sharp.com](mailto:scv.volunteers@sharp.com).

## JUNIOR VOLUNTEER APPLICATION

**AGES: 14 to 17**

**MINIMUM GPA: 3.0**

**SUBMIT THIS APPLICATION ALONG WITH YOUR  
SIGNED AND SEALED TEACHER EVALUATION FORM  
AND UNOFFICIAL TRANSCRIPT**

For office use only:

Date received: \_\_\_\_\_  
 Postcard sent: \_\_\_\_\_  
 Vsys entered: \_\_\_\_\_  
 Date called: \_\_\_\_\_  
 Interview scheduled: \_\_\_\_\_  
 Vsys update: \_\_\_\_\_  
 Pin #: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduating Class: \_\_\_\_\_

Birth month and day: \_\_\_\_\_ / \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

List any current or upcoming clubs, sports, or other activities you are/will be involved in:

\_\_\_\_\_

\_\_\_\_\_

List any volunteer experience:

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

List any current employers:

Company: \_\_\_\_\_ Dates: \_\_\_\_\_

Do you have any family members or friends currently working or volunteering for Sharp HealthCare?

No  Yes, please list:

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check all the times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings 9-12							
Midday 12-3							
Afternoons 3-6							
Evenings 6-8							

How did you become interested in volunteering and why did you choose Sharp Chula Vista?

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What does the “Sharp Experience” mean to you?

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What interests and skills do you have that would make you a great asset to the “Sharp Experience”?

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Write about what you do to make a positive first impression:

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Describe how you express gratitude, appreciation, or how you recognize the accomplishments of others?

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What are your career goals?

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### Volunteer Opportunities

Please check all the volunteer positions that interest you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arts for Healing                     | <input type="checkbox"/> ED Aide              | <input type="checkbox"/> Pharmacy Aide                |
| <input type="checkbox"/> Birch Patrick Aide                   | <input type="checkbox"/> Gift Shop            | <input type="checkbox"/> Quiet Cart                   |
| <input type="checkbox"/> Birch Patrick Call<br>Light Operator | <input type="checkbox"/> In-Patient Volunteer | <input type="checkbox"/> Reception & Information Desk |
| <input type="checkbox"/> Book Cart                            | <input type="checkbox"/> Maternity Aide       | <input type="checkbox"/> Anywhere needed              |
|   | <input type="checkbox"/> Music for Healing    |   |



List any languages (other than English) that you can speak fluently or in which you can hold a conversation.

Do you have any physical restrictions that would require accommodations?

No  Yes, please explain:

Parent/Guardian information:

Name: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Person to notify in case of emergency (if different from parent/guardian):

Name: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Relationship: \_\_\_\_\_

CERTIFICATION: PROSPECTIVE JUNIOR VOLUNTEER SIGNATURE

I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp Chula Vista Auxiliary and/or Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. I release Sharp Chula Vista Auxiliary and Hospital and my former employers from any liability for damage, which may result from any such investigation. If, upon investigation anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. Documentation of eligibility to work in the United States will be required in compliance with the Immigration Reform Act of 1986. I certify the above is true to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed application packet in person or by mail to:**

**Sharp Chula Vista Auxiliary  
751 Medical Center Court  
Chula Vista CA 91911**

**Forms to be enclosed:**

- **Junior Volunteer Application**
- **Consent for a Minor to Participate in Volunteer Activities**
- **Teacher Evaluation Form (in signed and sealed envelope with unofficial transcript)**

**CONSENT FOR A MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES**

**THIS FORM IS TO BE FILLED OUT BY PARENT/GUARDIAN**

This will authorize (name of minor) \_\_\_\_\_, a minor, to participate in volunteer activities at Sharp Chula Vista Medical Center, as prescribed by the Manager of Volunteer Services or the designated representative. I understand that my son/daughter's services are donated to Sharp Chula Vista Medical Center without compensation and without anticipation of future employment.

I release Sharp Chula Vista Medical Center and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by and due to neglect or willful misconduct on the part of the hospital, while participating in such volunteer activities.

I authorize the Sharp Chula Vista Medical Center Manager of Volunteer Services and/or his/her designee as my agent(s) to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, and who is on the medical staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide the authority and power on the part of my aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California and shall remain effective for the period of time my son/daughter is a junior volunteer at Sharp Chula Vista Medical Center unless revoked in writing and delivered to the Manager of Volunteer Services prior to that time.

In accordance with federal and state child labor laws, minors under the age of 16 years are not permitted to work past 7 p.m. on school days. As such, I release information regarding my son/daughter's date of birth to Sharp Chula Vista Medical Center Volunteer Services department, so that appropriate placement and legal compliance can be maintained. My son/daughter's date of birth is \_\_\_\_\_

Month/day/year

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## TEACHER EVALUATION FORM

Page 1 of 2

The student below is applying to become a Junior Volunteer at Sharp Chula Vista Medical Center. He/she will be assisting with general hospital duties, such as transporting equipment, engaging in patient contact, and working with confidential paperwork. Volunteering at Sharp Chula Vista Medical Center calls for maturity, a sense of responsibility, dependability, and sound ethical conduct. As such, it is our policy to screen all applicants and would appreciate your help in this process.

### THIS PORTION IS TO BE FILLED OUT BY APPLICANT

Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

### THIS PORTION IS TO BE FILLED OUT BY PARENT/GUARDIAN

The teacher has my permission to release the below information to the Sharp Chula Vista Auxiliary.

Signature of parent / guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Please enclose the following forms in a sealed envelope (separate from your application):**

**Teacher Evaluation Form pages 1 and 2**

**Unofficial copy of student transcript**

# TEACHER EVALUATION FORM

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## THIS PORTION TO BE FILLED OUT BY TEACHER

**GPA:** \_\_\_\_\_ (must be at least 3.0 overall to qualify for the volunteer program)

**The volunteer work that is performed at Sharp Chula Vista is significant to our “Sharp Experience” culture. Therefore, we weigh this evaluation form highly when selecting top candidates. Please evaluate and rate carefully and include any comments you feel may be helpful.**

	Excellent	Average	Poor	Not Sure Insufficient information	Comments
Attendance					
Scholarship					
Self control					
Trustworthy					
Integrity					
Responsibility					
Personality					
Loyalty					
Follows instructions					

Circle your overall recommendation (10 being highly recommend): 1 2 3 4 5 6 7 8 9 10

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

In what class do you have this student? \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**INCLUDE UNOFFICIAL COPY OF STUDENT'S TRANSCRIPT  
THIS FORM MUST BE SEALED WHEN SUBMITTED**