

JUNIOR VOLUNTEER INFORMATION & APPLICATION

On behalf of the Volunteer Auxiliary at Sharp Grossmont Hospital, I am pleased that you are interested in joining Sharp Grossmont Hospital's Junior Volunteer Program. If accepted, I hope you will find it to be a rewarding experience.

All applicants must meet the following criteria:

- 1) Must be 14 years or older and in high school
- 2) Have a satisfactory grade point average (a minimum 3.00 GPA)
- 3) Good citizenship

Required commitment:

- 1) You **MUST** be able to commit for a minimum of one year. Commitment is one day per week – the shift is 3-1/2 hours.

Please note: We do not accept students who are seniors in high school due to the year commitment requirement of the program. Seniors are welcome to apply to our college or adult program once they graduate high school.

Available Shift Times are:

- 1) Monday through Friday: 4:00 P.M. – 7:30 P.M. (some exceptions)
- 2) Saturday & Sunday: 9:00 A.M. – 12:30 P.M. and 12:30 P.M. – 4:00 P.M.

Application Process:

- **Application packet consists of the following:** Volunteer Application (2 parts), Student Counselor Form, and essay.
- **STUDENT COUNSELOR FORM:** You must have your High School Counselor complete the Student Counselor Form.
- **ESSAY TOPIC:** “Why you want to volunteer and what you can bring to the volunteer program to enhance the Sharp Experience.” Your essay must be between 300-500 words, typed (Times New Roman or Arial, size 12 font) and double spaced.
- **Return the Application (2 parts), Counselor Form and typed essay** to the Volunteer Office.
- Please make sure that **ALL** areas of the application are complete and that all necessary signatures are obtained.
- If your application is incomplete in any way, Volunteer Services is not obligated to notify you, and is under no obligation to consider an incomplete application packet.

If you have questions, please call the Junior Volunteer office at (619) 740-4175. If I am not available, you may leave a message on my voice mail or email me at Kay.Andalis@sharp.com, and I will get back to you as soon as possible.

Again, thank you for your interest in the Junior Volunteer Program.

Sincerely,

Kay Andalis

Kay Andalis, CAVS
Junior Volunteer Coordinator
Sharp Grossmont Hospital
Kay.Andalis@sharp.com

A COMPLETE APPLICATION PACKET INCLUDES:

- Junior Volunteer Application (2 Parts)
- Completed Student Counselor Form
- Typed essay (Prompt is on the cover of the application)

APPLICATIONS MAY BE MAILED TO:

Sharp Grossmont Hospital
ATTN: Kay Andalis, CAVS
Volunteer Services
5555 Grossmont Center Drive
La Mesa, CA 91942

STEPS TO BECOMING A JUNIOR VOLUNTEER:

1. **APPLICATION/ESSAY/COUNSELOR FORM:** All prospective volunteers must submit a completed application, required essay, and counselor form
2. **INTERVIEW:** Candidates who submit a completed application with essay and counselor form will be scheduled for an interview.
3. **ORIENTATION:** If selected to become a volunteer, you will be invited to attend a mandatory two-hour orientation. At orientation, we will provide you information on how to purchase your uniform top and we will take your photograph for your identification badge. We will also review hospital and Auxiliary policies and procedures, volunteer expectations, and allow you to ask questions about your volunteer experience.
A parent or guardian must attend the orientation with you.
4. **PLACEMENT:** Based on your application (part 2), you will be placed in the department for which you showed an interest in the time slot you indicated you were available. You will receive this information at Orientation.
5. **HEALTH REQUIREMENT:**

Volunteers in hospitals and clinics

1. 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department (EOHD). Skin tests are read 48-72 hours after placement.
2. During Flu Season October to March, one dose of Seasonal Flu vaccine given in EOHD or proof of vaccination.
3. If you were born 1957 or later, provide EOHD with documentation of 2 doses Measles, Mumps, and Rubella (MMR) vaccine or a blood test with positive immunity. If you do not have a provider or insurance for the blood test, EOHD can order the test and you will be charged a maximum of \$70 cash payment due at time of service.
4. Provide EOHD with 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 or documentation of a positive varicella titer. If you have not had chickenpox you will need to provide EOHD with documentation of 2 doses of Varicella (chickenpox) vaccine. If you are unsure as to whether you had chickenpox, a blood test can be done as described in #3 above for an additional \$21 (or \$25 if only drawing chicken pox titer).

Volunteers in Women's Clinical Areas

1. 2 step TB skin test given 1 week apart at Sharp Employee Occupational Health Department (EOHD). Skin tests are read 48-72 hours after placement.
2. During Flu Season October to March, one dose of Seasonal Flu vaccine given in EOHD or proof of vaccination.
3. If you were born 1957 or later, provide EOHD with documentation of 2 doses Measles, Mumps, and Rubella (MMR) vaccine or a blood test with positive immunity. If you do not have a provider or insurance for the blood test, EOHD can order the test and you will be charged a maximum of \$70 cash payment due at time of service.
4. Provide EOHD with documentation of 1 dose Tetanus, Diphtheria, Pertussis (Tdap) given 2005 or later
5. Provide EOHD with 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.

The SDPHC offer Varicella vaccine for \$10 if you are less than age 18 years old.

6. **GENERAL TRAINING:** This is a 2 ½ -hour mandatory meeting in which we will discuss hospital policies and procedures, provide wheelchair training as well as trainer information for the department you will be assigned to volunteer.
7. **INDIVIDUAL TRAINING:** Depending on the assigned area, you will have one-on-one training with experienced volunteers or hospital staff.

Received: _____
Interview: _____
Kiosk ID: 912-_____

JUNIOR VOLUNTEER APPLICATION (part 1 of 2)

PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Street Address:				Apt. #:	
City:		State:		Zip Code:	
Home Phone: ()			Cell Phone: ()		
Social Security Number (Required):			E-Mail:		
Emergency Contact: Name: _____ Phone () _____ Relationship: _____					

Volunteer: I certify that I meet all criteria (age, G.P.A. and citizenship) that Sharp Grossmont Hospital requires in order to be a junior volunteer.

PARENT(S) INFORMATION

Mother's Name:	Mother's Work Phone:
Father's Name:	Father's Work Phone:

Are either or both of your parents auxiliary members? YES NO
 Are either of your parents hospital staff? YES NO

If hospital staff, which department(s): _____

SCHOOL INFORMATION

Year in School: (circle one) 9 10 11	Year of Graduation:
Name of High School Attending:	
School Activities or Organizations you are involved in:	

**PROGRAM
INFORMATION**

Do you have any restrictions or problems that might interfere with your volunteer work?

How did you find out about our Junior Volunteer Program?

Are you interested in a Medical Career?

If yes, what area?

Do you have any friends, sisters or brothers that have been or are currently volunteers here at Sharp Grossmont Hospital? If yes, what are their names?

Please state the reasons why you are interested in volunteering at Sharp Grossmont Hospital.

Have you previously applied to the Junior Volunteer Program? If yes, when?

Prospective Junior Volunteer Signature

CERTIFICATION:

I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp Grossmont Hospital Volunteer Department and/or Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. 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. I certify the above is true to the best of my knowledge.

Signature of prospective volunteer: _____

Date: _____

PARENT INFORMATION

My son/daughter _____ has my permission to become a junior volunteer with Sharp Grossmont Hospital.

My son/daughter _____ has permission to have a tuberculin skin test. I understand that this is required in order for him/her to volunteer at Sharp HealthCare. I also understand that if the skin test is positive, a chest x-ray will be ordered and a clearance from Employee Health Department (EOHD) will be required. I authorize any immunizations deemed necessary by EOHD.

TERMINATION OF SERVICES: I understand the following policy:

SHARP GROSSMONT HOSPITAL reserves the right to terminate your child's service as a Junior Volunteer if the action is in the interest of the hospital and the volunteer. Such termination could result from:

Absences in excess of five (5) per year; consistent tardiness; irregular attendance of three (3) unexcused absences; disorderly conduct or insubordination; attitude or appearance unbecoming a member of the Sharp Grossmont Hospital Auxiliary; gross or willful neglect of duty or actions detrimental to Volunteer Service's public image; intoxication or use of alcoholic beverages, or unauthorized possession or use of drugs or narcotics on the premises; and willful destruction or defacing of hospital property.

I clearly understand the conditions of my child's membership.

Signature of Parent/Guardian: _____

Date: _____

Student Counselor Form

The student named below is applying for membership in the Junior Volunteer program at Sharp Grossmont Hospital. The following information is requested to assist in evaluating the applicant's eligibility.

Please complete this form and return it in the attached envelope or fax it to 619-740-4050. If you have any questions, please call Kay Andalis, Junior Volunteer Coordinator, at 619-740-4175 or P.O. Box 158, La Mesa, CA. 91944.

THIS REPORT IS STRICTLY CONFIDENTIAL

Dear Counselor:

As Parent/Guardian I hereby give my permission for the release of this requested information.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____ School: _____

The following information is required:

Number of: Tardies _____ Absences _____ Suspensions _____

Grade Point Average: _____ Citizenship: _____

Expected Graduation Date (month/year): _____

Please comment on whether or not you think this student will make a good hospital volunteer.

COUNSELOR'S SIGNATURE _____ DATE _____

JUNIOR VOLUNTEER APPLICATION (part 2 of 2)

Please complete the following information:

1. Please check all the volunteer positions that interest you:

- | | |
|--|---|
| <input type="checkbox"/> Any open position
<input type="checkbox"/> Behavioral Health Services
<input type="checkbox"/> Gift Shop/Thrift Korral
<input type="checkbox"/> Library Cart
<input type="checkbox"/> Main Lobby Information Desk
<input type="checkbox"/> Medical Records
<input type="checkbox"/> Nutrition Services Aide | <input type="checkbox"/> Patient Floor Aide
<input type="checkbox"/> Pet Therapy Escort
<input type="checkbox"/> Pharmacy Clerk
<input type="checkbox"/> Rehabilitation Center
<input type="checkbox"/> Volunteer Office Clerk/Floater
<input type="checkbox"/> Women’s Center
<input type="checkbox"/> Women Center Information Desk |
|--|---|

2. Please indicate in the chart below **all** day(s)/time(s) you are available to volunteer. Only certain positions may allow junior volunteers to be scheduled Monday-Thursday 4:00 p.m.-7:30 p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am-1230pm							
1230pm-4pm							
4pm-730pm							