



Mary Washington Healthcare
Mary Washington Hospital

Volunteer Services

January 4, 2016

Dear Prospective Volunteer:

Thank you for your interest in Mary Washington Healthcare's 2016 Junior Volunteer Program, specifically your interest in volunteering at Mary Washington Hospital.

Enclosed you will find an overview of the program and an **application packet to be completed and returned no later than March 4, 2016**. Please read the entire content carefully and feel free to ask any questions concerning the information given. If you have any questions, please contact Volunteer Services at 540-741-1440 or by email at patricia.wolfrey@mwhc.com.

Participation in the Junior Volunteer Program provides a meaningful service to our patients, patient families, and staff. This is a serious commitment of time and energy, one you should think through thoroughly. **Please consider carefully the requirements of this program and discuss them with your parents or guardian before submitting an application.**

Thank you again for your interest and please read on to learn more about becoming a 2016 Mary Washington Healthcare Junior Volunteer at Mary Washington Hospital.

Sincerely,

A handwritten signature in blue ink that reads "Patricia Wolfrey".

Mary Washington Hospital
Junior Volunteer Program

Mary Washington Healthcare Volunteer Services 2016 Junior Volunteer Program Overview

Mission Statement for Mary Washington Healthcare (MWHC)

To improve the health of the people in the communities we serve.

Purpose of Junior Volunteer Program

The Junior Volunteer Program strives to introduce local high school students to the diverse career opportunities within Mary Washington Healthcare and to experience the satisfaction from serving others while developing a sense of civic responsibility. In keeping with our mission's focus on community, this program is only available to those students residing in and attending high school in MWHC's primary service area.

Guidelines

- Participation is open to students who live or attend school in the MWHC service area and are genuinely interested in giving excellent service to patients, families, staff and visitors of Mary Washington Healthcare.
- Junior Volunteers must be between the ages of 14 – 17 and currently attending high school.
- Junior Volunteers must be available to work five full weeks during one of the two summer sessions (see application for dates.) If you know in advance that you will be attending summer camp, traveling out of town, or unavailable to fulfill the time requirements, please do not apply.
- **Completed applications and supporting documentation should be submitted on or before March 4, 2016.** Only complete application packets that meet the deadline will be evaluated.
- Please be mindful that this is a highly competitive selection process. Due to limited site placements, we will not be able to accept every applicant.
- **Selected applicants MUST attend the mandatory orientation.**

Mary Washington Healthcare

2016 Junior Volunteer Requirements

Age

You must be at least 14 years of age by March 1, 2016. There are no exceptions.

Scholastic Requirements

Applicant must have a good scholastic average and acceptable attendance record. Include a photocopy of a recent report card.

Service Requirements

Junior Volunteers must be able to work a minimum of 40 hours during the summer break. The minimum commitment is 4 hours per day, two days per week. This is fulfilled in one of two 5-week sessions. Certificates (verification) of accomplishment will only be given to those completing the full 40 hours.

Uniform/Dress Code

All Junior Volunteers will be required to wear the designated shirt with khaki pants. Shirts can be purchased at orientation for \$15.00. **No jeans! No leggings! No skirts! No shorts!** Pants should not have holes or patches and should fit appropriately around the waist. Pants should not hang below the hips. Junior Volunteers will receive a picture ID that must be worn above the waist whenever on duty. Jewelry needs to be kept to a minimum. Hair that is longer than shoulder length should be pulled back. Clean, comfortable, closed-toe, rubber-soled shoes should be worn as part of the uniform.

Transportation

Junior Volunteers are responsible for transportation to and from the hospital.

Interview

Applicants who are new to the program will participate in a group interview. If you are selected to advance in the application process, you will be contacted by a member of staff regarding your interview. The interview is waived for participants in the 2015 Program.

Orientation

All students, including those returning from last year, must attend orientation. There are no exceptions. If offered a position in this year's Program, you will be **required** to attend the orientation that coincides with the session dates listed on your application.

Mary Washington Healthcare Junior Volunteer Application Checklist

If you feel confident that you are able to meet these requirements, please proceed with your application submission. Please use the list below as your final checklist to be certain you have not missed anything. Only complete packets will advance in the selection process. Mail or hand-deliver the requested information to the hospital to which you are applying (address is at the bottom of the application.) Submissions should be received no later than Friday, March 4, 2016.

___ Application Form

The application form must be completed in its entirety. Be certain to print clearly.

___ Immunization Record

Provide a copy of your current immunization record along with your application submission.

___ Parental Consent

To be considered for placement, your application must include a parental consent form signed by a parent or guardian.

___ Recommendations (2 Recommendations are Required)

Two copies of this form are included in the Junior Volunteer Packet and are preferably to be completed by an academic teacher and/or administrator. Under no circumstances are family members to be used as a reference. Be certain to allow your references time to complete and submit their paperwork. To ensure that your recommendations are completed and mailed by the deadline, you may have the forms returned to you in a sealed and signed envelope to be included with your application.

___ Report Card (copy)

Include a photocopy of a recent report card. We are unable to return originals.

___ Tuberculosis Symptom Screen

All Junior Volunteer candidates must complete a Tuberculosis Symptom Sheet signed by a parent or guardian. Unless there is an identified risk, no further action will be needed. If it is determined that an actual TB test needs to be performed, it will be offered at no charge by MWHC's Associate Wellness Department prior to volunteering.

Mary Washington Healthcare
Mary Washington Hospital
Junior Volunteer Application

Name: _____
Last First Middle In Nickname

Address: _____
Street City State Zip Code

Home Phone #: _____ **Cell Phone #:** _____ **E-mail:** _____

Current School: _____ **Grade:** _____ **D.O.B.:** __/__/__
Age on 3/1/16 _____

In case of emergency, contact: _____ **Relationship:** _____

Address: _____ **Home #:** _____ **Cell #:** _____

Person responsible for transportation: _____ **Relationship:** _____

Address: _____ **Home #:** _____ **Cell #:** _____

Did you volunteer in the 2015 Junior Volunteer Program? Yes _____ No _____

Please list any hobbies, skills or special interests:

Please list any clubs or organizations to which you belong:

Briefly tell us why you want to be involved in the Junior Volunteer Program:

PLEASE CIRCLE THE PREFERRED SIZE BELOW FOR YOUR POLO SHIRT: COST WILL BE \$15.00.
S M L XL XXL XXXL (Sizes are unisex and tend to run large.)

Mary Washington Healthcare

Please check which 5-week session you prefer:

- Session I: June 27, 2016 – July 29, 2016 Mandatory Orientation: June 21, 2016 10:00 a.m. – 12:30 p.m.
- Session II: August 1, 2016 – September 3, 2016 Mandatory Orientation: July 25, 2016 10:00 a.m. – 12:30 p.m.
- No Preference

Please circle your preferred days/times. You may indicate a 1st and 2nd choice.

Monday/Tuesday	9:00 a – 1:00 p	1:00 p – 5:00 p
Thursday/Friday	9:00 a – 1:00 p	1:00 p – 5:00 p

I understand that all information regarding patients and families is absolutely confidential and is not to be shared or discussed with others on the hospital grounds or away from hospital property.

I will not seek confidential information from families by asking questions that are personal in nature and are not necessary to successfully complete the job.

I understand that in the course of performing the Volunteer job, discussions of patient information with medical staff may be necessary. Questions will not be asked or discussions held where visitors, patients, and families may overhear.

I understand that I must not discuss patient information with other hospital staff or Volunteers who do not need to know and that intentional or involuntary violations of this confidentiality may result in immediate dismissal.

I understand that orientation is mandatory for all participants. If selected, I agree to attend orientation and confirm that I will be available to fulfill the full 40 hours required for the program.

I agree to accept the responsibility to honor the commitment of time for which I am scheduled and to provide adequate notice when I am unable to report for duty.

I understand that this is a voluntary commitment that may be terminated at any time.

SIGNATURE _____ DATE _____

PARENTAL OR GUARDIAN CONSENT

My daughter/son, _____, has my permission to serve as a Junior Volunteer at Mary Washington Hospital.

SIGNATURE _____ DATE _____

Please return all application materials to:
Volunteer Services, Mary Washington Hospital
1001 Sam Perry Blvd; Fredericksburg, VA 22401
By Friday, **March 4, 2016**

(Office use only)
Date Received: _____
Interview Date: _____
Uniform Size: ____ Imm ____

**Mary Washington Healthcare Junior Volunteer Program
Parental Consent Form**

Dear Parent or Guardian:

In order for your child to apply for a volunteer position with Mary Washington Healthcare's Junior Volunteer Program, we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. If you have any questions or would like further information, please call the Department of Volunteer Services at 540-741-1440 (MWH) or 540-741-9660 (SH).

Name of prospective volunteer: _____

- I understand that my child (named above) wishes to be considered for a volunteer placement and I hereby give my permission for him/her to serve in that capacity, if accepted by Mary Washington Healthcare Department of Volunteer Services.
- I understand that my child must be at least **14 years of age** by March 1, 2016 to volunteer.
- I understand that to be considered, all portions of the application must be received by Mary Washington Healthcare's Department of Volunteer Services no later than **March 4, 2016** and that it is a competitive review process. Not all applicants will be accepted.
- I understand that my child is to fulfill the 40 hours required for the program. We have carefully considered family vacations, summer camps, sports schedules, etc. before selecting a preferred session.
- I understand that my child will not receive monetary compensation for the services contributed.
- I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to the Hospital and its departments' policies and procedures.
- I understand that my child will be provided emergency medical care if injured while he/she is on duty as a volunteer.
- I understand my child will be asked to sign a Confidentiality and Security Agreement. Breach of this agreement is grounds for immediate dismissal.
- I authorize Volunteer Services to publish or release to the media any pictures of my child during his/her volunteer service at Mary Washington Healthcare for promotional or recognition purposes only.

 Please check box if you **DO NOT** consent to this statement. This box, if left unchecked, means that you do consent to any publications or media release. (*Opting out does not hinder the process of considering your child for the Jr. Volunteer Program at Mary Washington Healthcare.*)
- By my signature below, I am certifying that I have read all materials included with the application submission and agree to support my child, if selected, in the successful completion of the 2016 Mary Washington Healthcare Junior Volunteer Program.

Parent/Guardian's Name (please print): _____

Signature: _____

Nature of relationship to volunteer: _____

Date: _____

Mary Washington Healthcare
Junior Volunteer Program

Recommendation Form

TO THE APPLICANT: Fill out the top portion of this form and take it to a teacher whom you have asked to recommend you for the program. Give your teacher at least two days to fill out the form and ask him/her to put it in a sealed envelope with their signature across the seal when finished. Pick up the envelopes from your teachers and return them to the Volunteer Office with the rest of your forms by the specified deadline.

Student's Name: _____

Student's School: _____ **Grade:** _____

I give you permission to release the following confidential information to Mary Washington Healthcare Volunteer Services.

Student's Signature _____

TO THE TEACHER: Please answer the following questions regarding the above named student. This student is applying to MWHC's Junior Volunteer Program at Mary Washington Hospital. Your insight into his/her level of responsibility and dependability as well as his/her maturity is greatly appreciated. Any additional comments that would help me to learn more about this student are welcome.

Teacher's Name: _____

Subject: _____ **Contact Number at School:** _____

How long have you known this student? _____

Can you depend on this student to complete assigned tasks yes ___ no ___

Does this student act mature around both adult **and** peer groups? yes ___ no ___

Do you feel this student will fulfill a summer commitment? yes ___ no ___

Please comment on any outstanding qualities that you feel would make this student an exceptional hospital volunteer: _____

I highly recommend ___ recommend ___ do not recommend ___ *(Please check one)*
this student for MWHC's Junior Volunteer Program at Mary Washington Hospital.

Teacher's Signature **Date**

For more information, contact Patricia Wolfrey at Patricia.Wolfrey@mwhc.com or 540-741-1440.

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Teacher's Signature **Date**

For more information, contact Patricia Wolfrey at Patricia.Wolfrey@mwhc.com or 540-741-1440.

MWHC HEALTH & WELLNESS
TUBERCULOSIS SYMPTOM SHEET
VOLUNTEER SERVICES

FULL Name(**print**): _____ Job Title: _____ Phone #: _____

Department/Office Name: _____ MWH _____ SH _____ Other(list) _____

TUBERCULOSIS SYMPTOM SCREENING

Check any symptoms you have experienced recently:

Date: _____

	<u>YES</u>	<u>NO</u>
Chronic cough (more than 2 weeks)	_____	_____
Sputum production (daily for 1 week or more)	_____	_____
Chronic fatigue, listlessness (more than 2 weeks)	_____	_____
Unexplained fever (more than 1 week)	_____	_____
Night sweats	_____	_____
Unexplained weight loss (8 lbs or more or loss of 10% or more of normal body weight)	_____	_____

***If your response was "yes," to any of the symptoms inform the Health & Wellness nurse immediately. If at any time you experience any of these problems during the upcoming year, please contact this department.

Volunteer Signature: _____

Printed Volunteer Name: _____

Parent or Guardian Signature: _____

Printed Guardian Signature: _____

Date: _____
