

Houston Northwest Junior Volunteer Program

Application and Consent Packet

Included in this packet is an introduction letter, a program overview, a junior volunteer program application, consent forms, reference forms and a confidentiality statement. This packet is to be completed and returned to Hughetta Leavell, using the address provided.

Houston Northwest Medical Center
Junior Volunteer Program
Hughetta Leavell,
Volunteer Coordinator
710 Cypress Creek Parkway
Houston, TX 77090
281-440-2435
hughetta.leavell@hcahealthcare.com



Hughetta Leavell, Volunteer Services Coordinator
Houston Northwest Medical Center Junior Volunteer Application &
Consent Packet



Houston Northwest Junior Volunteer Program

Houston Northwest Medical Center
Junior Volunteer Program
Hughetta Leavell, Coordinator
710 Cypress Creek Parkway
Houston, TX 77090

Dear Prospective Junior Volunteer:

Thank you for your interest in the Junior Volunteer Program at Houston Northwest Medical Center. Junior Volunteers help to make the experience of our patients, family members and visitors more pleasant in addition to working in conjunction with the staff to provide the highest quality of patient care. The Junior Volunteer Program at Houston Northwest Medical Center is a year round commitment with numerous and everlasting rewards. Volunteering will provide you with a sense of personnel satisfaction gained from knowing you are helping others during their time of need.

Application Process:

- Applications will be accepted during the month of April each year.
- Please complete all of the application and all provided forms and return them to the above address.
- You are also required to submit two Confidential School Recommendation forms, completed by one of your teachers and another by an extracurricular activity supervisor, i.e., youth minister, band director, coach, etc., as well as the required essay (information available in packet).
- The Volunteer Coordinator will review applications and perspective applicants will be scheduled for interviews during the month of May each year.

Because of the high volume of applicants inquiring about the Junior Volunteer Program, we regret that not every applicant will be accepted into the program. Individuals are chosen based on a variety of factors including but not limited to dedication, helpfulness and a willingness to work and give back to the community.

If you have any other questions please do not hesitate to contact me at 281-440-2435 or by email,

hughetta.leavell@hcahealthcare.com.

Cordially,



Hughetta Leavell
Volunteer Coordinator

Houston Northwest Junior Volunteer Program

APPLICANT INFORMATION (PLEASE PRINT)					DATE:		
First Name			Last Name				
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone			E-mail Address				
Date Available		Social Security No.		Position Desired	Junior Volunteer		
Emergency Contact Information:		Name:					
Address:							
Phone Number:		Relationship to Student:					
School Name			Current School Year:		Graduate Year:		
Are you presently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?			
If yes, are you FT or PT?		Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	What Hours?			
Available Shifts During School Year		Saturday 8:30-12:30pm	Saturday 12:30-4:30pm	Sunday 8:30-12:30pm	Sunday 12:30-4:30pm	Note: Junior volunteers are able to volunteer on week-days and/or week-ends during the summer months.	
Have you ever been convicted of a misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been indicted for a misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been indicted for a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have reliable transportation?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
REFERENCES -- PLEASE LIST TWO REFERENCES (OTHER THAN A RELATIVE)							
Full Name		Relationship			Phone		
Full Name		Relationship			Phone		

How did you hear about our Junior Volunteer Program? _____

What do you feel that you will gain from your experience as a Junior Volunteer? _____

Is your interest in the Junior Volunteer Program to meet specific requirements? (Community Service Hours, School Requirements, etc.) If yes, please explain: _____

Do you have friends or relatives in our Junior Volunteer Program: Yes _____ No _____

If yes, who? _____

Houston Northwest Junior Volunteer Program

Please attach an essay (200-300 words) with following information:

- 1) What would you like to get out of the Junior Volunteer Program;
- 2) List what skills, qualities and attributes you have to offer to the Junior Volunteer Program;
- 3) What are your plans for the future.

Houston Northwest Junior Volunteer Program

DISCLAIMER AND SIGNATURE

I understand that after Hospital Orientation, **I will be on a 90 day probationary period.** I further understand that the Volunteer Services Department reserves a right to terminate a volunteer at any time for:

- **Failure to comply with hospital policies, rules and regulations.**
- **Continuous absences without prior notification**
- **Unsatisfactory attitude, work or appearance**
- **Breach of confidentiality**
- **Falsification of time records**

Signature of Volunteer

Date

Interviewer Name

Date

Interviewer Signature

Date

Houston Northwest Medical Center is an equal opportunity employer. Our policies prohibit discrimination against any race, religion, national origin, sex or handicap. All inquiries are made in good faith for non-discriminatory purposes.

Please Carefully Review the Following and Initial by each statement

Applicant must be at least 14 years of age (No exceptions will be made).

I understand that the volunteer shift is 4 hours and if I need to leave early, I must email or call the Volunteer Coordinator prior to my shift.

If I cannot make my volunteer shift, I am responsible to find a substitute to replace me. I must contact the volunteer coordinator via email or phone to inform of my absence and/or substitution.

I understand I may not leave the hospital premises during my shift without express permission from the volunteer coordinator. Leaving without permission will result in automatic termination from the volunteer program.

I understand that during the academic year I must commit to at least one (4) hour shift each month. If I do not meet my commitment for one month I will be put on probation for 30 days pending clarification.

I understand that during the summer months I must commit to at least two (4) hour shifts each month. If I do not meet my commitment for one month I will be put on probation for 30 days pending clarification.

In submitting this application for the Junior Volunteer Program at Houston Northwest Medical Center, I understand that serving as a volunteer is a privilege carrying with it high trust and related obligations. I agree to fulfill my service commitment and abide by the rules and regulations of the Junior Volunteer Program.

Houston Northwest Junior Volunteer Program

Purpose of Program:

The Junior Volunteer Program is designed to encourage youth to get involved with their community by providing volunteer services to patients and families at Houston Northwest Medical Center, supporting the hospital staff, patients and guests in a variety of ways. All prospective volunteers must complete an application, interview, health screening and hospital orientation before beginning volunteer work.

Junior Volunteer Commitment:

- Your decision to become a junior volunteer is not to be taken lightly.
- It is a commitment to your community and to yourself.
- It is your responsibility to fulfill your obligations and promises.
- You must be willing to serve when and where you are needed.
- If you participate in afterschool sports or programs that will not allow you to serve the required hours, then you should reconsider being accepted into the program.
- Most importantly, your education is the most important and should be your #1 priority. If your grades are likely to be effected by service hours, then you should reconsider being accepted into the program.
- Attitude – A Junior Volunteer... Is respectful of other volunteers (not demanding, bossy or belittling)... Is cheerful.... Accepts graciously, supervision and guidance

Junior Volunteer Requirements, Duties and Responsibilities:

- Application & Essay Submission
- Must be between the ages of 14-18 and must be a high school student
- Interview
- Reference Checks
- Health Screening(s)
- Hospital Orientation
- Assignments that a Junior Volunteer may have:
 - ✓ Delivers flowers, cards and gifts to patients
 - ✓ Assist with the escort of ambulatory patients or wheelchair patients
 - ✓ Delivers only approved equipment
- Appearance – Your appearance should reflect pride in self and in the hospital
- An impeccable uniform is the exterior reflection of the inner character, dedication and purposefulness of its wearer.
 - ✓ Female & Male volunteers should wear the assigned white polo shirt and assigned Khaki scrub pants, socks and rubber sole shoes
 - ✓ A photo id badge is clipped to the collar of the volunteer shirt and is required at all times when volunteering. The photo id badge is the property of HNMC and must be returned when resigning from the volunteer service.
 - ✓ Blue jeans are not acceptable
 - ✓ Jackets should not be worn over the uniform
 - ✓ Hair shall be clean and neat with no styles or colors that would, by a reasonable standard, invite negative feedback from a customer. To comply with Health Department standards, shoulder length or longer hair shall be tied up or pulled back.
 - ✓ Wrist watches and up to one ring may be worn while volunteering. For safety reasons, necklaces are not allowed while volunteering. If ears are pierced, small stud earrings may be worn. Men may not wear earrings.
 - ✓ Extreme or excessive makeup is not allowed. Volunteers may not wear scented colognes while working. Illness often alters sense of smell and patients may be allergic to the aroma or find it offensive
 - ✓ Fingernails should be well groomed
- No smoking or chewing gum loudly
- Food must be consumed in approved areas only
- A Junior Volunteer is always an informed volunteer, always reliable, is on time for his/her shift, always remains on duty until his/her assignment is completed
- Notifies the Volunteer Advocate/Junior if unable to come in for an assigned shift
- Signs in upon arrival of each shift and signs out when leaving for each shift on the assigned day for credit of the volunteer hours (It is not acceptable to sign in and out upon arrival of the shift)
- Reports immediately to the emergency department in case of any injury or accident that occurs while on duty.
- Attends mandatory meetings

Houston Northwest Junior Volunteer Program

Academic Year Hours:

Junior Volunteers (high school students ages 14 to 18 years old (still enrolled in high school) are eligible to volunteer on a year-round basis. During the academic year, Junior Volunteers are required to serve a minimum of one 4 hour shift per month on a Saturday or Sunday only. Exception during the academic school year is Thanksgiving break, Christmas break and Spring break Junior Volunteers can volunteer during the week during those times. All shifts will be assigned (morning/evening) by the volunteer advocate and requests should be submitted for final approval. A volunteer should never volunteer a shift that has not been approved by the Volunteer Coordinator.

Saturday hours are: 8:30 am to 12:30 pm OR 12:30 pm to 4:30 pm
Sunday hours are: 8:30 am to 12:30 pm OR 12:30 pm to 4:30 pm

Summer Hours:

You will be required to serve a minimum of two 4 hours shifts per month. Summer shifts will be assigned (morning/evening) by the volunteer advocate and requests should be submitted for final approval.

Monday thru Saturday hours are: 8:30 am to 12:30 pm OR 12:30pm to 4:30 pm
Sunday hours are: 8:30 am to 12:30 pm OR 12:30 pm to 4:30 pm

Junior Volunteer Perks:

- Eligibility for a scholarship (seniors only).
- Free lunch from the hospital cafeteria.
- Being an invaluable member and asset to the community.
- Reference to add to academic forms (college applications, special academic awards, etc.)
- Meeting new friends.
- Become a **Junior Officer**: Officers may be chosen each year. To achieve this title, one must be actively involved in the program, have a great desire to lead, demonstrate a great amount responsibility, retains a 3.0 or higher GPA, be a senior in high school, show excellent morals and values, be respectful to others and is dependable and eager to go above and beyond at school and at work.

Scholarship Program:

Each year The Auxiliary Volunteer Program provides scholarship(s) to one or more Junior Volunteers who have demonstrated distinctive and promising qualities noted by auxiliary volunteers, your peers and the volunteer coordinator. Any student wishing to receive the scholarship will be required to submit an application (following specific direction from auxiliary scholarship coordinator) for said scholarship.

I have read the above Commitment, Requirements, Duties, Responsibilities and I Agree to Abide by them.

Signature

Date

Houston Northwest Junior Volunteer Program

HOUSTON NORTHWEST MEDICAL CENTER
Junior Volunteer Services Parental/Guardian
Consent to volunteer services
Consent to medical treatment
Consent to TB Skin Test

I hereby voluntarily give my permission for my son/daughter, _____, to enroll in the Junior Volunteer Program of Houston Northwest Medical Center and to take instructions for work as a Junior Volunteer. I also give my permission for him/her to render the number of service hours required. I understand that Houston Northwest Medical Center is not to be held responsible in the case of an accident. I understand that my son/daughter must abide by the rules and regulations of the Junior Volunteer Program and Houston Northwest Medical Center to maintain membership in the Junior Volunteer Program and that failure to do so will result in termination from the program.

I further give my permission for my child to receive medical treatment in case of an emergency if neither parent is available for consent.

Signed _____
Parent or Legal Guardian Date

Address & Phone Number _____

I hereby give my permission for my son/daughter _____, to be skin tested for tuberculosis. Also, in the event my child has not been exposed to chicken pox or has not received their MMR booster, I further give my permission for him/her to have a blood test.

Date of last tetanus booster or DPT booster _____

If not current, I would _____ I would not _____ like my child to have the booster or tetanus shot.

Signed _____
Parent or Legal Guardian Date

Houston Northwest Junior Volunteer Program

Houston Northwest Medical Center Confidentiality Statement for Volunteer Services Program

I understand that it is my responsibility as a volunteer of Houston Northwest Medical Center to respect the rule of confidentiality. Under no circumstances is any/all patient information (treatment or otherwise) to be discussed with non-clinical personnel. Any discussion of a patient and/or his/her treatment is to be held in a private area so as not to be inadvertently overheard. No person outside of Houston Northwest Medical Center will have access to patient information, including any acknowledgement of the presence of a patient in the hospital.

I understand that any violation of this agreement and breach in patient confidentiality will be grounds for immediate dismissal and termination of my volunteer duties.

Signed _____

Volunteer Signature

Date

Houston Northwest Junior Volunteer Program

Confidential School Recommendation

Student Name: _____

Parental Consent: I authorize the release of information from my son/daughter's school records to Houston Northwest Medical Center Volunteer Services.

Parental Signature: _____ Date: _____

Dear Counselor or Teacher:

A student applying for volunteer service must have a recommendation from a school representative no later than April 30th. Your evaluation and comments are appreciated. The information you provide may be reviewed by a potential supervisor. You may give the student the evaluation in a sealed envelope with your signature across the flap or you may mail it to the address listed on this form.

	Excellent	Good	Average	Below Average
Attendance				
Courtesy				
Dependability				
Initiative				
Scholastic Record				
Willingness				
Ability to follow instruction				
Ability to "follow-through"				
Cooperation with adults				
Interaction with peers				
Responsibility				
General Appearance				

I Do ____ I Do Not ____ recommend this student for the Junior Volunteer Program at Houston Northwest Medical Center

Additional Comments:

Name (Print): _____

School: _____

Title: _____

Signature: _____ Date: _____

Houston Northwest Junior Volunteer Program

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