

JUNIOR VOLUNTEER PROGRAM OVERVIEW

Application

All prospective junior volunteers must submit an application with a signed parent permission form for entering the program as well as for the mandatory physical exam, the PPD test, and other immunizations offered. The application must include a letter from the school counselor. Junior volunteers must be between 14 and 18 years of age and attending high school.

Interview/Orientation

The Director of the Department of Volunteer Services or the Junior Volunteer Coordinator arranges appointments for the interview/orientation.

Training

When training is completed, the junior volunteer is assigned to a shift. Conflicts with the training schedule must be worked out with the instructor. Religious, family, and school activities will be accommodated as best as possible.

Service Requirements

Junior volunteers are required to serve at least two hours per week during the school year and four hours per week during the summer months. A commitment of at least 60 total hours is required. If a junior volunteer works during a legal holiday he/she will receive credit for double the hours actually worked. Double hours will also be earned while serving as a trainer. Junior volunteers are automatically junior members of the SVH Volunteer Guild. As such, \$5.00 dues are required when beginning and each year thereafter. Additionally, there is a one-time \$10 deposit to help defray costs.

Uniforms

Red and white striped smock, white pants, white shirt, white shoes, and a volunteer badge. Then upon termination, the smock and badge must be returned to the Department of Volunteer Services.

Junior Officers

Two officers may be chosen each year: a president and a vice-president. Qualities required to become an officer include involvement in the program, a desire to lead, and a demonstration of responsibility. Officers and the Director of Volunteer Services or his/her designee plan the activities for the junior volunteers.

Scholarship

A scholarship is available to all junior volunteers who are seniors in high school and who are planning a career in a health care profession.

READ CAREFULLY BEFORE COMPLETING APPLICATION

A Commitment

Volunteering is a commitment to your community and to yourself. It is not to be taken lightly. It is *your* responsibility, not that of your parents. You must be willing to serve where you are needed and take what hours you are given. This might include weekends. It is unadvisable to enter the Junior Volunteer program if you participate in after-school sports or are on the Drill Team or if you are a Cheerleader. These activities take a lot of your time. We do not want your grades to suffer. Age: 14 years to 18 years and attending high school.

Appearance

Your uniform with your volunteer emblem and your volunteer badge are your symbols of service and should be worn with professional pride. Volunteers observe the same hospital regulations as everyone else. The uniform does not entitle you to special privileges. Because you represent Simi Valley Hospital to the community, the following rules apply to your uniform:

- Smock, shirt, and pants should be kept clean and pressed.
- Shoes should be comfortable and quiet, worn with nylons or socks.
- Hair must be neatly groomed and off the shoulders.
- No heavy make-up, perfume, or nail polish.
- No jewelry, except a watch.
- No smoking, eating, or gum chewing while on duty.

Your uniform is a red and white striped smock, white tee shirt, white pants, white shoes, and your badge. When you leave the program, please return your uniform and name badge.

Attitude

A junior volunteer:

- * . . . is an informed volunteer, reliable, on time, and remains on duty until his/her assignment is completed.
- * . . . calls a replacement if he/she is unable to work the assigned shift. You will be given a list of junior volunteers' phone numbers. It is your responsibility to find a replacement. Never let a shift go unfilled. Realize that you are counted upon and needed.
- * . . . signs in and out, indicating where he/she is working.
- * . . . reports immediately to the Emergency Department for any injury or accident occurring while on duty.
- * . . . brings an open-minded attitude, interest, and attention to his/her work.
- * . . . is cheerful
- * . . . maintains a good sense of humor.
- * . . . accepts graciously supervision or guidance. Reports immediately to his/her assigned duties.

Physical

Each junior volunteer must pass a pre-placement physical before starting his/her assignment. This will include filling out a medical history, receiving a PPD skin test for tuberculosis, a drug test, and an exam performed by the Employee Health Nurse at Simi Valley Hospital. The physical will be conducted at no cost. Rubella immunity is required for volunteers who come in contact with patients. Upon your acceptance into the program, you will be given the proper information regarding the physical, how to make an appointment, and the proper paperwork.

Ethics

As a volunteer, you are subject to the same code of ethics as the professional staff. It is therefore necessary that you:

- ⊕ . . . do not discuss the patient's illness, his/her family, or his/her problems outside the hospital.
- ⊕ . . . be understanding and kind without being curious.
- ⊕ . . . refrain from giving advice.
- ⊕ . . . do not attempt to change established procedure.
- ⊕ . . . bring questions, problems, comments, or suggestions to your volunteer coordinator or the Director of Volunteer Services.
- ⊕ . . . do not give answers when in doubt. Check with the Department of Volunteer Services on matters involving volunteer policy.
- ⊕ . . . are loyal to the patients and staff of Simi Valley Hospital and to the Volunteer Guild.
- ⊕ . . . remember: ***What you see here, What you hear here,
What you say here, When you're in here,
Must remain here When you leave here!***

Cost

If you are accepted in the Junior Volunteer program, the cost is \$5.00 per year for Volunteer Guild dues. Additionally, there is a one-time \$10 deposit to help defray expenses.

Application Information

If after reading this being a Junior Volunteer is something you really want to do, fill out the application and bring it in to the Department of Volunteer Services as soon as possible. ***You will be put on a waiting list.*** It is important to have all the papers filled out by the appropriate personnel. In addition to having your school counselor sign the attached checklist, it is important to include two personal references. References may be teachers, clergy, or other adults who know you well. Personal references from teenage friends or relatives will not be accepted.

Duties of a Junior Volunteer

Below are a variety of duties that you may be asked to do as a junior volunteer.

- ♥ Pass out fresh ice water.
- ♥ Serve patients food trays
- ♥ Feed patients.
- ♥ Make beds.
- ♥ Help nurses make beds when patients can't get out of bed.
- ♥ Help dismiss ambulatory patients in wheelchairs.
- ♥ Pass evening nourishments.
- ♥ Run errands as asked.
- ♥ Deliver flower.
- ♥ Entertain children – read books, etc.
- ♥ Help whenever needed with non-medical duties.
- ♥ Answer patients' lights – report to nurse if medical attention is needed.
- ♥ Clean or straighten kitchen or utility areas.
- ♥ Take care of patients' flowers – water them, etc.
- ♥ Empty patients' over-bed tray table trash.

Below are duties junior volunteers are **NOT ALLOWED** to do:

- Help patients on or off bedpans.
- Feed tube or syringe patients.
- Enter isolation rooms.
- Remain in patient's room when a nurse or doctor is attending a patient.
- Give patients medication.

Keep first three pages of information and return the rest, (application, parental approval, personal references, and counselor check list) to the Department of Volunteer Services.

For Office Use Only

JUNIOR VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address: _____

Birth date _____ Age _____

Legal Guardian's Name _____

Legal Guardian's Occupation _____ Work Phone Number _____

Person to be contacted in case of illness or injury on duty:

Name _____

Relationship _____ Phone Number _____

Does your family understand the obligations of volunteer service? Yes No

Explain _____

List other volunteer and/or professional experience _____

What grade are you in? 9th grade 10th grade 11th grade 12th grade

Do you plan to work elsewhere part time Yes No

Hobbies, skills, special interests _____

Clubs, church, or other organizations that you belong to _____

List your extracurricular school and communities activities _____

Do you have transportation? Yes No

Are you willing to accept an assignment where you are most needed? Yes No

Are you willing to consider a volunteer assignment as a job and fill it regularly, except during illness or vacation, even though you may have to give up other activities? Yes No

State briefly your reasons for wanting to become a junior volunteer. _____

Choice of life work _____

Areas of Services

Check the areas in which you are most interested in order of preference from 1 (greatest interest) to 6 (least interest).

- Medical/Surgical – help nurses with patients
- Emergency Services – help to comfort patients and their family members in Emergency Room, run errands
- Front desk – direct visitors to the appropriate departments or patients’ rooms, run errands, help admitting clerk, deliver flowers to patients.
- Family Connection – help supervise children at the Center and interact in a nurturing environment that stimulates growth of a child physically, socially, mentally, and spiritually. The Center is not located at the hospital. This is not a pediatrics assignment.
- Lab – file paperwork, answer phones, run errands.
- Diagnostic Imaging – file forms and X-rays, patient pick-up and delivery.

Keep in mind that you may be asked to serve in an area that is not your first choice, although we will try to place you in your first choice if possible.

Volunteer Pledge:

Desiring to be of service to people as a junior volunteer:

- I WILL be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I WILL conduct myself with dignity, courtesy, and consideration.
- I WILL consider all information which I may hear directly or indirectly concerning a patient, doctor, or any member of the personnel confidential, and will not seek information in regard to a patient.
- I WILL take any problems, criticisms, or suggestions to the Director of Volunteer Services.
- I WILL uphold the policies and standards of this hospital and properly interpret them to the community.

Signature: _____

Date _____

PARENTAL APPROVAL FORM

I hereby give consent for my son / daughter _____
to participate in the junior volunteer program of the Volunteer Guild at Simi Valley Hospital. To remain in the program, I understand that he/she must regularly fulfill the minimum service requirement of four (4) hours per week in the summer and/or two (2) hours per week during the school term. I also understand that he/she will commit to at least 60 hours of volunteer service. I will assume responsibility for his/her transportation to and from the hospital.

Signatures:

Father _____

Date _____

Mother _____

Date _____

Or

Legal Guardian _____

Date _____

PERSONAL REFERENCE FORMS

Reference #1:

I recommend _____ for junior membership in the Volunteer Guild at Simi Valley Hospital.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective junior volunteer is _____

Signature _____

**[To be signed by teacher, clergy, employer, or other adult who knows you well.
May not be a family member or a teenage friend.]**

Reference #2

I recommend _____ for junior membership in the Volunteer Guild at Simi Valley Hospital.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective junior volunteer is _____

Signature _____

**[To be signed by teacher, clergy, employer, or other adult who knows you well.
May not be a family member or a teenage friend.]**

HIGH SCHOOL COUNSELOR CHECK LIST

Junior Volunteer Applicant's Name _____

1. Grade Point Average _____
2. Attendance Record Poor Satisfactory Outstanding
3. Work Habits Poor Satisfactory Outstanding
4. Cooperation Poor Satisfactory Outstanding
5. Will this applicant serve as a valuable asset to our program? Yes No

Please explain _____

Counselor's Signature _____ Date _____

Counselor's Name [please print] _____ Phone _____

High School: _____

School Seal Here: