

Dear Student,

Thank you for your interest in the Junior Volunteer program at Southwest General. Our volunteers' are the "Heart of Southwest"; they enrich the services of our staff and provide personalized service for patients and visitors in many areas of the Health Center.

Please review these requirements carefully before deciding to apply for a volunteer position.

- Weekly 2-hour shift
- 40-hour minimum commitment (No references will be given or school forms signed until this requirement is met)
- On-the-job training provided for all volunteer placements

If you feel that you can make this commitment, please complete the application and return your paperwork to the address below, Attention: Volunteer Services. Both the application and the attendance form require your signature **and** that of your parent or guardian.

We look forward to hearing from you. Southwest General is proud of its volunteer tradition and we hope you will join us.

Sincerely,



Shawna Gorchek
Volunteer Services Coordinator



Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability or veteran status.

Instructions

1. Please print legibly and accurately when completing this form.
2. The Attendance Agreement and Parent/Guardian Consent section must be signed by your parent or guardian.
3. Mail the completed Application to: Volunteer Services, Southwest General Health Center, 18697 Bagley Road, Middleburg Hts., OH 44130.

VOLUNTEER PROFILE

Last Name _____ First Name _____ Middle Initial _____

Preferred Name _____ Birthdate (Month/date/year) _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Cell Phone () _____

E-mail Address _____ Sex: _____ Female _____ Male

High School _____ Grade level this year (check one) __8 __9 __10 __11 __12

Do you possess the abilities to perform the duties of the placement you desire? _____ Yes _____ No

Please list hobbies, skills, special interests, clubs or affiliations _____

IN AN EMERGENCY PLEASE NOTIFY

Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Home phone () _____ Cell phone () _____

Physician _____ Phone () _____

VOLUNTEER PLEDGE

I agree to hold in strict confidence any information I may learn while volunteering concerning the hospital, patients or staff. I understand that this means I do not discuss matters, personnel or patients at the hospital or at any other time. I agree to give adequate notice (unless an emergency arises) if I am ever unable to come in for my assignment. I understand that any misleading or any incorrect statements may render this application void and would be cause for immediate dismissal in the event of placement.

Signature of Applicant _____ **Date** _____

VOLUNTEER EXPERIENCE

Please list any paid or volunteer work experience you have had.

Location	Length of Service	Description of responsibilities

AVAILABILITY

Please indicate the times that you are available to volunteer. This gives us more options, but does not commit you to multiple assignments. Most students volunteer once a week for 2 hours per shift.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

SERVICE OPPORTUNITIES

Please indicate the areas that interest you (**1st, 2nd and 3rd choice**). We will make every attempt to honor your preferences. However, the Health Center's needs, your availability, and the interviewer's recommendation will all be taken into consideration in determining a placement. Due to a great interest in the Junior volunteer program, there is often a waiting list for placement and teens are limited to **one** assignment per week.

_____ **Clerical** – Various opportunities available as clerical support: filing, computer projects, mailings.

_____ **Junior Volunteer Team** – Volunteer with other teens doing a variety of tasks. You will be cross-trained to transport patients, deliver flowers and charts, answer phones, direct visitors to patient rooms, Health Center departments and physician offices, and assist staff with errands and projects. Duties will vary each week. Weekday evenings: 4-6 p.m., 5-7 p.m. or 6-8 p.m., or weekends 9 a.m.-11a.m., 11a.m.-1p.m., 1-4 p.m., 4-6 p.m. or 6-8 p.m.

_____ **Pharmacy** – (Must be at least 16 years old.) Assist with product deliveries to nursing units and Emergency Department from in-house pharmacy. Assist with clerical duties and projects as needed.

_____ **Sunrise Deli** – Help prepare sandwiches, pizza, and salads. Re-stock coolers, prepare supplies, assist cashier.

_____ **The Corner Shop** – Cashier in retail gift shop/flower shop in the Main Lobby. Tasks involve assisting customers with selection of purchases.

_____ **Special Events** – Once you have accepted a weekly volunteer placement, you may want to help out with one-time only events. Bonus hours are given for participation but this is not a placement. To participate you must have a weekly assignment as well.

_____ **Strongsville Medical Center** – Volunteer greeter. Greet and direct patients to Medical Center departments and physician offices. Assist with wheelchairs and escorts as needed.

PARENT/GUARDIAN CONSENT

_____ has my consent to serve as a volunteer at Southwest General Health Center. In the event an accident/illness should occur while on duty, I give my permission for his/her treatment at Southwest General. I also give my permission for him/her to receive an annual TB test.

Signature of Parent/Guardian _____ Date _____

JUNIOR VOLUNTEER ATTENDANCE AGREEMENT

Choosing to be a volunteer at Southwest General Health Center is a commitment. The Volunteer Services Department is the Human Resources department for all volunteers. Volunteer hours are recorded at various sign-in stations throughout the Health Center and then entered into our database. Because you will be trained on the job in your department, this is also a commitment of your co-workers' time. Therefore, we require a minimum of 40 hours of volunteering before we can be a reference for jobs, college, high school projects and scholarships.

It is, therefore, VERY IMPORTANT to consider your assignment seriously. Due to the constant requests by students for assignments, our Junior placements are usually limited. By accepting a placement, you are promising to be here as scheduled and are filling the spot that another student might occupy.

We know occasionally you may need to miss a shift. If your absence is UNEXCUSED (that is, no call from you or your parent), your supervisor may call your home. THREE unexcused absences may result in termination. Since this will be noted in your volunteer file, it will affect any requested references. Excessive EXCUSED absences may show a change in commitment and may also result in termination.

You will leave Orientation with the name and phone number of your immediate supervisor. Call THIS PERSON to report your absence. If you call the Volunteer Services Department, you will either be transferred to your department or you risk leaving a voice mail message that may not be received and forwarded in time.

If your school is closed due to bad weather, please call to inform your contact person. If they are not there please leave a detailed message for them. This also applies to scheduled school conference days, in-service days or vacation days. You will still be expected to volunteer on those days or call in for an excused absence.

I UNDERSTAND AND AGREE TO FOLLOW THIS JUNIOR VOLUNTEER ATTENDANCE POLICY.

Printed Name _____ Date _____

Signature _____

Parent or Guardian printed name _____

Signature _____