January 2019

Dear Student and Parent/Guardian:

The Volunteer Office at Deaconess Hospital is accepting applications for Junior Volunteers. The Junior Volunteer Program at Deaconess offers students an opportunity to gain work experience, observe healthcare careers and earn community service hours.

Listed below are some highlights of the Program:

- To participate in the Program, Junior Volunteers must be 15 years old by June 3.
- We will accept 10 new Junior Volunteers at the Midtown Campus and 10 at Deaconess Gateway.
- Students will be interviewed and selected by a panel of Auxiliary Volunteers. In addition, school counselor/official recommendation will also be considered.
- If selected to participate in the Program, students must be available to attend orientation on June 3. Attendance is mandatory.
- Junior Volunteers will volunteer one eight-hour shift per week (8 am - 4:30 pm) during the months of June and July. Shifts will consist of two and a half hour rotations as follows:
  - Nursing Unit – duties to be assigned by specific units;
  - Sterile Supply Department – making deliveries throughout the hospital; and,
  - Gift Shop – waiting on customers, ringing sales and making deliveries to patients.
  NOTE: This schedule may vary due to department workload. Other duties may be assigned.
- Junior Volunteers must volunteer six out of the eight weeks of the Program in order to successfully complete the Program as well as to receive recommendations in the future.
- Junior Volunteers must arrange for another student to cover their shift if they are going to be absent. If they are unable to find a replacement, they must give the Volunteer Office the names of three students they have contacted in order to be excused.
- At the end of the Program, we request that our Junior Volunteers conduct a self-evaluation of their experience. In addition, departmental staff will evaluate the Junior Volunteer’s performance.

We want our volunteers to have an enjoyable and educational experience at Deaconess. Please call me at 812-450-2235 or email me at jennifer.metcalf@deaconess.com if you have any questions or need additional information.

Jen Metcalf, Manager
Volunteer Services/Community Relations
2019 JUNIOR VOLUNTEER APPLICATION

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT:

Last Name: _______________________________ First: _______________________________

Address: ______________________________________________________________________

City/ST/Zip _______________________________ Phone #: ____________________________

Email: _______________________________ Age as of June 3: ______________

MUST be 15 by June 3, 2019.

Have you received your citizenship rating for each semester you have attended school?   Yes ☐ No ☐

It is with my full understanding and knowledge that, after my parent/guardian signs the Parental Agreement, I will submit this application to my school counselor or their designee for completion. He or she will then forward this form to the Deaconess Hospital Volunteer Office on my behalf. Applications are due by March 8, 2019.

I understand if selected, my attendance is mandatory at the Program Orientation on June 3, 2019.

Student Signature: __________________________________________________________________

THE FOLLOWING INFORMATION IS TO BE COMPLETED AND MAILED DIRECTLY TO THE VOLUNTEER OFFICE BY A SCHOOL OFFICIAL:

Please select from the following:

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<thead>
<tr>
<th>School Attendance</th>
<th>Superior</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don't Know</th>
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<td>Ability to Follow Instructions</td>
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<td>Judgment</td>
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Is student mature enough to work with hospital patients and visitors? Yes ☐ No ☐ Possibly ☐

Comments: ________________________________________________________________

On the following scale, the overall potential of this applicant for volunteering is:

Superior ☐   Good ☐   Poor ☐   Fair ☐

School Counselor or Designee Signature: _______________________________ Date: __________________

School: _______________________________ Phone #: __________________

RETURN COMPLETED APPLICATION BY MARCH 8, 2019 TO:
Volunteer Services, 600 Mary Street, Evansville, IN 47747
2019 JUNIOR VOLUNTEER APPLICATION/ASSIGNMENT PREFERENCE

Name: __________________________________________________________________________

Nickname: _____________________________________________________________________

I have been a Junior Volunteer at Deaconess in the past.  Yes [ ] No [ ]

If “yes,” year(s): __________________________________________________________________________

I would like to volunteer at:  Midtown Campus  [ ] Gateway Campus  [ ] Either Campus  [ ]

- Volunteers will be assigned to volunteer one day per week from 8 am to 4:30 pm from June 3 through July 26. Shifts will consist of approximately 2 ½-hour rotations in three different departments: a nursing unit (duties will vary according to the specific nursing unit), Sterile Supply (making deliveries of supplies throughout the hospital) and the Gift Shop (waiting on customers, ringing sales and making deliveries to patients). Junior Volunteers are required to complete a minimum of six weeks of the eight week program to have successfully completed the assignment. Failure to meet this commitment will prevent verification of your volunteer hours. Volunteers who successfully complete the requirements of the Program will receive a certificate of completion and be eligible to receive a letter of recommendation.

Please indicate which days of the week you are available marking “1” for your first choice, “2” for your second choice, and “3” for your third choice.

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<th>Monday</th>
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I will be participating in the 2019 Health Science Institute. Yes [ ] No [ ]

The Junior Volunteer Program will be held from June 3 to July 26. Please list dates that you will NOT be available to volunteer (i.e., for vacation, sports or music camps, etc.). If exact dates are unknown, please list number of weeks. Please note that attendance is mandatory at the Program Orientation on June 3.

Student Signature: ____________________________  Date: ____________________________
PARENTAL AGREEMENT FOR STUDENT VOLUNTEERS

I am the parent/guardian of:

Student Name: ________________________

(Please Print)

In order to meet your expectations as a parent/guardian and your student’s expectations, what outcome for your student would you like to see as a result of volunteering for Deaconess Health System?

By signing this agreement:

- I acknowledge and approve of my son/daughter/guardian applying to volunteer at Deaconess.
- I understand that there is a possibility that my son/daughter/guardian may not be accepted into the Deaconess Junior Volunteer Program at this time.
- I acknowledge he/she can perform the essential functions of the position he/she is applying for, with or without reasonable accommodation and his/her general health is ____________________.
- I will ensure my son/daughter/guardian understands that volunteering is a serious commitment, and he/she will be responsible for finding another student to take his/her place if he/she takes time off from volunteering. Additionally, in order to successfully complete the Program and receive a recommendation from the Volunteer Office, he/she will not take more than two weeks off during the summer Program.
- I understand that volunteers serve without pay, pay their own transportation expense, purchase their own uniform and pay for their meals when they eat at the hospital.
- I will ensure my son/daughter/guardian will report to volunteer on time and will follow the Deaconess dress code. (Students will be sent home if they are dressed inappropriately.)
- I understand that students must demonstrate appropriate behavior at all times or they will be subject to dismissal from the Junior Volunteer Program.
- I will ensure my son/daughter/guardian meets all necessary requirements on or before the deadlines, including completion of all volunteer forms and TB testing.
- I hereby give my permission to my son’s/daughter’s/guardian’s school counselor or designee to give background information from school records pertinent to this application.
- I will ensure my son/daughter attends the mandatory Orientation on Monday, June 3 if he/she is accepted into the Program.
- I will allow my child to handle ALL communication with hospital staff regarding the Junior Volunteer Program.

Parent/Legal Guardian Name (Please Print) ________________________ Date ________________________

Parent/Legal Guardian Signature ________________________ Daytime Phone # ________________________

Your signature on this agreement will serve as your acknowledgement of the requirements of Deaconess Hospital’s Junior Volunteer Program. If you have questions or concerns, please do not hesitate to contact Jen Metcalf, Manager, Volunteer Services at 812-450-2235.
VOLUNTEER HEALTH INVENTORY

Name: ___________________________________________ Birthdate: __________________

Please check the following that apply to you:

☐ Latex Allergy
☐ Other Allergies: (Please List) __________________________________________________________________________

Do you have a medical condition that could be a safety hazard to you or others?

☐ Yes ☐ No

If yes, please explain the nature of the medical condition: __________________________________________________________________________

Do you have any contagious diseases? ☐ Yes ☐ No

If yes, please explain the nature and duration of the medical condition: __________________________________________________________________

Have you been immunized against or diagnosed with any of the following?

Rubella ☐ Yes ☐ No ☐ No
Mumps ☐ Yes ☐ No ☐ No
Hepatitis A ☐ Yes ☐ No ☐ No
Measles ☐ Yes ☐ No ☐ No
Chickenpox ☐ Yes ☐ No ☐ No
Hepatitis B ☐ Yes ☐ No ☐ No

Emergency Contact: ___________________________ Phone: ______________
Family Physician: ___________________________ Phone: ______________

I hereby certify the above information is true and correct to the best of my knowledge.

Student Signature: ___________________________ Date: ______________

Parent/Guardian Signature, if student under age 18. ___________________________ Date: ______________