



February 2020

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 valuable 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 1.
- 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 May 28 or May 29, depending on where assigned. Attendance is mandatory. No exceptions.**
- We will accept 10 new Junior Volunteers at the Midtown Campus and 10 at Deaconess Gateway. While preference is considered, placement at preferred campus is not guaranteed. Once assigned, no changes can be made.
- 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 – assisting staff and making deliveries throughout the hospital; and,
  - Gift Shop – assisting 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 our Junior Volunteers conduct a self-evaluation of their experience. In addition, departmental staff will evaluate each Junior Volunteer's performance which will then be used for recommendations.

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](mailto:jennifer.metcalf@deaconess.com) if you have any questions or need additional information.

*Jen Metcalf, Manager  
Volunteer Services/Community Relations*



## 2020 JUNIOR VOLUNTEER REFERENCE FORM

Must be completed and signed by a high school counselor or teacher.

Completed references must be returned to:

Deaconess Hospital, Volunteer Services, 600 Mary Street, Evansville, IN 47747

Student Name: \_\_\_\_\_

Has this student received a citizenship rating for each semester attended?    Yes \_\_\_\_\_    No \_\_\_\_\_

Please select from the following:	Superior	Good	Fair	Poor	Don't Know
School Attendance					
Ability to Follow Instructions					
Cooperation with Authority					
Grooming					
Dependability					
Academic Performance					
Peer Rapport					
Poise and Self Control					
Enthusiasm					
Judgment					

Is student mature enough to work with hospital patients and visitors?    Yes \_\_\_\_\_    No \_\_\_\_\_

Comments: \_\_\_\_\_

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

Superior \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

School Counselor or  
Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Reference must be received by March 20, 2020  
for student to be considered.***



# 2020 JUNIOR VOLUNTEER APPLICATION

*(Please Print)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Phone #: \_\_\_\_\_ Age as of 6/1/20: \_\_\_\_\_  
*Must be 15 by June 1, 2020 to be considered.*

I have been a Junior Volunteer at Deaconess in the past: Yes \_\_\_\_\_ No \_\_\_\_\_

I have an immediate family member employed by Deaconess: 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 1 through July 24. 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 you second choice, and "3" for you third choice.

Monday	Tuesday	Wednesday	Thursday	Friday

*Please note that every effort will be made to schedule according to preference, but cannot be guaranteed.*

I will be participating in the 2020 Health Science Institute. Yes \_\_\_\_\_ No \_\_\_\_\_

The Junior Volunteer Program will be held from June 1 to July 24. 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 Orientation on either May 28 or May 29. If selected to participate in the Program, the date is dependent upon which campus you are assigned.**

**It is with my full understanding and knowledge that, after my parent/guardian signs the Parental Agreement, I will return the completed forms to Deaconess Hospital, Volunteer Services, 600 Mary Street, Evansville, IN 47747. The Reference Form must be completed and signed by my school counselor or designee and returned on my behalf to the same address. ALL completed forms must be received by March 20, 2020 to be considered.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2020 JUNIOR VOLUNTEER PARENTAL AGREEMENT

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?

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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 either Thursday, May 28 or Friday, May 29 if he/she is accepted into the Program. The actual date will be determined by campus assignment.**
- **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 the Deaconess Hospital Junior Volunteer Program. If you have questions or concerns, please do not hesitate to contact Jen Metcalf, Manager, Volunteer Services at 812-450-2235.



# 2020 JUNIOR 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  
Mumps  Yes  No  
Hepatitis A  Yes  No

Measles  Yes  No  
Chickenpox  Yes  No  
Hepatitis B  Yes  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: \_\_\_\_\_