

January 29, 2014

Dear Student and Parent/Guardian:

We are pleased to announce a new Junior Volunteer program beginning this year. Since volunteering is the first experience many of our students have in the workplace, the goal of our new volunteer program is to help set our students up to succeed when they enter the workforce, in addition to helping them learn about health care careers.

Listed below are new program changes:

- Students, who have <u>not</u> volunteered at Deaconess in the past, will interview with a panel of adult volunteers for acceptance into the Junior Volunteer program. Selection will be based on counselor recommendation and the interview. Ten new students will be selected for the main campus, and five will be selected for the Gateway campus.
- Returning junior volunteers, who successfully completed a past program, will be assigned based on their schedule and assignment availability.
- New junior volunteers will volunteer one eight-hour shift per week (8 a.m. 4:30 p.m.). They will rotate between three departments each time they volunteer.
 - Patient Relations visiting newly admitted patients and writing a Living History on one patient each week;
 - 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.

- Returning junior volunteers will substitute for adult volunteers who choose to take the summer off. Their assignment length will vary according to the department they are assigned to and the duties they perform.
- All junior volunteers must volunteer six out of the eight weeks of the program in order to successfully complete the program.
- Junior volunteers must arrange for another student to fill in for them 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, junior volunteers will be asked to do a self evaluation of their work, and the staff in the departments in which they volunteer will also be asked to evaluate the junior volunteer's performance.

We want our volunteers to have an enjoyable and educational volunteer experience at Deaconess. Please contact me at 812-450-2235 or judy.swartz@deaconess.com if you have questions or would like to have additional information.

Judy Swartz, Manager Volunteer Services/Community Relations



2014 JUNIOR VOLUNTEER APPLICATION FORM

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT: Last Name _____ First Name _____

Date	Age as of Jun	e 1 <i>(</i>	Student <u>MUS</u>	<u>ST</u> be age 14	by June 1, 2014.
Address			_ City		_ Zip <u>_</u>
Phone	E-mai	Address _			
Have you received your citi	zenship rating fo	or each seme	ster you have	attended school	ol? Yes ☐ No [
It is with my full unders Agreement, I will submit t They will then forward thi	his application for	orm to my sch	nool counselor pital Voluntee	or their design	nee for completion.
		Signature of	of Student		
THE FOLLOW	ING INFORMAT	TION IS TO B	E COMPLETI	ED BY THE SO	CHOOL:
	Please ch	neck the appr	opriate square) '	
	Superior	Good	Fair	Poor	Don't Know
School Attendance					
Ability to Follow Instructions	3				
Cooperation with Authority					
Health					
Grooming					
Dependability					
Scholarship					
Peer Rapport					
Poise and Self Control					
Enthusiasm					
Judgment					
Is student mature enoug Comments:					Possibly
On the followi	ng scale, the ov Superior		of this applica		ring is:
Date S	Signature of Cou	inselor or Des	signee		
School		Phor	na No		

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DEACONESS HEALTH SYSTEM, INC. 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 at 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 their place if they take time off from volunteering. Additionally, in order to successfully complete the program and receive a recommendation from the Volunteer Office, they 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 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 form.
Parent/legal guardian name (Please print) Date

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 Judy Swartz, Manager, Volunteer Services, at 812-450-2235.

Daytime phone number

Parent/legal guardian signature



2014 JUNIOR VOLUNTEER HEALTH INVENTORY

Name:	Date of Birth:					
		(Please print)				
PLE,	ASE CHECK THE FOLLOWING THAT APPLY TO YOU: Latex Allergies					
	Othe	er Allergies (<i>please list</i>):			
•	al condition that could be ure of the medical conditi		u or others? Yes No			
	you have any contagious					
Have you b Rubella Mumps Hepatitis A	☐ Yes ☐ No	or diagnosed with any Measles Chickenpox Hepatitis B	☐ Yes ☐ No ☐ Yes ☐ No			
Notify in Emergency:		Phone: _				
I hereby certify the	above information is to	rue and correct to the	e best of my knowledge.			
	(Student signature)		(Date)			
/Parent/Guardian	signature if student under		(Date)			



2014 JUNIOR VOLUNTEER ASSIGNMENT PREFERENCE SHEET

NAME	Male 🗌 Female 🗌
NICKNAME	_
I have been a Junior Volunteer at Deaconess in the past.	Yes □ No □
If "yes", year(s)	
If "yes", assignment(s) performed	
If "yes", assignment(s) you would be willing to perform this year _	
I would like to volunteer at the: Mary Street campus	Gateway campus
Volunteer positions are staffed Monday through Friday from 8 a.m. to 4 accepted into the program will commit to volunteer 8 hours per	
 New volunteers will be assigned to volunteer one day per week at 2 ½ hours each in 3 different departments – Patient Relations (vis and writing one Living History per day), Sterile Supply (making de the hospital), and gift shop (waiting on customers, ringing sales, a patients). 	siting newly admitted patients eliveries of supplies throughout
 <u>Returning volunteers</u>, in good standing, will be placed based on a left vacant by adult volunteers who choose to take the summer of 	
Please indicate which days of the week you are available. Give us your "1" for your first choice, "2" for second choice, and "3" for	
<u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u>	y <u>Friday</u>
My parent or grandparent is a Deaconess employee.	Yes No
If "yes", list name and department	
I will be participating in the 2014 Health Science Institute.	Yes 🗌 No 🗌
The Junior Volunteer Program will be held from June 2 to August 1. Ple be available to volunteer (i.e., for vacation, sports or music camps, etc.) please list number of weeks.	