SCHOOL SESSION 2019/2020 STUDENT VOLUNTEER PROGRAM



INSTRUCTIONS FOR APPLYING

# Application Procedural Steps:

1. Complete pages 3-6 and sign the application

*Please select the times you would prefer to volunteer. If selected, you will be scheduled for one shift a week.*

1. Distribute and have returned to you (in sealed envelopes):

Two “LETTER OF REFERENCE FORMS” (pages 7-10) to school employees (any paid teacher, coach, guidance/career counselor, school counselor, etc.)

1. Review the “PARENTAL/GUARDIAN CONSENT AGREEMENT AND CONTRACT” (page 6) with your parent/guardian. This outlines the Student Volunteer Program requirements, requires a parent/guardian signature and the signature of the applying student.
2. Obtain a copy of your school transcripts and attach them to this packet.

**After Entire Application is Complete:**

Contact the Kootenai Health Volunteer Services Office to schedule an interview.

Note: Fully completed application, including reference forms, grade documentation, parent/guardian consent agreement, and contract, will be accepted at the time of interview.

Contact Information:

Kootenai Health Volunteer Services

Renee Langue

(208) 625-4645

rlangue@kh.org

**HIGH SCHOOL STUDENT**

**APPLICATION FOR VOLUNTEER SERVICES**

(Applicants **MUST** be at least 14 years of age)

**CONTACT INFORMATION**

Full Name Phone

Street Address Current Age

City/State/Zip Birth Date

Email Address

**EMERGENCY CONTACT INFORMATION**

In Case of Emergency Notify:

(First Name) (Last Name) (Phone #)

Your Emergency Contact Person’s Relation to You:

**Shirt Size:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | X-Small |  |  | Small |  | Medium |  | Large |  | XL |

**SCHOOL SESSION TIMES 8/26/19-6/18/20:**

**Which session time do you prefer? (Select all that apply)**

Evenings (4-7pm) or (5-8) (One evening per week)

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

**Are you available to volunteer on weekends only?**

[ ] YES [ ] NO

[ ] Saturday 9-1pm or 9-5pm [ ] Sunday 9-1pm

**Do you have a friend who is currently a Kootenai Teen Volunteer?**

[ ] YES [ ] NO If yes, their name:

**EDUCATIONAL HISTORY**

High School:

Highest Grade Completed (to date):

Year you will graduate from high school:

How did you hear about our volunteer program?

**PLEASE READ AND SIGN**

* I hereby express my desire to work as a Teen Volunteer for Kootenai Health.
* I am aware that, if accepted, I will be expected to be prompt and to perform my duties conscientiously, and to find a fellow teen volunteer to substitute for me if I am unable to report for my scheduled shift.
* I understand that any falsification of information on this application may result in immediate termination of the application/on-boarding process or as a volunteer with Kootenai Health.
* I understand that a volunteer is expected to observe confidentiality with respect to all patient information at all times, and that failure to do so may result in my personal liability to the patient and/or the hospital.

Applicant’s Signature: Date:

**Once entire application packet is fully completed, contact Volunteer Services at (208) 625-4645 to schedule an interview.**

**Do NOT return this application without a scheduled interview.**

**ESSAY OF INTENT**

I, (Name) , am applying for the Student Volunteer program with Kootenai Health. Below (or stapled to this “Essay of Intent”) is my brief and to-the-point 150-200 word essay explaining why I want to participate. My signature below verifies the following:

* I understand that writing and submitting this Essay does not guarantee that I will be accepted into the Student Volunteer program.
* I understand that this Essay is an important part of the application process because it expresses how the Student Volunteer Program will help me attain my personal goals.
* The thoughts and words written below are my own and were not plagiarized, dictated or written by someone other than me.

Student Signature Date

**PARENTAL/GUARDIAN CONSENT AGREEMENT AND CONTRACT**

Your son/daughter has expressed an interest in becoming a Teen Volunteer with Kootenai Health. Acquiring parental/guardian agreement and support during the early stages of application, interview and consideration for the Volunteer program is essential. Therefore, please carefully review the following program requirements to which you agree:

1. Your son/daughter is or will be at least 14 years of age by the time he/she begins the Student Volunteer Program.
2. Your son/daughter volunteers with your approval and support. You understand that volunteer activities may include contact with people who are ill, medical records, flower and mail delivery, dietary service, patient escort, admission service and visiting, etc.
3. Both you and your son/daughter realize that volunteering is his/her responsibility and should be taken very seriously. He/she agrees to attend his/her agreed-upon volunteer shift in the volunteer position that he/she is assigned. He/she must follow all rules and regulations established and be regular in attendance.
4. Your son/daughter is not to be at his/her volunteer placement site/location on any other days or times than those assigned except when visiting a patient.
5. Your son/daughter is at the site/location of his/her volunteer role for the duration of his/her scheduled shift and shall not leave the campus during his/her assignment. Excessive socializing on the premises may result in dismissal from Volunteer Services.
6. It is the duty of the parent/guardian to assume overall coordination for transportation to and from your son’s/daughter’s volunteer placement site/location.
7. Business casual dress and a volunteer Uniform and ID Badge are required and must be worn at all times. Because research shows that the perception of patients regarding their care is directly linked to the employee/volunteer dress, jeans, capris, micro-short skirts, denim, sweat/track Pants, shorts, clothing with advertising or other writing, open-toed shoes, hats/caps/hoods, excessive jewelry and tight provocative clothing are not permitted. Failure to abide by the dress code exempts the Volunteer from volunteering until proper dress has been attained.

* The teen volunteer dress code is:
  + Kootenai Health polo shirt (purchased for $15) with khaki pants. A solid white, khaki or blue shirt is permissible under the polo. It is the responsibility of the Volunteer to keep his/her uniform neat and clean.

1. For the purpose of professionalism in public areas of the hospital, the use of cell phones, laptops, iPods, iPhones, and other similar equipment is prohibited. The use of such devices and the consumption of food are permitted in the Volunteer Office or the Cafeteria during the student volunteer’s break. Excessive socializing on the premises may result in asking the student volunteer to discontinue his/her volunteer services.
2. *Volunteer Services with Kootenai Health reserves the right to dismiss your son’s/daughter’s services if the action is in the interest of Kootenai Health and/or the volunteer. Dismissal could result from failure to comply with hospital rules and regulations, absenteeism, failure to observe dress code, or other similar reasons.*

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I understand, have no questions or need of clarification, and agree to support my son/daughter with the above Student Volunteer Program requirements.

I give my permission for the required QuantiFERON-TB Gold test at Kootenai Health’s Laboratory, which requires one blood draw.

I give my permission for annual flu shot to be administered per Kootenai Health policy.

I give my permission for any necessary treatment to be given in the event of illness or injury.

Parent/Guardian Signature Date

Student Volunteer Signature Date

**LETTER OF REFERENCE FORM (#1 of 2)**

(To be completed by a School Employee\*)

(Name) has applied for the Kootenai Health Student Volunteer Program. To get to know the applicant better and make an informed decision about the applicant’s ability to volunteer, please complete the following letter of reference as soon as possible and return it to the applying student in a sealed envelope. We will open the envelope at the time the interview is considered.

Your Name:

Address:

(Street) (City) (State) (Zip Code)

How long have you known the applicant?

How well do you know the applicant? [ ] Very Well [ ] Well [ ] Casually [ ] Other

Please check the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualities/Characteristics** | **Excellent** | **Good** | **Fair** | **Poor** |
| Attendance/Promptness |  |  |  |  |
| Courteousness |  |  |  |  |
| Dependability |  |  |  |  |
| Follows instructions |  |  |  |  |
| Maturity |  |  |  |  |
| Shows initiative |  |  |  |  |
| Trustworthiness |  |  |  |  |
| Works well with adults |  |  |  |  |
| Works well with peers |  |  |  |  |

Please utilize page two for comments.

**Signature** of Reference: Date

**Print Name** of Reference:

Title: School

\*School employee refers to any paid teacher, coach, guidance/career counselor, school counselor, etc.

**LETTER OF REFERENCE FORM COMMENTS (#1 of 2)**

**LETTER OF REFERENCE FORM (#2 of 2)**

(To be completed by a School Employee\*)

(Name) has applied for the Kootenai Health Student Volunteer Program. To get to know the applicant better and make an informed decision about the applicant’s ability to volunteer, please complete the following letter of reference as soon as possible and return it to the applying student in a sealed envelope. We will open the envelope at the time the interview is considered.

Your Name:

Address:

(Street) (City) (State) (Zip Code)

How long have you known the applicant?

How well do you know the applicant? [ ] Very Well [ ] Well [ ] Casually [ ] Other

Please check the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualities/Characteristics** | **Excellent** | **Good** | **Fair** | **Poor** |
| Attendance/Promptness |  |  |  |  |
| Courteousness |  |  |  |  |
| Dependability |  |  |  |  |
| Follows instructions |  |  |  |  |
| Maturity |  |  |  |  |
| Shows initiative |  |  |  |  |
| Trustworthiness |  |  |  |  |
| Works well with adults |  |  |  |  |
| Works well with peers |  |  |  |  |

Comments: (use reverse side if needed)

**Signature** of Reference: Date

**Print Name** of Reference:

Title: School

\*School employee refers to any paid teacher, coach, guidance/career counselor, school counselor, etc.

**LETTER OF REFERENCE FORM COMMENTS (#2 of 2)**