

JUNIOR VOLUNTEER SERVICES HANDBOOK

Guidelines for Junior Volunteers

The volunteer program of Uvalde Memorial Hospital has been designed to enhance the comfort, care and happiness of our patients, families, visitors and community by providing extra services that supplement the functions of the employed staff.

Participants in the Junior Volunteer program must be at least 16 years of age and able to commit to at least 40 hours over the summer term.

All of the following items must be included in your application packet in order to be considered for a position as a Junior Volunteer. Incomplete applications will not be considered.

A complete packet consists of the following items:

- A completed application with required signatures and dates
- A copy of your most recent grades (A "C" or above grade average is expected)
- Two letters of reference
- Parent/Guardian Permission Form
- Short paragraph on "Why I want to volunteer at Uvalde Memorial Hospital"

Letters of reference should be written by individuals, unrelated to you, who are able to provide relevant information concerning your ability to do volunteer work such as a guidance counselor, teacher, mentor, tutor, coach, principal, church members or neighbors.

Please mail or deliver completed packets to Human Resources, Uvalde Memorial Hospital, 1025 Garner Field Road, Uvalde, Texas 78801. All applications will be reviewed. Applicants are interviewed as openings in the program become available. Junior Volunteers are placed twice a year. Applications are received in the spring for summer volunteers and in the fall for the school year volunteers. The number of volunteers accepted each time is based on openings. Should you be selected to participate in the program you will be required to attend an orientation session held at Uvalde Memorial Hospital prior to starting your assignment.

EMPLOYEE HEALTH CLEARANCE

All applicants will be required to receive clearance through Employee Health.

Applicants will need to provide a copy of current immunizations. A urine drug screen will be collected on all applicants at no cost. If an applicant is under 18, a parent will be required to accompany the applicant to the appointment with Employee Health.

DRESS CODE

The Junior Volunteer uniform consists of khaki pants, navy blue polo shirt and hospital issued identification badge. Uniforms are to be worn while volunteering. A professional appearance is required at all times by wearing a neat and clean uniform, properly fitting clothing, and shirts tucked in. Closed shoes with rubber heels are to be worn by volunteers who work in patient care areas. Keep hair well groomed, beards, mustaches and side burns neatly trimmed. **No blue denim jeans or jean-type slacks, stretch pants, shorts, tube tops, jogging suits, athletic attire of any kind, low-cut, low-back or backless dresses or blouses, sweatshirts or sweatpants, hats/caps, slippers or house shoes.** Please avoid excessive jewelry and strong perfumes or cologne. No facial piercings are allowed and tattoos must be covered. Volunteers working in patient care areas must also refrain from wearing acrylic nails. A volunteer identification badge, issued by Uvalde Memorial Hospital, will be provided before reporting for work. Wear your badge at all times while volunteering at Uvalde Memorial Hospital. If lost, notify Human Resources immediately; a replacement badge can be obtained and will cost \$10. Return the badge to Human Resources when you discontinue service with the hospital.

Volunteers are responsible for keeping accurate records of their volunteer hours. Please sign in and out daily. A summary of hours and evaluation of performance will be provided to volunteers upon exit.

CONFIDENTIALITY

Confidentiality and privacy of patients, staff, and public are extremely important at Uvalde Memorial Hospital. A Statement of Confidentiality will be signed at the time of acceptance as a volunteer.

Each volunteer will be responsible for abiding by the Hospital's policy and procedures and all information, policies and procedures contained in the Uvalde Memorial Hospital Volunteer Handbook.

BENEFITS

Free meal on the day of volunteering while wearing uniform and badge **for volunteers who work 4 or more hours that day.**

Junior Volunteers **WILL NOT** perform the following tasks:

- Give medications of any kind under any circumstances.
- Sit with or monitor unconscious or critically ill patients.
- Manipulate bottle or bag when patient is receiving intravenous therapy.
- Assist doctors.
- Lift patients.
- Give patients food or drink without permission of nursing staff.
- Give medical advice to patients.
- Move patients who are in traction (not even to make the bed).
- Read patient charts.
- Write notations on any part of the medical record.
- Enter the Delivery Room, Operating Room, Obstetrics, or Emergency Department unless you are placed as a volunteer in one of these areas.
- Enter any isolation rooms.
- Empty urinals, bedpans, and/or drainage containers.
- Wash urinals, bedpans or used equipment.
- Handle Sharps boxes.
- Adjust bed positions.
- Ambulate (walk) a patient.
- Accept any tips or gratuities from visitors, patients, or employees.
- Transport patients on stretchers unassisted.
- Feed patients or assist with meals without proper instruction, competency testing and nursing staff oversight.

JUNIOR VOLUNTEER SERVICES APPLICATION

LAST NAME FIRST NAME MI PREFERRED NAME

MAILING ADDRESS CITY STATE ZIP CODE

(____) _____ (____) _____ (____) _____
HOME PHONE WORK PHONE CELL PHONE

EMAIL ADDRESS PREFERRED CONTACT METHOD: _____

HAVE YOU EVER SERVED AS A VOLUNTEER AT UMH BEFORE? [] Yes [] No

If yes, what year? _____ If yes, what name? _____

EMERGENCY CONTACT: _____
NAME RELATION PHONE NUMBER

Identify any relative(s) presently employed at Uvalde Memorial Hospital.

Name _____ Relationship _____

Name _____ Relationship _____

EDUCATION (Please check the highest level that applies)
[] High School [] Trade or Technical School [] College

If current student: Name of School _____

Current Grade Level _____ Anticipated Graduation Date _____ Year _____ Month _____

Long range occupational goals

Special skills, training, hobbies (i.e. computer skills,

Have you volunteered/worked in a healthcare setting before? []Yes []No

If yes, please describe the experience:

Reason for wanting to volunteer at Uvalde Memorial Hospital:

Service Area Opportunities (check areas of interest – not all areas will have openings at any given time)

[]Patient Services - list area of interest _____ []Office/Clerical

Availability: Indicate day(s) you are available and **preferred times** on those days.

Monday_____ Tuesday_____ Wednesday_____ Thursday_____

Friday_____ Saturday_____ Sunday_____

APPLICANT'S STATEMENT

I certify that the answers given in this application are true and complete and I authorize Uvalde Memorial Hospital to investigate any or all statements made herein. I understand that any falsification or omission of information will result in rejection and /or immediate termination. I agree that my volunteering, and the terms and conditions thereof, may be modified or terminated at any time at the discretion of Uvalde Memorial Hospital. I agree as a condition of volunteering to conform to Hospital rules and regulations.

I understand that volunteering is contingent upon favorable results of any and all tests such as drug screen analysis for substance abuse and receipt of acceptable references.

Signature of Applicant

Date

Signature of Parent(s) or Guardian(s)

Date

Parental/Guardian Permission Form for Youth Volunteers

- Do you and your parent(s)/guardian(s) understand that a urine drug screen and a background check are required for participation in the Junior Volunteer program?
[]Yes []No
- Do you and your parent(s) understand that all potential volunteers must be interviewed and attend an orientation before placement as a volunteer at Uvalde Memorial Hospital?
[]Yes []No
- Do you and your parent(s) understand that a copy of your most current grades and two letters of reference must accompany this application? []Yes []No

I understand the requirements of the Youth Volunteer Program at Uvalde Memorial Hospital. My signature indicates my willingness to meet all the requirements.

Signature of Applicant _____ Date _____

Parental/Guardian Permission

I/We, _____,

the parent(s)/guardian(s) of _____,

understand the above requirements and duties of the Youth Volunteer Program at Uvalde Memorial Hospital. I/We give my/our permission for my/our child to serve as a volunteer at Uvalde Memorial Hospital.

Signature of Parent(s) or Guardian(s) _____ Date _____