CGH Medical Center Auxiliary
VOLUNTEEN Program

Program Requirements

- ✓ Must be in high school or entering high school

- ✓ Completed Volunteen application which must include:
  - Two references (teacher, counselor, minister, or employer)
  - **Copy of Immunization record**
  - Parent/guardian signed consent for 1) approval to volunteer and 2) laboratory blood work
  - ***Volunteer Behavior Agreement*** signed by the teen **and** parent/guardian

- ✓ Successful completion of interview

- ✓ Compliance with TB testing and immunizations, if needed.
  - Signed consent by parent or guardian for laboratory blood test

- ✓ Attendance at mandatory orientation
  - Hospital policies and procedures
  - Standards of Behavior/Service Excellence

- ✓ Training in department specific area (Gift Shop or Reception Desk)

- ✓ Commitment to a minimum of 2 shifts per month (shifts range from 2 – 4 hours)

Happiness depends on what you can give. Not what you can get.

Mahatma Gandhi

Don't count the days, make the days COUNT. Muhammad Ali

CGH Medical Center Auxiliary

100 E LeFevre Road, Sterling IL 61081

VOLUNTEEN Application

PLEASE PRINT **Date**_____

Name _____ **Date of Birth** _____**Male** ___**Female**___
Last First M.I

Address _____**Teen's E-mail**_____
Street City Zip

Home Phone _____ **Teen's Cell Phone**_____

Parent/Guardian (father)_____**(H)**_____**(W)**_____

Parent/Guardian (mother)_____**(H)**_____**(W)**_____

Emergency Contact Information:

Name _____**Relationship**_____**Phone**_____

Name of Family Physician _____**Phone** _____

Current High School_____ **Class of** _____**School Activities** _____

_____

Previous Volunteer Experience_____

Community Affiliations (church, clubs) _____

Current/Previous Work Experience _____

Skills, Interests and Hobbies (art, music, computer, etc.) _____

_____

Indicate reason for seeking a volunteer position at CGH. (Check all that apply)

____Interest in medical field ____Family/friends volunteer ____Class requirement ____Honor Society requirement

____Extra time ____Encouraged by an adult ____Other:_____

Area of Interest: ____Gift Shop ____Reception Desk

Signature of Applicant _____**Date** _____

June 13

CGH Medical Center Volunteen Program
100 E LeFevre Road, Sterling IL 61081

Consent of Parent/Guardian to Volunteer

I hereby give my approval as the parent or guardian of _____
to be a volunteen at CGH Medical Center, Sterling.

- ✓ I understand that CGH Medical Center will not assume any responsibility for the above named teen prior to him/her signing in for duty.
- ✓ I authorize the emergency treatment of the above named teen if he/she is injured or taken ill while volunteering if the hospital is unable to contact the emergency contact person named on the application for permission to treat.
- ✓ I understand that I will be responsible for his/her transportation to/from CGH.

Parent/Guardian Signature_____ Date_____

Relationship to Teen_____

Consent of Parent/Guardian for Volunteen Immunity and TB Test Requirements

CGH Medical Center requires all adult Volunteers and Volunteens to participate in an assessment by the Employee Health Nurse to determine immunity to certain viruses/diseases. The assessment will consist of a review of the Volunteen's immunization record and may include blood testing for a TB test and to check immune status to certain childhood diseases. The Volunteen may also be required to receive immunizations for Tdap, MMR, and Chicken pox. (If blood testing and immunizations are indicated they will be free of charge.)

I hereby give consent as the parent/guardian of _____

- To provide a copy of their immunization record to CGH Medical Center Employee Health Department.
- To have the CGH Medical Center Laboratory draw blood for a TB test.
- To have the CGH Medical Center Laboratory draw blood to check for immunity to measles, mumps, rubella and chicken pox, if needed.
- To receive any immunizations that may be indicated. (This could include MMR, Tdap, and/or Chicken Pox vaccine and will be given by the employee health nurse at CGH Medical Center.

Parent/Guardian Signature_____ Date_____

Relationship to Teen_____

CGH MEDICAL CENTER AUXILIARY

CGH MEDICAL CENTER
Volunteen Agreement

The CGH Medical Center Auxiliary has a clear set of guidelines that promotes professionalism and high standards in patient care and services. ***Volunteen and parent/guardian must initial each line.*** By doing so, you indicate that you understand and will comply with the following conditions while serving as a volunteen:

___ ___ I understand that I am required to wear a clean and proper uniform as follows:

- Girls - Smock; white (preferred) shirt (long or short sleeve); white, khaki or dark pants, capris or skirt
  Boys - Blue jacket; polo or dress shirt (white preferred); khaki or dark pants
- Tennis or other leather shoe (no sandals or open toes)
- Name badge
- **NO** jackets or hoodies worn under or over smock/jacket; **NO** T-shirts with screen print/words/pictures
- **NO** jeans, shorts, visible tattoos, or visible body piercing other than earrings (no more than 2 per ear)
- **I understand that I will not be allowed to volunteer if I am not in proper uniform.**

___ ___ I understand that being reliable is very important. **Three unexcused absences (no shows) during the calendar year will result in dismissal from the program.** Excused absences (verbal notice to teen coordinator or Gift Shop/Auxiliary Office) will be tracked and may warrant discussion with the teen.

___ ___ I understand that I am not permitted to use cell phones and other electronic devices (game boys, MP3 players, I-pods, etc.). I may, however, use a laptop or Kindle for homework during "slow periods" while maintaining an awareness of my surroundings.

___ ___ I understand that friends are not allowed to "hang out" anywhere in the hospital lobby or gift shop; ask friends to leave when this occurs.

___ ___ I understand that a short break (10 minutes or less) is allowed and only one teen at a time. "Hanging out" in the cafeteria for longs periods is not allowed.

___ ___ I understand eating is not allowed at the desk or counter; however drinks are acceptable (preferably something with a lid and kept out of visitor sight).

___ ___ I understand that inappropriate topics of conversation (girlfriend/boyfriend issues, sex, lifestyle preferences, swearing etc.) are not permitted.

___ ___ I understand disrespectful behavior, such as rudeness to a visitor/employee or riding wheelchairs, will not be tolerated.

___ ___ I understand the following behaviors will result in **immediate dismissal** from the program: breach of confidentiality, theft from hospital, damaging hospital property, smoking on hospital grounds, and possession of any illegal drug or alcohol.

_____	_____	_____	_____
Volunteen	Date	Parent/Guardian	Date

I have read and agree with the above rules. ***Three reported violations of any of the above behaviors will result in dismissal (unless otherwise specified).***

January 2013

CGH Medical Center
TEEN VOLUNTEER REFERENCE FORM

This form should be completed by a teacher, counselor, clergy member or employer.

Applicant_____Date_____

The applicant has applied to serve as a volunteen at CGH Medical Center and is providing you as a reference. Thanks for your assistance in our evaluation process for placement. Any information you provide will be held in strict confidence. **Please do not give this form directly to the student**. Return in the attached self-addressed and stamped envelope to: Auxiliary, CGH Medical Center, 100 E. LeFevre Road, Sterling IL 61081. Questions? 815-625-0400, x5727.

How long have you known applicant? _____ In what capacity? _____

Please note your observations of this student:

CATEGORY	EXCELLENT	GOOD	ADEQUATE	NEEDS TO IMPROVE
Personal appearance				
Attendance & Reliability				
Displays courtesy & helpfulness				
Maturity level				
Interpersonal relations with adults				
Rapport with peers				
Follows instructions & rules				
Honesty				
Dependability				
Works independently				
Accepts supervision in a positive way				

Please provide a personal statement explaining your knowledge of the applicant and why you believe this person would or would not be successful as a volunteer. Feel free to use the back of this form for additional space.

Name_____Signature_____

Name of School/Church/Employer_____Phone_____

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