



CGH Medical Center Auxiliary
Summer Student Program
June 5 – August 4, 2023
Program Requirements

- ✓ Must be in high school or entering high school
 - **limited number of participants**
- ✓ Completed application by **April 7, 2023** 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
- ✓ 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 on **Wednesday, May 31 from 2 to 4 pm**
 - CGH policies and procedures & Culture of Caring
- ✓ Train and volunteer in department specific area (**Hospital Reception Desk or Gift Shop**)
- ✓ Commitment to one morning or one afternoon shift a week, Monday – Friday, June 5 through August 4; a shift is 3.5 or 4 hours
 - No more than 2 call-offs during this time
- ✓ SVCC Impact Program approved
- ✓ Summer Program Highlights
 - Training and mentorship by adult volunteers
 - Observation and participation in weekday operations

The completed application must be received by Deb Keaschall on or before April 7, 2023:

- Debra.Keaschall@cghmc.com OR
- CGH Auxiliary, 100 E LeFevre Road, Sterling IL 61081



CGH Medical Center Auxiliary
100 E LeFevre Road, Sterling IL 61081

Summer Student Application

PLEASE PRINT

Date _____

Name _____ Date of Birth _____
Last First M.I.

Address _____ Student's E-mail _____
Street City Zip

Home Phone _____ Student's Cell Phone _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Emergency Contact Information:

Name _____ Relationship _____ 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 SVCC Impact Program Other

Area of Interest: Reception Desk Gift Shop Size of polo shirt (volunteer uniform)

Signature of Applicant _____ Date _____



CGH Medical Center Summer Student 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 student volunteer at CGH Medical Center, Sterling.

- ✓ I understand that CGH Medical Center will not assume any responsibility for the above-named student prior to them signing in for duty.
- ✓ I authorize the emergency treatment of the above-named student if they are 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 their transportation to/from CGH.

Parent/Guardian Signature _____ Date _____

Relationship to Student _____

Consent of Parent/Guardian for Student Volunteer Immunity and TB Test Requirements

CGH Medical Center requires all adult volunteers and student volunteers 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 student's immunization record and may include blood testing for a TB test and to check immune status to certain childhood diseases. The student 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.)
- To receive the Hepatitis B Vaccination Series **OR** have a Hepatitis B declination form on file with Employee Health. The form is included with the application packet.

Parent/Guardian Signature _____ Date _____

Relationship to Student _____



**CGH Medical Center Auxiliary
SUMMER STUDENT 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 summer student volunteer 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 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.

Name _____ Signature _____

Name of School/Church/Employer _____ Phone _____



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