

Dear Student:

We are so pleased you are interested in being a part of the Junior Volunteer Program at SoutheastHEALTH this summer! Participation is a privilege and a responsibility—but it's also a fun, valuable learning experience. In addition, it's a great reference for employment and college application purposes. The Junior Volunteer Program will run from June 7 to August 6.

We ask before you fill out the application you consider the following questions:

1. Have I carefully and realistically considered my schedule to make sure I can commit to a weekly volunteer time of 3-6 hours per week, through the end of the summer term listed above?
2. Am I comfortable in an environment where I may see sick individuals and families under stress?
3. Can I treat my commitment to volunteer similarly to the seriousness with which I treat work or school obligations?

After reviewing and carefully considering your answers to the above and you are able to fulfill the commitment requirements, please continue with the following application process:

1. Fill out the Junior Volunteer application, complete the health history, and have your parents sign in the appropriate space.
2. You will also need to submit a brief statement as to why you would like to participate in the Junior Volunteer Program and two reference letters (one from a counselor or teacher and one personal).
3. You will need to provide proof of your childhood immunizations; a copy will be maintained in Volunteer Services office.
4. For the safety of you and our patients, all Junior Volunteers must provide proof of a negative TB test within the last year before you will be allowed to volunteer. TB tests will be provided by the hospital during orientation at no charge. Please remember this test will need to be read in 48 hours at HealthPoint in Cape. If you prefer to have this done by your family physician or County Health Department at your own expense, please provide written verification to the Volunteer Services office. Your parents will need to sign a consent form before you will receive the TB test.
5. Complete the Service Area(s) interested in and the Availability sections on the application. An in-depth description of each area will be covered during orientation. Junior Volunteer work assignments, days, and times will also be made during orientation. Junior Volunteers typically work one-two shifts per week. A minimum of 24 hours volunteering over the course of the summer is expected. You can sign up to volunteer more after every Junior Volunteer has been placed for at least one shift.
6. Circle men or women for your polo shirt choice and the size you want to order if you are a new Junior Volunteer this summer. If you have a volunteer shirt from last year, please indicate that on the form and continue to wear that polo to volunteer.
7. Send all of the completed materials back to Volunteer Services, 1701 Lacey Street, Cape Girardeau, MO 63701 or drop off at the Volunteer Services office in the hospital by Tuesday, June 1st--the registration deadline.

We look forward to meeting you at the **required orientation** on Wednesday, June 2 in Room 102 at Southeast Hospital. If you are unable to attend this orientation date, please let our office know as soon as possible.

Sincerely,

Amber Topping

Manager of Volunteer Services

Volunteer Services: 573-651-5518



Polo shirt size (**Please Circle**) Men's or Women's (**Please Circle**) S M L XL XXL

_____ I still have a red polo from last year and do not need a new one.

Two personal references **other than relatives** (teachers, coaches, counselor, clergy, other adults)

Name	Address	Phone	Relationship
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As a Junior Volunteer, it is **required** that you attend an orientation in Room 102 at Southeast Hospital.

Wednesday, June 2 | 9:30–10:30 a.m.

It is critical that you attend this orientation. PLEASE mark your calendar now!
If you are unable to attend on this date and time, please notify our office ASAP.

Your parents/guardians *may* attend orientation with you.

Please list their name and relationship to you here: _____

Are you able to perform, with or without an accommodation, the tasks of volunteering without posing a direct threat to the health or safety of yourself or others? YES NO

(If accommodations are necessary, how would you perform the tasks and with what accommodations?)

Is volunteering a requirement for Court Ordered Community Service? Yes No

Have you ever been convicted, pleaded guilty, or no contest to a misdemeanor or felony charge? Such a conviction or plea includes any for which you were fined or sentenced, or any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole? Yes No

I agree to maintain confidentiality concerning all pertinent information and adhere to the policies and procedures that have been established by Southeast Hospital. I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that if accepted as a Junior Volunteer, statements found to be false or misleading may be cause for my immediate dismissal.

Volunteer Name Printed

Date

Volunteer Signature

PARENT CONSENT FORM

CONSENT TO PHOTOGRAPH AND/OR VIDEOTAPE

The undersigned consents to being photographed and the image(s) used in the following manner:
(initial beside each condition that shall apply to the images captured).

Still image and video image with our without audio

Still image only

My image may be identified by first and last name and title

Image only, no identification

Permit image editing (Note: this would be cropping only or editing of background, for example, replace original background with plain background. There will be no editing of personal features or change of the setting.

My daughter/son has my permission to participate in the Junior Volunteer Program. I agree to assume all risks of the potential occurrence of personal injury and property damage, and to indemnify and hold SoutheastHEALTH and its employees harmless from and against any all liability for damages arising out of personal injury (including death) or property loss while participating in the Junior Volunteer program on SoutheastHEALTH premises. This indemnity shall apply regardless of any negligence on the part of SoutheastHEALTH, including its owners, trustees, officers, administrators, managers, employees, agents, and servants.

I understand that my daughter/son will receive no remuneration for services that they provide. SoutheastHEALTH has my permission to contact directly references that have been listed, or any other sources, concerning their prior work or personal history. I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me.

Parent/Guardian Signature

Date

VOLUNTEER HEALTH HISTORY QUESTIONNAIRE

As a volunteer at SoutheastHEALTH, we are concerned about your health care, both for your own well-being and for that of our hospital community.

Please answer the following medical questions.

Have you ever had in the past or do you currently have at the present time any of the following?

Please circle Yes or No on all questions. Answer every question accurately.

<i>Yes or No</i> Abnormal bleeding/blood studies	<i>Yes or No</i> Attempted to harm yourself or others
<i>Yes or No</i> Blood pressure high or low	<i>Yes or No</i> Drug or Alcohol Abuse
<i>Yes or No</i> Heart problems	<i>Yes or No</i> Nervousness, Stress/Psychosis
<i>Yes or No</i> Heart Attack/Heart Failure	<i>Yes or No</i> Hearing Difficulty
<i>Yes or No</i> Heart Murmur/Irregular Heart Beat	<i>Yes or No</i> Poor Vision, Wear Glasses & Contacts
<i>Yes or No</i> Lung Problems	<i>Yes or No</i> Glaucoma
<i>Yes or No</i> Asthma	<i>Yes or No</i> Neck Pain/Injury
<i>Yes or No</i> Shortness of Breath with Exertion	<i>Yes or No</i> Back Trouble/Pain/Strain/or injury
<i>Yes or No</i> Pneumonia	<i>Yes or No</i> Disc Rupture/Bulging
<i>Yes or No</i> Colds/Frequent Infections	<i>Yes or No</i> Bones/Joint Deformation or Stiffness
<i>Yes or No</i> Stroke	<i>Yes or No</i> Arthritis, Swollen painful bones/joints
<i>Yes or No</i> Arm or leg weakness	<i>Yes or No</i> Hernia
<i>Yes or No</i> Headaches/Migraines	<i>Yes or No</i> Herpes/Shingles
<i>Yes or No</i> Head Injury	<i>Yes or No</i> HIV/AIDS or other communicable disease
<i>Yes or No</i> Memory Loss/Forgetfulness	<i>Yes or No</i> Skin problems/Rash
<i>Yes or No</i> Dizziness Blackouts or Fainting Spells	<i>Yes or No</i> Liver Problems
<i>Yes or No</i> Epilepsy/Seizures/Tremors	<i>Yes or No</i> Allergies
<i>Yes or No</i> Anxiety/Depression	<i>Yes or No</i> Diabetes

Any illness or injury not listed above:

Any previous surgery of any kind:

Is there anything else we should know about your health or physical condition?

Work Restrictions or limitations due to health:

Name

Date



**Southeast
HEALTH**
Tuberculosis Skin Test Consent Form

I, _____, as the parent/legal guardian of _____, a SoutheastHEALTH Junior Volunteer applicant, authorize SoutheastHEALTH to administer a Tuberculosis (TB) Skin Test to my child, free of charge. I understand TB tests are mandatory for all volunteers at SoutheastHEALTH. After the test is given, I understand that my child will need to return to Southeast Occupational Medicine at HealthPoint Plaza in Cape Girardeau within 48-72 hours to have the test read.

If your child has had a TB test administered within the last 60 days, you may bring documentation from your doctor and your child will not be required to have the TB test administered at the training. If it has been more than 60 days since the TB was administered, then your child will be required to be re-tested.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Junior Volunteer Printed Name _____

Junior Volunteer Signature _____ Date _____

If you have additional questions, please contact the Volunteer Services Office at 573-651-5518.