



Volunteer Services Junior Application Form

Thank you for your interest in becoming a Junior Volunteer within the Holy Spirit Health System. There are a few things you should consider before filling out your application.

First, be certain that you are ready to make a regular commitment of time to be a teen volunteer. Evaluate your current obligations, and discuss this additional time commitment with your parents. Patients and staff will be counting on you! It is important that volunteers be dependable and treat their assignments seriously.

Second, volunteers are expected to be flexible and accepting of different assignments according to needs and requirements of the patients, staff, and the Volunteer Services Department.

Third, bring your energy and enthusiasm! Volunteering offers the opportunity to learn and contribute in a professional, care-giving organization. Your smile and positive attitude will help you get the most out of your volunteer experience.

We look forward to receiving your volunteer application. Please read the requirements of our program below before completing the application. Make sure that the application is completed in its entirety. Incomplete applications will not be accepted.

- Applicants must have completed their sophomore year of high school.
- Submit 2 recommendations, one recommendation letter and one form (form included in packet).
- Properly completed application packet
- Ability to fulfill the commitment of at least one shift per week during the summer, one shift of at least one hour per school day for senior project students.
- Ability to ensure adequate transportation to and from the hospital
- Strict adherence to the volunteer dress code
- Mandatory completion of volunteer orientation/training
- Mandatory completion of health screening upon acceptance into the program
- Keen interest in helping



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Position Applying For

- Summer volunteer (must commit to at least 8 weeks of volunteering and be available Monday through Friday during normal business hours)
Applications accepted to end of May or until all available assignments are filled.
- School year volunteer (during the school day volunteers only – please check with your school’s counselor – minimum 1 ½ hour commitment)

Applicant Information	Last Name	First Name	M.I.
	Nickname		
	Street		
	City	State	Zip
	Primary Phone	E-mail	Other
	Are you at least 16 years of age or completing/have completed your sophomore year of high school? Date of Birth:		

School Information and Applicant Availability	School Name _____					
	School Contact/Career Coordinator _____					
	Expected Year of Graduation _____					
	SUMMER ONLY					
	Available days/times	MON	TUE	WED	THURS	FRI
	9am-12noon _____	_____	_____	_____	_____	_____
12noon-3pm _____	_____	_____	_____	_____	_____	

Volunteer Profile	Prior Community/Volunteer Experience: _____ _____
	Reasons for wanting to volunteer: _____ _____
	How did you learn about volunteering at Holy Spirit Hospital? _____ _____
	Any particular volunteer activity/department you would like to try? _____ _____
	Any volunteer activity you would <u>not</u> want to be called upon to do? _____ _____
	Have you ever been convicted of a crime (other than a traffic violation) or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the nature and date of occurrence.



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Emergency Contact	Parent/Guardian Information: Name _____ Work Phone _____ Cell Phone _____ Address _____ City _____ State/Zip _____
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References	<p><i>Please list your two references. The letter and form may accompany this application or be mailed directly to our offices. Please indicate your choice below.</i></p> <p><i>Must be two adults over 21 years who are not relatives and who have known you for at least one year.</i></p> <p>LETTER OF RECOMMENDATION</p> <p style="padding-left: 40px;">Name _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Enclosed <input type="checkbox"/> Sent Separately by Reference</p> <p>FORM (provided with application paperwork)</p> <p style="padding-left: 40px;">Name _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Enclosed <input type="checkbox"/> Sent Separately by Reference</p> <p>If you have any friends/relatives employed or volunteering for Holy Spirit Health System, please list their names:</p> <p style="padding-left: 40px;">_____</p>
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COMMITMENT STATEMENT: *I affirm that the information I have supplied is complete and accurate to the best of my knowledge, and understand that falsification may prevent my placement or justify future dismissal. I hereby request to become a member of the Volunteer Services Department with Holy Spirit Health System and will abide by all hospital, departmental, and health system policies. I am willing to volunteer unpaid hours of service. If I am offered an assignment, I am willing to provide my immunization record to the Employee Health Department, submit to a Health Screening, and to a two step PPD test to be administered by Employee Health. I willingly agree to be trained and oriented, wear a volunteer uniform and ID badge, accurately record my service hours, and comply with any other mandatory requirements. I will be responsible and regular in my attendance and will inform of necessary absences. I clearly understand that there is no employee/employer relationship and as a service volunteer I will not be entitled to compensation/workmen's compensation or fringe benefits of any kind for any voluntary service. My assignment can be terminated at any time with or without notice and for any reason. I will respect the need for safety, infection control, and patient confidentiality.*

Signature _____ Date _____

PERMISSION FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES: *I permit my child to participate in volunteer activities with Holy Spirit Health System and to receive a PPD (TB) test, as required for Infection Control. I understand my child's services are donated without contemplation of compensation or future employment.*

Parent/Guardian's Signature _____ Date _____



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Please review and complete this reference check form for the student named below, who has listed you as a reference on their application to become a volunteer with Holy Spirit Hospital. All responses will be treated as confidential. Please return the completed form to the Hospital to the attention of:

Kristi Ondo
Director, Volunteer Services
503 N 21st Street
Camp Hill, PA 17011

Name of Applicant : _____

Name of Reference: _____

Phone number: _____

1. How long have you known the applicant? _____

2. What was/is your relationship to the applicant? _____

3. Can you picture this person as a volunteer? Yes _____ No _____

Please explain: _____

4. What are the applicant's strengths? _____

5. What areas do you feel the applicant could develop? _____

6. Is there anything else you feel we should know about the applicant (i.e. tact, congeniality, patience, etc.)? _____



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Volunteer Agreement for Students

Volunteers within Holy Spirit Health System are limited to certain areas and responsibilities. Volunteers are expected to be flexible and accepting of different assignments according to the needs and requirements of the patients, staff, and Volunteer Services Department.

- I am aware of and will honor the schedule commitment I make with Holy Spirit Hospital Volunteer Services and my high school (if applicable).
- I will attend the required Orientation.
- I will complete the required Health Screening with the Employee Health Department
- I understand and will abide by the Volunteer Services Absence Rules (please see attached).
- I will always dress in the appropriate uniform on my shift.
- I will follow all the rules and behaviors outlined in SPIRIT behaviors (see attached) and the Behavioral Code and Expectations Policy.
- As a Volunteer of Holy Spirit Hospital I realize that I not only represent myself, but also the hospital and the Volunteer Services Department and I will perform my service with compassion, dedication and respect.
- I understand that should I fail to abide by this agreement and/or by rules and regulations introduced at orientation, I may be removed from volunteering.

STUDENT

PARENT/GUARDIAN

Date

Date



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Volunteer Services Absence Rules

- You must call the volunteer office, **763-2657**, if you are unable to report as scheduled.
- It is the responsibility of the **volunteer**, not the school, parents, guardians, friend, etc. to call and report absence or tardiness.
- If students fail to call off two times, a letter will be sent to their parent and to the school notifying them that the student has been placed on “probation.” A copy of this letter will be placed in the volunteer’s file for future reference.
- If students fail to report off three or more times, they will automatically be removed from the volunteer program and no hours will be available for reporting to their school and no references will be available.
- If a volunteer does not have the appropriate attire for their scheduled shift, they will be sent back to school/home and the day will be marked as an absence.

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Volunteer Pledge for Service Standards

A set of Performance Standards have been adopted by Holy Spirit Health System to establish specific behaviors that all managers, employees and volunteers are expected to practice while on duty.

SERVICE STANDARDS and EXPECTED BEHAVIORS

“SERVICE”

- Greet everyone you meet with a smile, eye contact, and a friendly hello.
- Address each patient/ customer with his/her last name and title (Dr., Mrs., Mr. Etc.)
- Use please, Thank you, Sir, or Ma’am in all conversations, when appropriate.
- Ask “May I help you?”- acknowledge

“PRIVACY”

- Never discuss information about patients, business or personal matters in public areas such as elevators, lobbies, cafeteria or waiting areas.
- When interacting with patients introduce yourself by name and explain why you are there.

“INTEGRITY”

- Treat everyone with respect.
- Say what you mean---mean what you say—follow through with your actions.

“RESPONSIVENESS”

- Ask “Is there anything else I can do for you?” before leaving a patient room or any customer interaction- each time.
- Make time to help lost guests / escort them when possible.
- Listen, understand, and solve problems or find someone else who can.
- Take personal responsibility to keep all areas clean and neat.

“INVOLVEMENT”

- Always wear your name badge in a visible location.
- Look, speak, and dress professionally as per dress code.

“TEAMWORK”

- Seek opportunities to be of service to one another.
- Make each customer feel like he/she is the most important person in the organization.
- “Praise in Public”----“Coach in Private”

I have read and understand the Service Standards for Holy Spirit Health System and I agree to comply with and practice these standards and associated behaviors as outlined.

Print Name

Signature of Volunteer

Date