

SANTIAM HOSPITAL JUNIOR VOLUNTEER PROGRAM OVERVIEW

Application

All prospective junior volunteers must submit an application with a signed parent permission form for entering the program. The application must include the Personal Reference Form, Parental Approval Form, and College/High School Counselor Checklist. Junior volunteers must be between 14 and 25 years of age. (18 and older do not need parental permission).

Program Contact Information

Robert Julio, (Case Management Administrative Asst.)
Office: 503-769-9245
Email: rjulio@santiamhospital.com

Interview/Orientation

The Activities Facilitator or designee arranges appointments for the interview/orientation. Your orientation will include brief over look of hospital handbook, a tour of the hospital with special attention to the areas you may work, how to locate supplies, and brief food handling instruction.

Training

Conflicts with the training schedule must be worked out with Activities Facilitator. Religious, family, and school activities will be accommodated as best as possible. When training is complete, volunteers must provide dates available to be scheduled.

Service Requirements

Junior volunteers are required to serve at least two hours per week during the school year and four hours per week during the summer months. If a junior volunteer works during a legal holiday he/she will receive credit for double the hours actually worked. (The shifts are Sunday thru Saturday evenings from 5pm to 8pm and Saturday and Sunday mornings from 8am to 11am. *Summer hours – Morning and evening shifts to be determined.

Uniforms

Polo shirt, (provided by the hospital), black slacks and black shoes, (student responsibility), and a hospital badge, (provided by the hospital). Upon completion, resignation, or termination, the shirt and badge must be returned to the Care Management Department. If items are not returned within two weeks student will be charged.

Application Information

If after reading this and being a Junior Volunteer is something you really want to do, please complete the application and bring it in to the Care Management Office as soon as possible. It is important to have all the papers completed by the appropriate personnel. In addition to having your school counselor sign the attached checklist, it is important to include two personal references. References may be teachers, clergy, or other adults who know you well. Personal references from teenage friends or relatives will not be accepted.

JUNIOR VOLUNTEER APPLICATION INFORMATION (Read carefully before completing application)

A Commitment

Volunteering is a commitment to your community and to yourself. It is not to be taken lightly. It is your responsibility; not that of your parents. You must be willing to serve where you are needed and take what hours you are given. This may include weekends and holidays. It is challenging to enter the Junior Volunteer program if you participate in after-school sports or other extracurricular activities. These activities take a lot of your time. We do not want your grades to suffer; high school and college students must maintain a GPA of at least 2.5. Activities Facilitator will do quarterly grade/GPA checks through your school counselor.

Duties of a Junior Volunteer

Below are a variety of some of the duties that you may be asked to do as a junior volunteer.

- Pass out fresh ice water, tea, coffee, juice
- Serve patient's food trays
- Feed patients.
- Make beds.
- ADLs (activities of daily living) - like brushing teeth, washing faces, hands, combing hair, etc.
- Pass evening nourishments.
- Run errands as asked.
- Deliver flowers.
- Entertain children – read books, play games, etc.
- Entertain patients and/or visitors with a variety of activities from the activities cart/storage. This includes playing games or reading to patients.
- Work at hospital/community events
- Assist any and all staff members with tasks

Below are duties junior volunteers are **NOT ALLOWED** to do:

- Help patients on or off bedpans.
- Feed tube or syringe patients.
- Enter isolation rooms.
- Remain in patient's room when a nurse or doctor is attending a patient.
- Give patients medication.
- Feed patients who are on swallow precautions.
- Lift or transfer patients.
- Any patient care needs.

Appearance

Your uniform with your volunteer badge are your symbols of service and should be worn with professional pride. Volunteers observe the same hospital regulations as everyone else. The uniform does not entitle you to special privileges. You represent Santiam Hospital to the community, the following rules apply to your appearance and attire:

- Shirt and pants should be kept clean and wrinkle free.
- Clothing should not excessively tight.
- Denim jeans, leggings, sweats, or fleece pants are not allowed.
- Shoes should be comfortable and quiet, worn with nylons or socks. No open toed shoes allowed.

- Hair must be neatly groomed and off the shoulders.
- No heavy make-up.
- Jewelry should not interfere with normal volunteer responsibilities. Visible body piercing is only allowed on the ears. (Male or female).
- Odor should be kept to a minimum: includes perfumes, colognes, deodorant, body odor, cigarette smoke, etc.
- No visible tattoos.
- Hats are not allowed.
- Fingernails should be kept short, extending no more than ¼ of an inch from the fingertip.
- Santiam Hospital is a nonsmoking facility and campus. Smoking is not tolerated.

Attitude

A junior volunteer:

- Is an informed volunteer, reliable, on time, and remains on duty until his/her assignment is completed.
- Calls a replacement if he/she is unable to work the assigned shift. You will be given a list of junior volunteers' phone numbers. It is your responsibility to find a replacement. Never let a shift go unattended. Realize that you are counted upon and needed.
- Reports immediately to the Emergency Department for any injury or accident occurring while on duty.
- Brings an open-minded attitude, interest, and attention to his/her work.
- Is cheerful.
- Maintains a good sense of humor.
- Accepts graciously supervision or guidance. Reports immediately to his/her assigned duties.

Health

You will receive a PPD skin test for tuberculosis. Hepatitis B and Rubella immunity are required for volunteers who come in contact with patients; you may be tested for your immunity status. Required vaccines and immunity testing will be covered by Santiam Hospital.

Ethics

As a volunteer, you are subject to the same code of ethics as the professional staff. It is therefore necessary that you:

- Do not discuss the patient's illness, his/her family, or his/her problems outside the hospital.
- Be understanding and kind without being curious.
- Refrain from giving advice.
- Do not attempt to change established procedure.
- Bring questions, problems, comments, or suggestions to your volunteer coordinator.
- Do not give answers when in doubt.
- Are loyal to the patients and staff of Santiam Hospital.
- Remember: **What you see here, What you hear here, What you say here, When you're in here, Must remain here When you leave here!**

Scholarship Information

Your participation in our volunteer program will be a consideration on your Santiam Hospital Auxiliary Scholarship application

****Keep the first three pages of information and return the rest, (application, parental approval, personal references, and counselor check list) to Care Management Department****

JUNIOR VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

City State Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Birth date Age _____

Legal Guardian's Name _____

Legal Guardian's Occupation Work Phone Number _____

Person to be contacted in case of illness or injury on duty:

Name _____

Relationship _____ Phone Number _____

Does your family understand the obligations of volunteer service? Yes No

If no please explain _____

List other volunteer and/or professional experience _____

What grade are you in? 9th grade 10th grade 11th grade 12th grade

Do you plan to work elsewhere part time Yes No Where _____

Hobbies, skills, special interests _____

Clubs, church, or other organizations that you belong to _____

List your extracurricular school and community activities _____

Do you have transportation? Yes No

Are you willing to consider a volunteer assignment as a job and fill it regularly, except during illness or vacation, even though you may have to give up other activities? Yes No

State briefly your reasons for wanting to become a junior volunteer.

Career options you are considering: _____

Volunteer Pledge:

Desiring to be of service to people as a junior volunteer:

I WILL be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I WILL conduct myself with dignity, courtesy, and consideration.

I WILL consider all information which I may hear directly or indirectly concerning a patient, doctor, or any member of the personnel confidential, and will not seek information in regard to a patient.

I WILL take any problems, criticisms, or suggestions to the Case Management Coordinator or _____ (High School Faculty Member).

I WILL uphold the policies and standards of this hospital.

Signature: _____ Date _____

PARENTAL APPROVAL FORM

I hereby give consent for my son / daughter to participate in the junior volunteer program of the Volunteer Guild at Santiam Hospital. To remain in the program, I understand that he/she must regularly fulfill the minimum service requirement of four (4) hours per week in the summer and/or two (2) hours per week during the school term. I also understand that he/she will commit to at least 60 hours of volunteer service. I will assume responsibility for his/her transportation to and from the hospital.

Signatures:

Father Signature: _____ Date _____

Or

Mother Signature: _____ Date _____

Or

Legal Guardian Signature: _____ Date _____

PERSONAL REFERENCE FORM

Reference #1:

I recommend _____ for the Santiam Hospital junior volunteer program.

Comments: _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective junior volunteer is _____

Signature: _____ Date _____

[To be signed by teacher, clergy, employer, or other adult who knows you well. May not be a family member or a teenage friend.]

Reference #2

I recommend _____ for the Santiam Hospital junior volunteer program.

Comments: _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective junior volunteer is _____

Signature: _____ Date _____

[To be signed by teacher, clergy, employer, or other adult who knows you well. May not be a family member or a teenage friend.]

HIGH SCHOOL COUNSELOR CHECK LIST

Junior Volunteer Applicant's Name _____

1. Grade Point Average _____

2. Attendance Record: Poor Satisfactory Outstanding

3. Work Habits: Poor Satisfactory Outstanding

4. Cooperation: Poor Satisfactory Outstanding

5. Will this applicant serve as a valuable asset to our program? Yes No

Please explain _____

Counselor's Signature: _____ Date _____

Counselor's Name _____

Phone _____

High School _____

School Seal Here: