

Junior Volunteer Program Packet

On-boarding application deadlines are as follows:

<u>Application Deadline</u>	<u>Interview Dates</u>	<u>Orientation</u>
May 1	May 11-22	June 2-10
September 1	September 11-22	October 2-10

How may I become a junior volunteer?

- Must be 15-17 years of age
- Medical clearance by our employee health services (tuberculosis, drug screening, immunization records, and proof of immunity)
- Orientation and training
- Minimum weekly commitment of 3 hours per week
- Maintain the same schedule for a minimum of 3 months
- Maintain 1-year of service

What do I do as a volunteer?

- Escort patients or visitors to their destinations
- Assist staff by running errands for various departments
- Assist staff in other departments
- Advocate for our hospital to the community

What do I receive from volunteering?

- The knowledge that you have made a difference by helping
- A greater understanding for the healthcare field
- Awards for hours donated
- Letter of recommendation after you have donated a minimum of 140 hours
- Opportunities to take on leadership positions

Please send application to:

Volunteer Services Department
Regional Medical Center of San Jose
225 North Jackson Ave, San Jose CA 95116



Today's Date: _____

Junior Volunteer Application

Mr., Miss: _____
(PLEASE PRINT) Last Name First Name Middle

Male: ____ Female: ____ Date of Birth: _____ Age: ____ SS# _____

Address: _____
Street City Zip

Phone: _____ Day Cell email: _____

Name of Parent or Guardian: _____

School Attending: _____ Year in school: _____

List Organizations you belong to (school, community etc.) _____

How did you hear about our program? _____

Special talents, skills or interests _____

Previous Volunteer Experience: _____

What is/are your reason(s) for volunteering?

You may attach an additional sheet if you need more space.

DESIRABLE TIMES FOR YOU TO VOLUNTEER:

Day Mon Tues Wed Thurs Fri Sat Sun
Time _____

In an emergency notify: _____
Name Telephone No.

Please read the following statement carefully before signing

I hereby certify that I have read and understood all statements and questions on this application and my responses are true and complete to the best of my knowledge. I understand that any false representation, misstatement or omission may be basis for immediate dismissal.

Signature: _____

Date: _____



To: Junior Volunteer Candidate and Parent / Guardian

Please read the rules and regulations below carefully. If accepted as a hospital volunteer, I agree that:

1. My services are donated to the hospital for humanitarian, religious or charitable reasons. I expect no payment, benefits or future employment. I do not expect to receive the minimum wage or overtime for my services.
2. I will serve a minimum of 3 hours per week and commit to a schedule for at least 3 months. I will serve at least 1 year.
3. If unable to come in on my assigned day or time I will contact the Manager of Volunteers to inform and reschedule to make up the lost time. I understand that 3 unexcused absences is cause for terminating my membership as a volunteer. I also understand that failure to notify the department of an absence is considered unexcused absence.
4. I am willing to serve wherever I am needed at the hospital.
5. I understand that I will be taking orders and following directions from Adult Volunteer members, Junior Ambassadors, hospital personnel, Administration and other staff. (If you have difficulty doing this, you should reconsider serving as a volunteer)
6. I understand that only white pants or skirts, white shirt and volunteer jacket are to be worn while on duty and that my appearance will be neat and clean. If you are assigned to volunteer in a specific department, you may be assigned a different uniform.
7. I shall submit to examinations including TB screen, drug screening and blood test, as well as an annual flu shot that are necessary as part of my volunteer service. I authorize the person taking the tests to report the results to Regional Medical Center of San Jose.
8. I shall be punctual, conscientious and endeavor to make my work and conduct professional in quality. I will attempt to resolve any problems related to my volunteer activities with the Manager of Volunteers.
9. I shall at all times uphold the philosophy and standards of the hospital.
10. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status in their own sole discretion at any time.

I have read each of the above conditions and I agree to be bound by them.

(PRINT VOLUNTEER NAME)	Volunteer Signature	Date
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(PRINT PARENT/GUARDIAN NAME)	Parent/Guardian Signature	Date
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Please send completed application to:

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Regional Medical Center of San Jose
225 North Jackson Ave
San Jose CA 95116