Dear Prospective Junior Volunteer:

Thank you for your interest in the Junior Volunteer Program. This special summer program for teenage volunteers offers a unique opportunity for students to learn about their local hospital and engage in positive community service activity. Your participation helps to support the Auxiliary and the entire patient care team at Flagler Hospital.

During this program students will be paired with our dedicated auxiliary members who work in more than 25 different service areas of the hospital. Students will experience the healthcare setting and perform a wide array of tasks ranging from patient transport to light clerical duties.

The 2016 Program is a six (6) week program which will run from **June 13 to July 29**, including:

- **Week of June 13-17**
- **Week of June 20-24**
- **BREAK - Week of June 27-July 4**
- **Week of July 5-8** (Note: Volunteers will work July 5-8 due to the July 4th holiday)
- **Week of July 11-15**
- **Week of July 18-22**
- **Week of July 25-29**

Students approved to participate in the 2016 program are required to attend the mandatory **Orientation Session at 9:30 a.m. on June 7th** in the Matanzas Conference Room, Flagler Hospital, 400 South Park Blvd., St. Augustine, FL 32086.

Requirements:

- A completed application.
- Students must be between 15-17 years of age.
- Students must have a minimum of a 3.0 grade point average. You will need to provide a copy of your most recent report card with your application.
- Two letters of recommendation; one from a teacher and one from an adult personal reference.
- Work a minimum of four (4) hours per week.
- Commit to working as a Junior Volunteer during the full six (6) week period.
- Purchase a uniform shirt ($20.00) to be worn with khaki or navy slacks.
• Student must complete a 2 step Tuberculosis (TB) skin testing prior to being accepted into the program (your parent’s / guardian’s signature is required for this); see page 6 of the application.

If you meet these criteria and wish to be considered for the 2016 Summer Junior Volunteer Program, please complete the attached application and return to the above mentioned address.

The deadline to enroll in the upcoming Summer 2016 Program is Thursday, April 22, 2016. No application will be accepted after this date.

Unfortunately, Flagler Hospital does not accept court-ordered community service volunteers; nor will Volunteer Services verify volunteer hours for court-ordered community service.

Again, we appreciate your interest in volunteering at Flagler Hospital. If you have any questions, please call me at (904) 819-4411.

Sincerely,

Carol Saviak
Director of Volunteer Services
APPLICATION FOR JUNIOR VOLUNTEERS
2016 PROGRAM

Please read carefully, print clearly and answer all questions. Thank you!

PERSONAL/CONTACT INFORMATION:

Name: ____________________________________________________________

Last                                              First                                            MI

Street Address: ______________________________________________________ Apt. #__________

City: __________________________________________ Zip Code:  _______________

Home Phone: ____________________________ Cell Phone:  _____________________

E-Mail:  _________________________________________________________

Sex: _____ Male _____ Female  Birthdate:  ____ - ____ - ____

IN CASE OF EMERGENCY, NOTIFY:

Parent/Legal Guardian: ______________________________  Relationship:  _________

Street Address (if different from above):  ______________________________________

City: __________________________________ State:  _____________    Zip:  ______________

Home Phone: ______________ Business Phone: __________ Cell Phone: ______________

Physician’s Name:  _________________________________  Phone:  ______________

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**WORK PREFERENCES:**

- **Work Shift:**  
  - Mornings 
  - Afternoons 
  - Flexible

- **Work Days:**  
  - Monday 
  - Tuesday 
  - Wednesday
  - Thursday 
  - Friday 
  - Flexible

Why do you want to volunteer at Flagler Hospital:

________________________________________________________________________

________________________________________________________________________

**EDUCATION INFORMATION**

- **School Attending:** ________________________________  
  **Grade Level:** _____

- **Guidance Counselor:** ______________________________  
  **Phone:** ________________

**SKILLS, ACTIVITIES AND WORK EXPERIENCE:**

- **Special Skills and Talents:** ___________________________________________
  ______________________________________________________________________

- **School Activities and Awards:** ________________________________________
  ______________________________________________________________________

- **Community Affiliations:** _____________________________________________
  ______________________________________________________________________

- **Volunteer Experience:** ______________________________________________
  ______________________________________________________________________

- **Languages:** _________________________________________________________

Are you interested in the Medical Field?   ( ) Yes   ( ) No

**Area interested:**  
- _______ Physician
- _______ Nursing
- _______ Pharmacist
- _______ Surgeon
- _______ Physical Therapist
- _______ Radiologist
- _______ Other (please explain)

_______________________________________________________

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As a potential Flagler Hospital Junior Volunteer you will be required to complete a 2-step Tuberculosis (TB) skin test prior to being placed into a volunteer position. If you have a positive reaction to a TB skin test, you will be screened by our Employee Health nurse and given instructions if a follow up is necessary. The hospital will provide the TB skin test free of charge at Flagler Hospital during regularly schedule clinic hours.

VOLUNTEER NAME: ________________  AGE: ______

MEDICAL HISTORY

List Any Restrictions of Applicant: ________________________________

Last Tetanus/Toxoid Booster: ________________________________

Allergies to Drugs/Food: ________________________________

Pertinent Medical History and any Special Medications Taken: __________________

________________________________________________________________________
TO PARENT:

If your child has epilepsy, diabetes, allergies, heart condition, etc., and/or is taking special medication for any condition, it is important that you advise us so that in the event of an emergency resulting from his/her illness, medical personnel can provide proper treatment. This information will at all times remain confidential, except where it affects his/her ability to receive medical attention.

List any Physical Limitations of Child: _______________________________________
_____________________________________________________________________

AUTHORIZATION

I, we, the undersigned, parent(s)/legal guardian of __________________________, a minor, do hereby authorize Employee Health Nurse or Designee as agents for the undersigned to consent to any Flagler Hospital (1) pre-volunteer testing required (2) step Tuberculosis (TB) skin test (3) x-ray examination; (4) anesthetic; (5) medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician licensed under the provisions of the Medicine Practice Act on the medical staff of the above named hospital, when such diagnosis or treatment is rendered at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physicians, in the exercise of his best judgment, may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, and that any of the above treatment will not be withheld if the undersigned cannot be reached.

SIGNATURE OF PARENT/LEGAL GUARDIAN: ________________________________

Relationship to Student: ________________________________________________
STUDENT VOLUNTEER CONTRACT

IF ACCEPTED INTO THE FLAGLER HOSPITAL JUNIOR VOLUNTEER PROGRAM, I AGREE TO:

• **Commit to work the entire Six (6) Week Period (June 13, 2016 until July 29, 2016).**
• Attend **MANDATORY** Orientation and in-service training scheduled for June 7, 2016.
• I understand and am able to fulfill the requirement to work a minimum of 4 hours a week.
• Be punctual to my assigned area.
• I will only be allowed one (1) excused absence for the six week period.
• Honor my commitment to a specific job assignment.
• I will hold all information as confidential concerning patients, families, staff members, physicians and volunteers.
• Become familiar with Flagler Hospital policies and procedures and uphold the Code of Conduct.
• Donate my services without contemplation of compensation or future employment.
• I will make my service professional in all ways. I will conduct myself with dignity, courtesy and have consideration for others.
• Purchase the appropriate volunteer uniform and maintain a well groomed appearance.
• Carry out assignments in a professional manner and seek Auxiliary assistance when necessary.
• Discuss any problems, criticism or suggestions with the Director of Volunteer Services.
• Adhere to the Flagler Hospital Volunteer’s sign-in procedure.
• I understand that the following may result in immediate dismissal: Breach of confidentiality; Lack of honesty; Failure to complete work; Personal attacks; not showing up to work as scheduled.
• I will not make or receive personal phone calls (land line or cellular) while on duty unless it is for emergency purposes. This includes text messages.
• I understand that only patients are to be seated and/or transported in the hospital wheelchairs.
• I understand that I must be in compliance with the dress code.
PARENT/GUARDIAN AGREEMENT

• Commit to work the entire Six (6) Week Period (June 13, 2016 until July 29, 2016).
• Attend MANDATORY orientation and in-service training scheduled for Tuesday, June 7, 2016.
• I understand that Volunteer Services Department reserves the right to terminate my child’s status as a result of (a) failure to comply with Flagler Hospital policies; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance, or (d) any other circumstances which, in the judgment of the department director, would make continued services as a volunteer contrary to the best interests of Flagler Hospital and its patients.
• I give my consent for my son/daughter to submit this application to join the Flagler Hospital Junior Volunteer Program.
• I give consent for Flagler Hospital to administer to my child a 2 step Tuberculosis (TB) skin test.

SIGNATURES:

________________________________________  ____________________________________
Parent/Guardian Signature                Student Applicant Signature

STUDENT’S NAME:_______________________________________________________________
TEACHER RECOMMENDATION:

I recommend _________________________ to serve as a Flagler Hospital Junior Volunteer.

Comments: His/Her grade point average is a 3.0. or higher:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Teachers Signature: ____________________________________________________________
Date: ____________________

School: ________________________________________________________________________
Phone: ______________________

ADULT RECOMMENDATION:

I recommend _________________________ to serve as a Flagler Hospital Junior Volunteer.

Comments: ____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Reference Signature: ____________________________________________________________
Date: ______________________