



## AUXILIARY

Piedmont Columbus Regional Auxiliary has been sponsoring a Youth Volunteer Program for over 55 years. Our goal is to attract and retain Youth Volunteers, aged 14-18, who are passionately pursuing careers in healthcare. Piedmont Columbus Regional Auxiliary strives to stimulate and engage the young adults who are looking to join the healthcare field in the future.

This summer, each volunteer accepted into our program must commit to **2 weeks** (10 consecutive business days) at our hospital. We want our students to have a strong idea of all the different careers that are available to them in healthcare. During that time, students will experience 3 different placements, including some non-clinical areas. The hours each day are 9-3, so each student will accrue 60 hours of volunteer time during their program. At this time, students are not able to apply for more than one rotation. The schedule is as follows:

- 1<sup>st</sup> rotation: June 1-June 12
- 2<sup>nd</sup> rotation: June 15-June 26
- 3<sup>rd</sup> rotation: July 6-July 17

The attached application is for the potential Youth Volunteer to complete. After the deadline, applications will be reviewed, and invitations for interviews will be issued to selected candidates **via volunteer's email given on the application.**

Your application must contain the following:

1. Completed application signed by volunteer and parent/guardian
2. 200 word essay that answers the following questions
  - a. Why are you interested in healthcare?
  - b. Why should we select you as a volunteer?
3. A copy of applicant's state or school-issued ID or a school portrait
4. Reference forms (use only the ones provided; references may add additional pages if needed)

**If your application is missing pieces or is incomplete when received, it will not be considered for the program.**

**Important Dates to put on your calendar:**

- **March 1<sup>st</sup>**—applications due
- **March 6<sup>th</sup>**—students invited to interview **via student email on application**
- **April 9<sup>th</sup>**—Youth Volunteer Interviews (Returning Volunteers are exempt from interviews)
  - \*Interviews that cannot be held on April 9<sup>th</sup> will be scheduled on an individual basis only through April 17<sup>th</sup>. Students will be notified via their email addresses whether or not they've been accepted into the program by April 20<sup>th</sup>.
- **April 22<sup>nd</sup>**—Mandatory Parent Night—6.30-7.30—**Mandatory for Returning Volunteers and New Applicants**; we will not consider applicants if their parent/guardian does not attend.
- **May 29<sup>th</sup>**—Mandatory Orientation for Returning and New Volunteers.

Your acceptance into our program is based on the following:

- Your availability
- Your completed application and references
- Your face-to-face interview
- Your submitted essay



**AUXILIARY**

**RETURNING VOLUNTEER?** \_\_\_\_ Yes \_\_\_\_ No **Former placement(s):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Youth Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Youth Email: \_\_\_\_\_

***\*We will use this email to contact you regarding your application and interview.\****

Birthdate: \_\_/\_\_/\_\_ Age: \_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your school require volunteer service hours? \_\_\_\_ Yes \_\_\_\_ No How many? \_\_\_\_\_

Uniforms: \$35—full scrubs. Do not send money with application. You'll purchase your uniform after you've been notified of selection. **Your scrubs must be purchased through the Uniform Shop at PCR Midtown campus by May 8<sup>th</sup>.**

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternative #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**This is my emergency contact.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternative #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**This is my emergency contact.**

Each volunteer accepted into our program must commit to **2 consecutive weeks (10 days)** at the hospital. During that time, students will experience multiple placements, including some non-clinical areas. We want our students to have a strong idea of all the different careers that are available to them in healthcare. The hours each day are 9-3, so each student will accrue 60 hours of volunteer time during their program. Students will not be able to volunteer outside of their assigned 2 week period.



**AUXILIARY**

Please number the rotations from 1 to 3 according to your ability to participate, with 1 being your first choice and 3 being your last choice.

\_\_\_\_\_ June 1-June 12

\_\_\_\_\_ June 15-June 26

\_\_\_\_\_ July 6-July 17

Youth Volunteer shifts are Monday – Friday; 9:00 AM – 3:00 PM. **THERE ARE NO EVENING, WEEKEND, OR MAKE UP SHIFTS.**

**Photograph Release:**

1. I hereby relieve and agree to hold Piedmont Columbus Regional Healthcare System, Inc. and its affiliated companies, free and harmless from any and all liability arising out of the interviewing and/or photographing and subsequent publication or broadcasting of such photography. I understand that the interviewing and/or photographs are being carried out with my authorization for the use indicated above and thereby, I assume full responsibility for any subsequent liability arising out of the use of these photographs.
2. I understand that I have a right to request cessation of recording or filming and I have a right to revoke this authorization in writing up until a reasonable time before the recording or film is used.

**CONFIDENTIALITY STATEMENT**

I understand and agree that, in the performance of my duties as a Youth Volunteer with Piedmont Columbus Regional Health, I must hold patient/medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers, other students, or family. I also understand that any violation of patient confidentiality may result in termination from the Youth Volunteer Program.

Youth Volunteer Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**By signing this application, I hereby certify that all of the information contained is true to the best of my knowledge. I also understand that my acceptance into this program hinges heavily, among other previously listed items, on my ability to commit to the volunteer timeframe outlined above.**

Youth Volunteer Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**For questions:** Molly McVey (706) 571-1480 or Molly.McVey@piedmont.org

**Applications may be dropped off in person to the Volunteer Services office or mailed to**

Molly McVey, Coordinator  
Piedmont Columbus Regional Auxiliary  
710 Center Street  
Columbus, GA 31901



**AUXILIARY**

**Counselor Reference Form**

Thank you for helping Piedmont Columbus Regional Auxiliary Youth Volunteer Program “GROW ITS OWN” network of healthcare providers. Students aged 14-18 who showing a strong interest in healthcare are encouraged to apply. Through their participation, students will gain work experience, insight into the healthcare field, learn to communicate more effectively with others, and increase their awareness of the communities in which they live.

Your recommendation will help us to determine the qualifications of the applicant. **PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.**

Applicant’s name: \_\_\_\_\_

Counselor’s name: \_\_\_\_\_ email: \_\_\_\_\_

School name: \_\_\_\_\_

**Students will be volunteering closely with patients, their families, and employees. Please rate the applicant on the following qualities.**

**1. What is the applicant’s attendance/punctuality?**

Poor                  Average                  Excellent  
1      2      3      4      5

**2. How would you rate the applicant’s level of respectfulness?**

Poor                  Average                  Excellent  
1      2      3      4      5

**3. How would you rate the applicant’s trustworthiness?**

Poor                  Average                  Excellent  
1      2      3      4      5

**4. How would you rate the applicant’s compassion and kindness?**

Poor                  Average                  Excellent  
1      2      3      4      5

**5. To the best of your knowledge, is this applicant seriously interested in a career in healthcare?**

\_\_\_Yes \_\_\_No

**6. Other comments regarding the applicant’s qualifications. Feel free to attach an additional sheet.**

- I do recommend this applicant as a volunteer
- I do **NOT** recommend this applicant as a volunteer

Counselor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Piedmont Columbus Regional Auxiliary thanks you for your time!

**Questions or comments?** Please contact: Piedmont Columbus Regional Auxiliary Molly.McVey@piedmont.org



**AUXILIARY**

**Teacher Reference Form**

Thank you for helping Piedmont Columbus Regional Auxiliary Youth Volunteer Program “GROW ITS OWN” network of healthcare providers. Students aged 14-18 who showing a strong interest in healthcare are encouraged to apply. Through their participation, students will gain work experience, insight into the healthcare field, learn to communicate more effectively with others, and increase their awareness of the communities in which they live.

Your recommendation will help us to determine the qualifications of the applicant. **PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.**

Applicant’s name: \_\_\_\_\_

Teacher’s name: \_\_\_\_\_ email: \_\_\_\_\_

School name: \_\_\_\_\_

**Students will be volunteering closely with patients, their families, and employees. Please rate the applicant on the following qualities.**

**1. What is the applicant’s attendance/punctuality?**

Poor                  Average                  Excellent  
1      2      3      4      5

**2. How would you rate the applicant’s level of respectfulness?**

Poor                  Average                  Excellent  
1      2      3      4      5

**3. How would you rate the applicant’s trustworthiness?**

Poor                  Average                  Excellent  
1      2      3      4      5

**4. How would you rate the applicant’s compassion and kindness?**

Poor                  Average                  Excellent  
1      2      3      4      5

**5. To the best of your knowledge, is this applicant seriously interested in a career in healthcare?**

\_\_\_Yes \_\_\_No

**6. Other comments regarding the applicant’s qualifications. Feel free to attach an additional sheet.**

- I do recommend this applicant as a volunteer
- I do **NOT** recommend this applicant as a volunteer

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Piedmont Columbus Regional Auxiliary thanks you for your time!

**Questions or comments?** Please contact: Piedmont Columbus Regional Auxiliary Molly.McVey@piedmont.org