



Junior Volunteer Program

APPLICATION

(To be considered for the program forms must be completed and turned in to Volunteer Services no later than Monday, March 5, 2021. Late forms will not be accepted.)

Piedmont Newton Hospital
Volunteer Services
Summer 2021
June 14 – July 23

5126 Hospital Drive
Covington, GA 30014
Tel: 678.212.7422
Alecia.Brooks@piedmont.org

January 2021



Dear Prospective Junior Volunteer and Parent/Guardian,

Thank you for your interest in Piedmont Newton Hospital’s Junior Volunteer Program. The program runs from **June 14 - July 23, 2021**. (These dates do not include orientation classes.) It is for rising 10th, 11th & 12th grade students from Newton County schools as well and the children and grandchildren of Piedmont Newton employees and volunteers.

To participate in the program: Student must be available to follow all program guidelines with a minimum of 20 hours volunteer time **and** attend one orientation class. We can not make exceptions.

The chart shows our offered Orientation Classes.

Every Junior Volunteer, first year or returning, must attend one orientation class annually. There are no exceptions.

| | |
|-------------------|------------------|
| Thursday, June 10 | Friday, June 11 |
| 1:00pm – 4:00pm | 9:00am – 12:00pm |

Volunteer Service begins the week after orientation. Twenty hours of volunteer service is gained by serving one, four-hour shift per week. Built into the schedule is a one-week absence for vacation, camp, illness, etc.

Please consider carefully whether this time commitment will fit with family vacations, sports commitments, school activities, part/full time work schedules, camps and other summer obligations your student may have. Your willingness and ability to make a commitment to be in the hospital for the full program is crucial.

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To be considered for the program a full Application is due from each applicant.

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*Please follow the instructions for Counselor and Personal references. They are not to be given to the student for delivery unless they are sealed.

Special Note: We thank you in advance for printing neatly on all the enclosed forms. We are asking for a lot of information with phone numbers and email addresses and sometimes it’s hard to decipher handwriting. Your extra neat efforts are appreciated!

**2021 JUNIOR VOLUNTEER
Piedmont Newton Hospital**

We will NOT accept applications after 4:30pm on Friday, March 5, 2021

| | | | | | |
|--------------------|-------------|--|---|-----------------|--|
| Check One: | | <input type="checkbox"/> New Junior Volunteer | <input type="checkbox"/> Returning Junior Volunteer | | |
| (print) Last Name: | | First Name: | | Middle Initial: | |
| Street Address: | | City: | State: | Zip: | |
| Home Phone: | Cell Phone: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate: / / | Age: | |
| E-mail: | | School Attending: | | Class of: | |

• Do you have any family member who is an employee or a volunteer at Piedmont Newton Hospital?

Yes No

- If yes, please list name(s), relationship(s) and work area:

• How did you hear about the Junior Volunteer Program at Piedmont Newton Hospital?

• Do you have any physical limitations requiring special accommodations in order for you to volunteer?

Yes No If yes, please explain:

Interest/Skills

• List any prior work experience or volunteer service:

• List foreign languages that you write or speak:

• List any other special skills such as, keyboarding, computer skills, sign language, etc.:

• Do you have an area of interest in the medical field? Please tell us about it:

Scheduling

Check shift and days you **are available** for volunteer assignments (Note: exact hours may vary by department needs).

| Weekday | Mon | Tue | Wed | Thu | Fri |
|---------------------------------------|-----|-----|-----|-----|-----|
| Morning Usually 8 a.m. – 12 p.m. | | | | | |
| Afternoon Usually 12 p.m. – 4 p.m. | | | | | |

We realize you may not know all of your summer plans, but please list the dates you will be unable to volunteer this summer due to family vacations, driver's education, school, band camp, sports, etc. **(To participate in this program, you must be able to commit to volunteer a minimum of 20 hours total by volunteering one, 4-hour shift per week.)**

| | | | | |
|--------------------|--|--|--|--|
| Dates Unavailable: | | | | |
|--------------------|--|--|--|--|

Parental Information and Agreement

| | | | |
|---|----------|--------|------|
| Name of Parent/Legal Guardian <i>(print neatly)</i> | | | |
| Street Address: | City: | State: | Zip: |
| Home Ph: | Work Ph: | Cell: | |
| E-mail: | | | |

All Junior Volunteers must be covered by a family/medical hospitalization policy, which must be listed below. Should it become necessary to seek medical attention in the emergency room, your insurance will be utilized.

In case of emergency, notify:

| | | |
|-------|---------------|-----------|
| Name: | Relationship: | Phone No: |
|-------|---------------|-----------|

In the event I cannot be reached, permission is hereby granted to treat my child, _____, for any problem that might occur while on duty as a volunteer.

| | |
|----------------------------------|-----------|
| Print: | |
| Parent/Legal Guardian Signature: | Date: / / |

INSURANCE IS REQUIRED TO BE ELIGIBLE FOR THIS PROGRAM

| | |
|-------------------------------|------------|
| Insurance Information: | |
| Policy Holder's Name: | Policy No: |
| Company: | |

I hereby certify that the answers on this application are true and correct and that any omission of facts or misrepresentation, misleading or false information on my part will be grounds for dismissal as a volunteer. I will abide by all rules and regulations established. I understand that at any time I fail to abide by the established rules and regulations, I will forfeit my privilege to serve as a volunteer and may be discharged without warning or notice. Acceptance as a volunteer is contingent upon satisfactory references and verification of the information submitted. I authorize that all employers, schools or references thus contacted shall be released from all liability in answering inquiries related to my application.

| | | | |
|----------------------------|------|---------------------------------|------|
| | / / | | / / |
| Junior Volunteer Signature | Date | Parent/Legal Guardian Signature | Date |
| | | | |

2021 JUNIOR VOLUNTEER

New and Returning Applicants – Reference #1 – School Counselor

Due in the Volunteer Office on or before March 5, 2021

Please, do not give references to students to turn in unless the references are in a sealed envelope.

| | | |
|--|--------------------|-----------------|
| Volunteer's Last Name: | First Name: | Date: / / |
| School Attending: | | |
| Reference's Name: (Printed) | First & Last Name: | Contact Number: |
| <p>Dear School Counselor,</p> <p>The individual named above has applied for the JUNIOR VOLUNTEER PROGRAM at Piedmont Newton Hospital. Your assistance is requested in evaluating the applicant with regard to the following qualities. Candid completion of this information will give us an opportunity to properly review his/her qualifications and assign them to an appropriate area if all qualifications are satisfactorily met.</p> | | |
| Personal Appearance: | | |
| Maturity: | | |
| Ability to get along with others: | | |
| Attitude toward taking directions: | | |
| Sense of Responsibility: | | |
| Dependability: | | |
| Additional Comments: | | |
| Print Name: | | |
| Signature: | Date: | |
| <p>To assure confidentiality and proper processing of this information, please complete this form and return to student in a sealed envelope or scan and email directly to the Lisa Brooks at Alecia.Brooks@piedmont.org.</p> <p>If you have any questions, please call the Volunteer Office at 678.212.7422</p> | | |

2021 JUNIOR VOLUNTEER

New and Returning Applicants – Reference #2 – Personal

Due in the Volunteer Office no later than March 5, 2021

Please, do not give references to students to turn in unless the references are in a sealed envelope.

| | | |
|--|--------------------|-----------------|
| Volunteer's Last Name: | First Name: | Date: / / |
| School Attending: | | |
| Reference's Name: (Printed) | First & Last Name: | Contact Number: |
| <p>Dear (Please circle one) Principal / Teacher / Coach / Minister or Adult Friend:</p> <p>The individual named above has applied for the JUNIOR VOLUNTEER PROGRAM at Piedmont Newton Hospital. Your assistance is requested in evaluating the applicant with regard to the following qualities. Candid completion of this information will give us an opportunity to properly review his/her qualifications and assign them to an appropriate area if all qualifications are satisfactorily met.</p> | | |
| Personal Appearance: | | |
| Maturity: | | |
| Ability to get along with others: | | |
| Attitude toward taking directions: | | |
| Sense of Responsibility: | | |
| Dependability: | | |
| Additional Comments: | | |
| Signature: | | |
| Print Name: | Date: | |
| <p>To assure confidentiality and proper processing of this information, please complete this form and return to student in a sealed envelope or scan and email directly to the Lisa Brooks at Alecia.Brooks@piedmont.org .</p> <p>If you have any questions, please call the Volunteer Office at 678.212.7422</p> | | |

2021 JUNIOR VOLUNTEER PROGRAM Junior Volunteer Agreement

As a Junior Volunteer Applicant at Piedmont Newton Hospital, I promise to:

1. Complete and submit all requested information by **Monday, March 5, 2021** to Volunteer Services at Piedmont Newton Hospital, 5126 Hospital Drive, Covington, GA 30014.

(Information can be hand delivered to the Knox Lobby Desk at Piedmont Hospital or can be scanned and emailed to alecia.brooks@piedmont.org. Please DO NOT take photographs of the paperwork for emailing as many times it does not print well.

2. Interviews Chart:

You will need to attend one interview. Each interview is approximately 15 minutes in length.

| | |
|----------------------------------|-------------------------|
| Tuesday, March 9th | 3:00 p.m. and 4:15 p.m. |
| Thursday, March 11th | 3:00 p.m. and 4:15 p.m. |
| Monday, March 15 th | 3:00 p.m. and 5:30 p.m. |
| Thursday, March 18 th | 3:00 p.m. and 5:30 p.m. |

We will do our best to accommodate the appointment time requested. (*Junior Applicant* –please make call to set your appointment - not a parent or guardian. If you leave a message include your first and last name and your phone number. Speak clearly.)

3. If accepted, you are required to obtain two (2) TB (Tuberculosis) tests or one (1) QuantiFERON-TB Gold (QFT) blood test. You can do this at your physician’s office or the Health Department. Documentation forms will need to be turned in to Volunteer Services before attending orientation.
4. If accepted, you will be required to supply a copy of your immunization records to Volunteer Services.
5. If accepted, you will be required to attend one 3-hour mandatory orientation and training meeting. Orientation classes are offered:

| | | |
|----------------------------|--------------------------|---|
| Thursday, June 10th | 1 p.m. to 4 p.m. | All Junior Volunteers are required to attend ONE of these classes. |
| Friday, June 11th | 9 a.m. to 12 p.m. | |

6. Serve a minimum of 20 hours between June 14 and July 23. (All new and returning Junior Volunteers are required to serve at least one, 4-hour shift per week. An extra week is included in the program to cover sickness, camp, vacation, etc.)
7. Ensure that written, advance notification of any time to be missed for family vacations, driver’s education, school, band camp, sports, etc. is included in the application.
8. You will be required to notify your department and secure a substitute if you are unable to volunteer on your scheduled date. We will provide a schedule and contact information of other junior volunteers who are in your assigned department so you will know who to contact as a substitute if you are out.
9. Be dependable and fulfill your work assignments. Always conduct yourself with dignity and courtesy. Provide your highest quality work.

10. Be punctual and sign in and out online. Do not use the sign in books available to adult volunteers.
11. Read and comply with the “Zero Tolerance Policy.”
12. Consider all information you hear, either directly or indirectly, concerning a patient or a member of the hospital staff to be confidential.
13. Act and dress professionally. Follow the Piedmont Healthcare’s Code of Conduct, Policies & Procedures and Dress Code. (You will receive and sign this paperwork at orientation)
14. Be committed to enjoying this learning experience by serving patients, visitors, staff and fellow volunteers in a friendly, courteous manner.
15. Return your Identification Badge at the end of the program.
16. Check email regularly for messages from the Volunteer Services Office as all information will be sent electronically. All email will be sent to the email address you provide on **page 4** of the application. Be sure it is an email you will be checking often.

| | | | |
|-----------------------------|--|--------|-----|
| Print Name: | | Date: | / / |
| Junior Volunteer Signature: | | | |
| Email: | | Phone: | |

2020 JUNIOR VOLUNTEER PROGRAM Parental/Legal Guardian Agreement

1. I hereby permit my child, _____ to join the Junior Volunteer Program at Piedmont Newton Hospital. I understand the importance of responsibility and will assist my child in complying with the program’s rules and regulations. I will assume responsibility for his/her transportation.
2. I have read and understand the **“Zero Tolerance Policy.”**
3. I agree that my student’s identification badge will be turned in at the end of the program.
4. In the event of a medical emergency, I permit the physicians in the Emergency Department of Piedmont Newton Hospital to treat my student.
5. I understand that in order for my student to participate in the program, all-necessary information must be obtained, completed and submitted no later than **Friday, March 5, 2021.**

6. Interviews:

| | |
|----------------------------------|-------------------------|
| Tuesday, March 9th | 3:00 p.m. and 4:15 p.m. |
| Thursday, March 11th | 3:00 p.m. and 4:15 p.m. |
| | |
| Monday, March 15 th | 3:00 p.m. and 5:30 p.m. |
| Thursday, March 18 th | 3:00 p.m. and 5:30 p.m. |

I agree to attend the interview with my student as a mandatory part of the application process.

Please note: **THE STUDENT needs to call to schedule their interview appointment.** We will do our best to accommodate their appointment time request. A parent or legal guardian must come to the appointment. Please don’t send older siblings, grandparents or neighbors.

7. I understand my student will be required to pay \$20.00 for the uniform shirt. Returning Jr. Volunteers do not have to purchase a new shirt if last year’s shirt is still in good condition and fits properly.
8. TB test and Immunization Records. I understand my child will need to have two (2) TB (Tuberculosis) tests or one (1) QuantiFERON-TB Gold (QFT) blood test. This can be done at your physician’s office or the Health Department. Documentation forms will need to be turned in to Volunteer Services before attending orientation.
9. a TB Test outside of the hospital and bring in the results as well as bring in their up-to-date immunization record. My child’s medical records will be housed in the Occupational/Employee Health office.
10. I understand that my child is required to attend one orientation class and serve a minimum of 20 hours from **June 14 – July 23.** Written, advance notification of time to be missed for family vacations, driver’s education, school, band camp, sports, etc. must be included in Application Form. Last minute schedule changes are very disruptive to the hospital staff and volunteer office. **The Volunteer Office staff is not responsible for adjusting your child’s schedule so that they can obtain the necessary hours.**

11. I understand that most information will be communicated electronically to the e-mail provided on page 4 and in order to assist them with requirements and time frames, I will need to check that email regularly for messages and discuss with them the program requirements.

| | | | |
|-------------------------------------|--|--------|-----|
| Parent/Legal Guardian Signature: | | | |
| Print Name: | | Date: | / / |
| E-mail: | | Phone: | |