

Thank you for your interest in becoming a Henry County Medical Center Junior Volunteer. Please review the requirements below, complete the form, and click the submit button at the bottom.

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\***

**JUNIOR VOLUNTEER REQUIREMENTS:**

- \* Volunteers must be between the ages of 14 and 18 years old by Monday, June 6, 2022.
- \* Be willing to make a minimum commitment of one shift per week for eight weeks with no more than two absences.
- \* Attend three of six academy sessions. Dates and times will be provided.
- \* Attend the Mandatory Junior Volunteer Orientation on Wednesday, June 1 at 9 a.m. in Classrooms 2 & 3. \*Alternative Date is Wednesday, June 8, 2022 at 9 a.m.

**APPLICANTS SHOULD CONSIDER THE FOLLOWING:**

1. Are you involved with summer camps, summer school, mission trips, vacations, work commitments or involved in sports that might prevent you from keeping your commitment?
2. Does your summer schedule allow you to volunteer for eight weeks with no more than 2 absences?
3. Are you available to volunteer once a week, with no more than 2 absences?
4. Do you have consistent transportation?
5. Are you mature, outgoing, friendly, proactive and willing to engage people as you help them?

**TO BECOME A JUNIOR VOLUNTEER YOU MUST:**

1. Fill out the Henry County Medical Center Junior Volunteer application or email, fax, or drop off to the Marketing Department. ***\*All applications must be submitted by Tuesday, May 31, 2022. Alternative Date: Wednesday, June 8, 2022***
2. Submit two references by a school counselor, teacher, or principal.
3. Write a 200 word (minimum) essay explaining why you want to be a Junior Volunteer and what area(s) of healthcare most interest you and why.
4. After your completed application and availability has been reviewed, we will contact you to inform you if you have been accepted into the program.

**IMMUNIZATION REQUIREMENTS:**

Prior to volunteering, you will be required to provide documentation of the Junior Volunteer program immunization requirements. You will be responsible for obtaining those that may be missing. All immunizations must be completed by the time you attend your Junior Volunteer Orientation. This include COVID-19 vaccination and flu vaccination.

- \* MMR
- \* Varicella Titer
- \* TB Skin Test (You will receive this at the time of your Junior Volunteer Orientation)

**HEALTH INFORMATION REQUIREMENTS:**

The following health information must be provided at the time of your Junior Volunteer Orientation. You must either present a copy of your immunization records as listed below or have your physician respond with a checklist of the following and sign.

1. A copy of your immunization record including Rubella Vaccine or Positive Rubella Titer, proof of two Rubella (Measles) Vaccines or Positive Rubella Titer, History of Chickenpox or Proof of Varicella Vaccine series or Positive Varicella Titer

**OR**

2. Have your physician present a checklist of the following (please provide dates):  
Rubella Vaccine or Positive Rubella Titer Proof of two (2) Rubella (Measles) Vaccines or Positive Rubella Titer History of Chickenpox or Proof of Varicella Vaccine series or Positive Varicella Titer

**TRAINING:**

If accepted as a Henry County Medical Center Junior Volunteer, you will be invited to attend the Junior Volunteer Orientation on Wednesday, June 1, 2022. This is required for participation in the Summer Junior Volunteer Program.

**PERSONAL INFORMATION:**

Please provide the information below as accurately as possible.

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

**AVAILABILITY:**

Please indicate the days you are available to volunteer. We ask that our volunteers commit to a minimum of four hours of service per week from June 6 – July 29, 2022

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning:					
Afternoon:					

**Please list the conflicts you would have to volunteering below:**

**REFERENCES:**

Please submit information for two references. At least one of these should be a school counselor, teacher, or principal. Please do not use family members as references.

Reference 1

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Reference 2

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**ESSAY:**

In a minimum of 200 words, describe what area of healthcare most interest you and why you would like to be a part of the HCMC Junior Volunteer Program. You may attach a separate piece of paper with your response.

**PARENT APPROVAL:**

Parents and guardians will be responsible for approving the following:

1. Approval for your child to participate as a Junior Volunteer at HCMC.
2. If chosen to participate in the Junior Volunteer Program at HCMC, your child will be required to have a Tuberculosis skin test. Parents/guardians will be required to sign a permission slip for the following (upon appointment):
  - a. Approval for your child to receive TB Skin Tests in the HCMC Employee Health Department.
3. Understand that due to the training involved; short duration of service (8 weeks) and departmental expectations, your child can miss no more than two weeks.
4. You are responsible for reading the Volunteer Pledge (located below), please understand that the conduct and behavior expected of your child is also part of your responsibility and that your child's failure to fulfill this agreement will result in her/her dismissal.

**VOLUNTEER PLEDGE (please read):**

Understanding that Henry County Medical Center has a valid need of my services as a 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 represent the Junior Volunteer program in a positive manner by practicing service excellence, respecting others, smiling and using appropriate behaviors at all times.
- I will consider as confidential, all information which I may hear directly or indirectly concerning a patient, physician, nurses or any other person related to the hospital and will not seek information in regards to the patient.
- I will take any problems, criticisms, or suggestions to the Volunteer Coordinator.
- I will endeavor to make my work professional in its quality and I will uphold the traditions of high standards of this hospital and will interpret them to the community at large.
- I will adhere to all Henry County Medical Center policies, included but not limited to Confidentiality, Social Media, Cell Phone Usage, Smoking and Dress Code.
- I will uphold the Standards of Behavior set forth by the Henry County Medical Center administrative team.

**ACKNOWLEDGEMENTS:**

I certify that all answers given by me on this application are true to the best of my knowledge. I

authorize HCMC to contact any reference whom I list on this form. Neither the reference nor HCMC will be liable for using that transmitted information, even if it means I am denied volunteer work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_