

High School Summer Volunteer Applicant

Thank you for your interest in volunteering at Texas Health Presbyterian Allen. Please review the following requirements and instructions before you apply to our program. We request that all applicants meet the listed requirements before applying, positions are limited.

- 16 years old by June 1st. (No Exceptions)
- Applicants will submit the Application Packet by **US Mail only. Application Deadline is Monday, February 28, 2020 (POSTMARKED) late submissions or hand delivered forms will NOT be accepted.**
- **Application Packet** must include: **Essay, All Application Forms, two References, Copy of Photo ID** (School ID accepted). Incomplete applications will not be accepted.
- All potential volunteers will submit a **one** page essay (12pt. font).
 - *Essay headers must include your name, address, cell phone number, email address, and date of birth.*
 - *Essay to include the following:*
 - *Why you think you would be an asset to our program.*
 - *Your future career goals.*
 - *What does Compassion mean to you?*
- **Two References:** One reference must be from a teacher or instructor. The other reference must be from someone that has known you for more than two years. All references must be from non-relatives. It is suggested that you seek more than two references to make sure you receive what you need. Reference letters may be submitted via email - sandratorres@texashealth.org.
- Student Volunteers are required to attend the Student Volunteer Orientation **TBD last week in May. Tentive- May 27th- 11:00 am -3:00 am**
- Student Volunteers must be able to work one of the 5 shifts from **Monday – Friday**. Shifts are from **8AM – 12PM, 10AM – 2PM, 12PM-4PM, 1PM-5PM or 3PM -7PM. Shift will be assigned by Volunteer Manager.**
- Student Volunteers must volunteer at least **42 hours from May 27th through August 17th.**
- Student Volunteers **cannot miss more than one week of volunteering. If you are going to miss more than one week, do not apply to the program.**
- The **first 12 hours** of volunteer work will be a **probationary period.**

If your application is selected, you will be invited to interview for possible placement. The interview does *not* guarantee placement in our program. Once accepted to the program, you will be required to comply with all *immunization requests, a drug screening and a background check*. Texas Health Allen will provide the drug screening, background check and TB test. Applicants are responsible for their immunizations.

For those students who are not selected, you may wish to contact the Volunteer Center of North Texas at www.volunteernorthtexas.org to learn more about other volunteer programs.

Mail essay and forms to:

Texas Health Presbyterian Hospital Allen
Volunteer Services Office
Attn: Sandra Torres
1105 Central Expressway North
Allen, Texas 75013

Thank you,

Sandra Torres
Volunteer Services Manager
972-747-6520
sandratorres@texashealth.org

Please be advised all volunteer positions are non-clinical. You will have limited patient contact. Volunteers do not work directly with Physicians or RN's in providing direct clinical care. Most positions are front desk or back office/supply chain support.

Application Check List

- Application/Application Disclosure
- Certiphi Background Authorization (Attached PDF)
- Student Agreement
- TB Test Consent (Volunteer Services)
- Student Reference 1 (Sealed and signed by reference)
- Student Reference 2 (Sealed and signed by reference)
- Essay
- Student ID Photo
- Student Immunization Records

Please remember to include all signed forms and the essay with your application packet.

Remember to ask reference provider to submit or mail reference by due date.

Deadline for all forms is February 28, 2020.

No late submissions will be accepted. No Exceptions.



Student Volunteer Application

Applicant Information

Full Name:

Address:

Home Phone: () _____

E-mail Address: _____

Work Phone: () _____

Cell Phone: () _____

Contact in Emergency: _____

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Skills and Interest

High School: _____

Current Grade: _____

Birthday: _____

Hobbies, skills, interests: _____

Previous volunteer
experience: _____

Availability

Monday

Tuesday

Wednesday

Thursday

Friday

Preferences in Volunteering

How did you hear about us? _____

Do you have any relatives who work at Texas Health Presbyterian Hospital Allen? Yes No

If yes, who and how are you related? _____

Why do you want to volunteer at Texas Health Presbyterian Hospital Allen? _____

Is there a particular type of volunteer work in which you are interested? _____

Are there any groups with which you would not feel comfortable working with? _____

No:

Yes:

Background Verification

	YES	NO
Have you ever been convicted on a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with neglect, abuse or assault?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?	<input type="checkbox"/>	<input type="checkbox"/>

Confidentiality

I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of Texas Health Presbyterian Hospital Allen (THA). I understand that all information concerning THA and its patients is strictly confidential, and I hereby agree to maintain this confidentiality.

I have read and understand the above and agree to comply with all rules and regulations of THA. I understand that failure to comply with such rules and regulations may be cause for my removal from the THA Volunteer Program. I understand THA may terminate my volunteer services for any reason, or no reason.

Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____



APPLICATION DISCLOSURE

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a Consumer Report may be made in connection with your Application for Employment/Volunteer Opportunities.

If you are denied, either wholly or partially, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer-reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

I hereby give permission for release of all my Education or Academic records to the consumer reporting agency or Texas Health Resources.

I have read the above notice and understand what it means. I hereby authorize the procurement of a Consumer Report for continued employment purposes in connection with this application or if I am hired at any time during the course of my employment.

Date: _____ Applicant Signature: _____
Print Name Legibly: _____
Social Security Number: _____
Date of Birth: _____

The Undersigned hereby authorizes Texas Health Presbyterian Hospital Allen to conduct a background check on the applicant listed above. I also consent to the release of all background information to the Texas Health Presbyterian Allen Volunteer Services Department.

Signed: _____
Parent/Guardian

Date: _____



Volunteer Services

STUDENT AGREEMENT

I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of Texas Health Presbyterian Hospital Allen (THA). I understand that all information concerning THA and its patients is strictly confidential, and I hereby agree to maintain this confidentiality.

I have read and understand the above and agree to comply with all rules and regulations of THA. I understand that failure to comply with such rules and regulations may be cause for my removal from the THA Volunteer Program. I understand THA may terminate my volunteer services for any reason, or no reason.

Signature _____

Date _____

PARENT OR GUARDIAN STATEMENT (FOR STUDENT UNDER 18 YEARS)

It is understood and agreed that I shall not bring or cause to be brought any action due to any personal injury or property damage that might result from my son/daughter's participation in any aspect of the volunteer program.

I agree to accept full responsibility and to hold harmless Texas Health Presbyterian Hospital Allen its employees, directors, officers, trustees or agents from any and all claims and damages that may arise from my son/daughter's participation in the volunteer program.

Signature of Parent/Guardian _____

Date _____

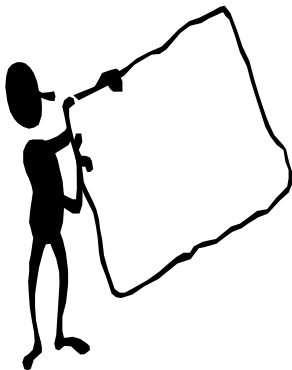


**Student Volunteer Screening Requirements
2020 (for Employee Health records)**

Students Name _____ Date of Birth _____

Student's Social Security Number _____ - _____ - _____ (used for database only)

Mandatory Vaccines	Documents Accepted
Varicella (Chickenpox)	2 Doses of Vaccine or Lab Evidence of Immunity
Measles, Mumps, Rubella (MMR)	2 Doses
Tetanus, Diphtheria, Pertussis (Tdap)	Most recent
Influenza	Yearly



A copy of the student's current immunization record with the above information must be included in packet for review by Employee Health. Please be aware if immunizations are needed you must go through your family physicians.

Note: **Parents must be present with students under 18 years of age.**

Employee Health Testing Dates:
TBD

1- Student Volunteer Letter of Reference DEADLINE – FEBRUARY 28,2020.

Thank you for providing a reference for _____, who has applied to be a Student Volunteer at Texas Health Presbyterian Hospital Allen.

We are requesting that applicants send your reference letter in with their packet. Please seal and sign the envelope containing the reference letter and give it to the student. The student’s application packet must be postmarked no later than February 28,2020.

Sincerely,
Sandra Torres
Volunteer Services, Manager
972-747-6520
sandratorres@texashealth.org

How long have you known this student and in what capacity? _____

What qualities does this student possess that will make him/her a good volunteer? _____

Would this student be good working with or around patients? Why or why not? _____

Continued reference for: _____

Student's Name

Please indicate the following characteristics that best describe this student:

Dependable

Trustworthy

Mature

Outgoing

Shy

Team Player

Leader

Empathic

Assertive

Self-starter

Needs direction

Respectful

Kind

Prompt

Aggressive

Good Student

Outspoken

Follows Directions

What other information can you give us that will enable us to offer the best volunteer assignment possible?

Signature

Print Name

E-mail address

Phone

Date

2- Student Volunteer Letter of Reference DEADLINE – FEBRUARY 28,2020.

Thank you for providing a reference for _____, who has applied to be a Student Volunteer at Texas Health Presbyterian Hospital Allen.

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Continued reference for: _____

Student's Name

Please indicate the following characteristics that best describe this student:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Mature |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Shy | <input type="checkbox"/> Team Player |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Empathic | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Self-starter | <input type="checkbox"/> Needs direction | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Kind | <input type="checkbox"/> Prompt | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Good Student | <input type="checkbox"/> Outspoken | <input type="checkbox"/> Follows Directions |

What other information can you give us that will enable us to offer the best volunteer assignment possible?

Signature

Print Name

E-mail address

Phone

Date