



Junior Volunteer Program

June 1—July 31, 2020

Students will have the opportunity to give their time by volunteering at Pinckneyville Community Hospital, while gaining valuable experience and opportunities.

The summer Junior Volunteer session lasts June 1, through July 31.

Application packets may be picked up at your school office, or downloaded from www.pvillehosp.org. For more information, please contact Brandy Steely at 618-357-8898.

Applicants Must:

- Be enrolled at Pinckneyville Community High School or feeder school.
- Be entering 8th or 9th Grade in Fall of 2020.
- Be 13 years of age prior to April 30, 2020.
- Submit application, including reference and 200 word essay, no later than April 10.
- Complete applicable health screenings.
- Selected students, and their guardian must attend a mandatory orientation on Tuesday, April 21, at 6:00 p.m.



Leading the way to a healthier tomorrow.



Junior Volunteer Application

Name _____ Date _____
(Last) (First) (Middle)

Address _____
(Street) (City, State, Zip)

Birth Date _____ E-mail Address _____

Home Phone _____ Cell Phone _____

May we text your cell phone? ☐ Yes ☐ No

Do you have previous volunteer experience? ☐ Yes ☐ No

If Yes, where? _____ Dates: _____

Telephone Number: _____ Supervisor: _____

Assigned duties: _____

Community Involvement:

Please list your involvement with community/school/church organizations. If additional space is needed, please attach a separate page.

Organization: _____ Dates: _____

Supervisor: _____

Purpose of involvement: _____

Organization: _____ Dates: _____

Supervisor: _____

Purpose of involvement: _____

Skills/Hobbies/Activities:

Please list any specialized skills or interests:

What are your career/college plans after high school? _____

Why do you want to volunteer?

What do you hope to achieve by volunteering at Pinckneyville Community Hospital?

References must also include a Confidential School Recommendation Form (F-VOL-1000-I) to be completed by a school representative.

Applicants must write and submit a 200-word essay describing “Why I want to volunteer at Pinckneyville Community Hospital”. Please attach your essay to this application.

How did you hear about Pinckneyville Community Hospital?

- ☐ Self ☐ Website/Internet ☐ PCH Volunteer ☐
- ☐ PCH Patient ☐ Health Fair ☐ School Advisor ☐
- ☐ Other (please specify)

Conviction Records

- ☐ Yes ☐ No Have you ever pled guilty to or been convicted of a crime other than a minor traffic offense? This does not include minor traffic violations or convictions that have been sealed or expunged.

If yes, please explain:

Volunteer Availability

Volunteer shifts are 2 – 4 hours scheduled according to the department need. Volunteers are asked to make a minimum commitment of one shift per week. Please check your availability:

| Shift | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|--------------|-----|-----|------|-----|-------|-----|-----|
| 8 am – 12 pm | | | | | | | |
| 12 pm – 4 pm | | | | | | | |
| 4 pm – 7 pm | | | | | | | |

Volunteer Jobs (Please number in order of preference)

- _____ Information Desk
- _____ Patient Care Areas
- _____ Waiting Room
- _____ Clerical
- _____ Special Events
- _____ Patient Activities

Are there any physical conditions that we should be aware of prior to assigning you to a volunteer position? _____

Emergency Contact Information 1

Name _____

Address _____
(Street) (City, State, Zip)

Home Phone _____ Work Phone _____ Cell Phone _____

May we text cell phone? ☐ Yes ☐ No

Emergency Contact Information 2

Name _____

Address _____
(Street) (City, State, Zip)

Home Phone _____ Work Phone _____ Cell Phone _____

May we text cell phone? ☐ Yes ☐ No

- **Please mail or hand deliver application, essay, and school recommendation to the hospital address on the front of the application.**

Junior Acknowledgement, Confidentiality and Consent Form

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

- I hereby affirm that the information on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or during the selection process may disqualify the applicant from further consideration for a volunteer position and may result in discharge even if discovered at a later date.
- I understand that Pinckneyville Community Hospital is not obligated to provide placement, nor am I obligated to accept a position if one is offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.
- I understand that all the services provided to Pinckneyville Community Hospital, its patients and their family members are of a confidential nature. I am obligated to refrain from discussing information I've heard, seen or otherwise learned about patients and other confidential information in the course of my activities at Pinckneyville Community Hospital with anyone outside the Hospital, including, but not limited to, my family, friends, media and social media. I will not pass on information to patients and visitors unless I've been instructed to do so by the Hospital employee(s) assigned to supervise my activities.
- I am obligated to govern myself by high ethical standards, details of which are outlined via Pinckneyville Community Hospital's Code of Conduct and made available to me for my review on the Hospital's website at www.pvillehosp.org.
- I affirm that I have received Compliance and HIPAA training from Pinckneyville Community Hospital. Signing this acknowledgement affirms that I have received training and will abide by expectations of confidentiality and ethical conduct as outlined in the Code of Conduct and associated acknowledgement form. Failure to recognize the importance of confidentiality and ethical conduct is not only a breach of professional ethics, but can also involve legal proceedings.
- I understand that all of the applicant's volunteer activities are performed without compensation and that applicant is not considered an employee of Pinckneyville Community Hospital.
- I, the undersigned, am the parent/guardian of the applicant and hereby grant Pinckneyville Community Hospital authorization to complete a Tuberculosis (TB) Screening. I understand that if the applicant refuses to complete the TB screening, the applicant will not be considered for a volunteer placement.
- I, affirm that the applicant has not been tried as an adult and has not been convicted of a forcible felony that would prohibit the applicant from working in a healthcare facility.
- Permission is further granted to Pinckneyville Community Hospital to provide necessary treatment for immediate first aid and other minor medical complaints as long as the service provided follows established Pinckneyville Community Hospital policies. The release constitutes full release, without reservation, for the circumstances described herein.

Applicant Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date



CONFIDENTIAL SCHOOL RECOMMENDATION

Student Name: _____

Parental Consent: I authorize a representative from my son/daughter's school to complete this form and send to the Department of Volunteer Services at Pinckneyville Community Hospital.

Parental Signature: _____ Date: _____

Dear Counselor or Teacher:

A student applying for volunteer service must have a recommendation from a school representative. Your evaluation and comments are appreciated. The information you provide may be reviewed by Marketing Director and Social Services Coordinator. You may give the student the evaluation in a sealed envelope with your signature across the flap or you may mail it to the address listed below.

| | Excellent | Good | Average | Below Average |
|-------------------|-----------|------|---------|---------------|
| Attendance | | | | |
| Courtesy | | | | |
| Dependability | | | | |
| Initiative | | | | |
| Scholastic Record | | | | |
| Willingness | | | | |

Comments: _____

Name (Print): _____ School: _____

Title: _____

Signature: _____ Date: _____