



**Sutter Health**

Sutter Tracy Community Hospital

**JUNIOR VOLUNTEER INFORMATION & APPLICATION**

On behalf of the Volunteer Services Department at Sutter Tracy Community Hospital, we are pleased that you are interested in joining the Sutter Tracy Community Hospital's Junior Volunteer Program. If accepted, we hope that you will find it to be a rewarding and memorable experience.

**All applicants must meet the following criteria:**

- 1) Must be a High School student and at least 16 years old. Any student that is 18 years old or older, will require a background check
- 2) Must be a resident of either Tracy, Banta, Mountain House or Vernalis
- 3) Have a satisfactory grade point average (a minimum 3.00 GPA)

**Required commitment:**

- 1) You **MUST** be able to commit for a minimum of 100 service hours within a year.

**Please note:** Available shift dates and times may vary based on department need.

**Application Process:**

- **Application packet consists of the following:** Volunteer Application (2 parts) and essay.
- **ESSAY TOPIC:** "Why you want to volunteer and what you can bring to the volunteer program at Sutter Tracy Community Hospital." Your essay must be between 300-500 words, typed (Times New Roman or Arial, size 12 font) and double spaced.
- **Return the Application (2 parts) and typed essay by e-mail to [stvolunteerapp@sutterhealth.org](mailto:stvolunteerapp@sutterhealth.org)**
- Please make sure that **ALL** areas of the application are complete and that all necessary signatures are obtained.
- If your application is incomplete in any way, Volunteer Services is not obligated to notify you, and is under no obligation to consider an incomplete application packet.

If you have questions, emails can be sent to [Brittany.Rickman@sutterhealth.org](mailto:Brittany.Rickman@sutterhealth.org).

Again, thank you for your interest in the Junior Volunteer Program.

Sincerely,

*Brittany Rickman*

Brittany Rickman,  
Volunteer Services Coordinator  
Sutter Tracy Community Hospital



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**A COMPLETE APPLICATION PACKET INCLUDES:**

- Junior Volunteer Application (2 Parts)
- Typed essay (Prompt is on the cover of the application)

**APPLICATIONS SUBMITTED BY E-MAIL TO [STVOLUNTEERAPP@SUTTERHEALTH.ORG](mailto:STVOLUNTEERAPP@SUTTERHEALTH.ORG) WILL BE CONSIDERED**

**STEPS TO BECOMING A JUNIOR VOLUNTEER:**

1. **APPLICATION & ESSAY:** All prospective volunteers must submit a completed application and essay.
2. **INTERVIEW:** Completed applications that meet the eligibility requirements will determine candidates selected to interview.
3. **ORIENTATION:** If selected to become a volunteer, you will be invited to attend a mandatory Hospital orientation and a Volunteer orientation. At these orientations, we will provide you with information regarding Sutter Tracy Community Hospital's policies and procedures, expectations, and allow you to ask questions about the volunteer experience. After you've attended the two orientations, Volunteer Services will discuss required attire, such as a shirt or smock and a photo will be taken in order to create an identification badge.
4. **PLACEMENT:** Based on your application (part 2), you will be placed in the department for which you either expressed interest in or based on department needs.
5. **HEALTH REQUIREMENT:**

**Volunteers in hospitals**

1. 2 step TB skin test given 1 week apart at Sutter Tracy Community Hospital Employee Health Department (EHD). Tests are read 48-72 hours after placement.
2. During Flu Season October to March, one dose of Seasonal Flu vaccine given in Sutter Tracy Community Hospital EHD or proof of vaccination.
3. Provide Sutter Tracy Community Hospital EHD with documentation of 2 doses Measles, Mumps, and Rubella (MMR) vaccine or a blood test with positive immunity.
4. Provide Sutter Tracy Community Hospital Employee Health with documentation of 1 dose Tetanus, Diphtheria, Pertussis (Tdap) given 2005 or later
5. A verbal statement if you have had chickenpox illness in the past or documentation of a positive varicella titer. If you have not had chickenpox you will need to provide Sutter Tracy Community Hospital EHD with documentation of 2 doses of Varicella (chickenpox) vaccine



# Sutter Health

## Sutter Tracy Community Hospital

### JUNIOR VOLUNTEER APPLICATION (part 1 of 2)

#### PERSONAL

#### INFORMATION

Last Name:	First Name:	Middle Name:
Street Address:		Apt. #:
City:	State:	Zip Code:
Home Phone: ( )	Cell Phone: ( )	
Social Security Number (Required):	E-Mail:	
Emergency Contact: Name: _____ Phone ( ) _____ Relationship: _____		
<input type="checkbox"/> <b>Volunteer:</b> I certify that I meet all criteria (G.P.A., residency, High School Student that is at least 16 years old) that is required.		

#### PARENT(S) / GUARDIAN INFORMATION

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

#### SCHOOL INFORMATION

Grade	Year of Graduation:	18 years old or older: Yes or No
Name of High School Attending:		
School Activities or Organizations you are involved in:  Please list and describe any previous volunteer experience _____ _____		

**PROGRAM  
INFORMATION**

Do you have any restrictions or problems that might interfere with your volunteer work?

Do you have any known allergies or asthma?

How did you find out about our Junior Volunteer Program?

Are you interested in a Medical Career?

If yes, what area?

Do you have any family members that currently work or volunteer at Sutter Tracy Community Hospital? If so, please list their names below:

\_\_\_\_\_

\_\_\_\_\_

Please state the reasons why you are interested in volunteering at Sutter Tracy Community Hospital.

Have you previously applied to the Junior Volunteer Program? If yes, when?

**Prospective Junior Volunteer Signature**

**CERTIFICATION:**

I certify that the answers given by me in the foregoing statements are correct and without omissions. I authorize Sutter Tracy Community Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. If, upon investigation any information contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. I certify the above is true to the best of my knowledge.

Signature of prospective volunteer: \_\_\_\_\_

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

**PARENT/ GUARDIAN INFORMATION**

My child \_\_\_\_\_ has my permission to become a Junior Volunteer at Sutter Tracy Community Hospital.

My child \_\_\_\_\_ has permission to have a tuberculin skin test. I understand that this is required to volunteer at Sutter Tracy Community Hospital. I also understand that if the skin test is positive, a chest x-ray will be ordered and a clearance from Sutter Tracy Community Hospital Employee Health Department (EHD) will be required. I authorize any other immunizations deemed necessary by Sutter Tracy Community Hospital.

**TERMINATION OF SERVICES:** I understand the following policy:

SUTTER TRACY COMMUNITY HOSPITAL reserves the right to terminate your child's service as a Junior Volunteer if the action is in the interest of the hospital and the volunteer. Such termination could result from:

Absences in excess of three (3) per year; consistent tardiness; irregular attendance; unexcused absences; disorderly conduct or insubordination; attitude or appearance unbecoming a member of Sutter Tracy Community Hospital; gross or willful neglect of duty or actions detrimental to Sutter Tracy Community Hospital or any other policy or procedure that is not adhered to.

I clearly understand the conditions of my child's membership.

Signature of Parent/Guardian: \_\_\_\_\_

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

## JUNIOR VOLUNTEER APPLICATION (part 2 of 2)

Please complete the following information:

1. Please check all the volunteer positions that interest you:

- |   |   |
|---|---|
| <input type="checkbox"/> Any open position              | <input type="checkbox"/> Clerical support |
| <input type="checkbox"/> Main Lobby                     | <input type="checkbox"/> Nursing unit     |
| <input type="checkbox"/> Volunteer Office Clerk/Floater |   |
| <input type="checkbox"/> Beverage Cart / Comfort Cart   |   |
| <input type="checkbox"/> Fundraising                    |   |

2. Hobbies, Skills, Interests: (i.e. play a musical instrument, photography etc.):

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3. Do you have any commitments such as travel, work, summer classes etc. that may affect your volunteer schedule? Please specify and include any dates that you would not be available.

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4. Please indicate in the chart below **all** day(s)/time(s) you are available to volunteer. Shift times may vary depending on department hours of operation.

Availability: (please put an **X** in all the shifts in which you will be available)

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Morning (8 – 12)							
Afternoon (12 – 4)							
Evening (4 - 8)							