

WELCOME TO THE KADLEC REGIONAL MEDICAL CENTER JUNIOR VOLUNTEER PROGRAM

The first step in becoming a Junior Volunteer for Kadlec Regional Medical Center is to complete the application. **You must attend an orientation/training. After online orientation training you will email your completed quiz to tammie.gilley@kadlec.org. You will then be contacted for instructions on health screening.** Both the applicant and parent/guardian should read the following information before making application to the program.

REQUIREMENTS

1. Must be at least 15 years of age and a sophomore in High School. May remain a Junior Volunteer through the summer following High School graduation.
2. Must have a sincere interest in community service.
3. Must be prepared to commit to six months volunteering and 100 hours. There is no weekly minimum number of hours.

SERVICES OPEN TO JUNIOR VOLUNTEERS INCLUDE:

*Gift shop	*Information Desks	Magazine Cart	Nursing Units	Pediatrics
*Patient Escort	*ED Cart Stocking	Free Standing ED	Clerical	Gardening

***These services are limited to those 16 years and older.**

Placement is determined by availability of openings in the various services. Training is provided on the floor. Junior volunteers usually work one service a week for 1-3 hours. Junior Volunteers wear a uniform and an ID badge when volunteering.

Seniors may apply for the \$2000 award presented annually by the Kadlec Auxiliary. One or two were awarded each year in the past and sent directly to their chosen college. Minimum hour requirement.

PLEASE KEEP THIS SHEET FOR FUTURE REFERENCE.

Date Received _____
FOR OFFICE USE ONLY



JUNIOR VOLUNTEER APPLICATION

Date

Last name

First name

Middle I.

Date of Birth

Address

City

State

ZIP

Home Phone #

Cell Phone #

Email Address

Emergency Contact Name and Phone #

School Attending

YEAR/GRADE

When do you expect to graduate? Year & Month

What organizations do you belong to?

REFERENCES (Must be signed & dated) One Reference must be either a teacher or a coach

1. _____
Name & Address

Telephone #

Signature

2. _____
Name & Address

Telephone #

Signature

KADLEC REGIONAL MEDICAL CENTER VOLUNTEER AGREEMENT

Kadlec Regional Medical Center has made a provision in our facility to provide volunteer service within the community. As a volunteer at Kadlec Regional Medical Center you are expected to act professionally at all times. Part of this expectation is that you will keep confidential all information pertaining to patients and others within the facility.

CONFIDENTIALITY STATEMENT

During the course of your activities at Kadlec Regional Medical Center you may have access to information which is confidential. The Law does not permit disclosure of confidential information.

Confidential Information includes, but is not limited to:

- Medical and certain other personal information about patients.
- Medical personnel and certain other information about employees.
- Medical Staff records and committee proceedings.
- Medical Center financial and operating data.
- Reports, policies and procedures, marketing or financial information, business & strategic plans, corporate minutes, electronic mail and other private or sensitive information related to the business or services of Kadlec Medical Center.

By my signature, I _____ (**PRINT NAME**) certify that I have been informed of and understand my responsibility in maintaining the confidentiality of all patients, personnel, and hospital information. I have read and agree to be bound by the conditions contained in this agreement. I understand that failure to comply may subject me to disciplinary action including legal action.

Signature

Date

VOLUNTEER AGREEMENT

My services are donated to Kadlec Regional Medical Center without contemplation of compensation or future employment, and given for humanitarian, religious and/or charitable reasons, and with the understanding that I serve for at least six months.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others. I will endeavor to make my work professional in quality.

I shall attempt to resolve any problems related to my volunteer activities with my supervisor. If that is unsuccessful, I will attempt to resolve any such problems with the Volunteer Coordinator.

I shall make my best effort to fulfill my commitment to KRMCM by completing all assignments that I accept.

I shall at all times uphold the philosophy and standards of Kadlec Regional Medical Center.

I agree to attend continuing education courses so that I can carry out my assignments more effectively.

I understand that the Volunteer Services department of KRMCM reserves the right to terminate my volunteer status as a result of, a) failure to comply with KRMCM policies, rules and regulations; b) absences without prior notification; c) unsatisfactory attitude, work or appearance; d) any other circumstances which would make my continued service as a volunteer contrary to the best interests of the hospital.

As a volunteer at Kadlec Regional Medical Center I have read each of the above conditions and I agree to be bound by them.

Signature

Date

FAILURE TO SIGN THIS DOCUMENT IN BOTH PLACES WILL RESULT IN YOUR APPLICATION FOR VOLUNTEER SERVICE AT KADLEC REGIONAL MEDICAL CENTER TO BE DECLINED.

February 2023

JUNIOR VOLUNTEER PARENTAL CONSENT FORM

I, (PRINT) _____, am the parent/guardian of _____
_____. I understand that my son/daughter would like to participate in the Junior Volunteer Program at Kadlec Regional Medical Center.

The purposes of this volunteer program are:

- To assist hospital staff and to contribute to the well-being of patients and visitors,
- To help young adults make career choices by offering experience in a hospital setting.

I understand that their services are donated to Kadlec Regional Medical Center without contemplation of compensation or future employment, and given for humanitarian, religious and/or charitable reasons, and with the understanding that they will serve for at least six months.

I understand that in order for my son/daughter to participate in the Junior Volunteer Program this parental consent must be signed and returned to the Volunteer Coordinator.

I agree that (PRINT) _____ may participate in the Junior Volunteer Program at Kadlec Regional Medical Center and that they will abide by all policies, procedures and regulations that will affect them as a volunteer.

Parent/Guardian's signature

Date

Last name

First name

Middle I.

Address

City

State

ZIP

Telephone #

HOME

Email

Telephone #

WORK

Telephone #

CELL