

Date Due May 29, 2009

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St. Bernards Medical Center
400 East Street, Jonesboro, AR 72401
JUNIOR VOLUNTEER APPLICATION
Ages 15 - 18

PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Age: \_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male: [ ] Female: [ ] email address: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Parent or Guardian with whom you reside: \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ PhoneNo: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ or (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone No: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone No: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Do you have relatives who work at St. Bernards [ ] Yes [ ] No If yes, who? \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_ were you a Jr. Volunteer last year? \_\_\_\_\_

Hobbies, Special Interests: \_\_\_\_\_

Why are you interested in doing volunteer work? \_\_\_\_\_

Are you interested in a medical career? [ ] Yes [ ] No If no, what is your ambition? \_\_\_\_\_

Do you have any physical limitations, health troubles or other disabilities, which will limit your assignment or your level of performance? [ ] Yes [ ] No If yes, please explain \_\_\_\_\_

Are you interested in working in a patient care area? [ ] Yes [ ] No

Are you interested in filing, collating or other office work as part of your volunteer assignment? [ ] Yes [ ] No

Which two days would you like to work? [ ] Monday and Wednesday [ ] Tuesday and Thursday [X] Fridays will be an education day and are mandatory as part of the program. Shifts are from 9:00 a.m. to 3:00 p.m.

If accepted, I agree to abide by the rules and regulations of the Auxiliary Office, St. Bernards, and to be regular in attendance. I understand that if my performance is unsatisfactory, my participation in the program will be discontinued.

Mail to: St. Bernards Development Foundation
400 East Street
Jonesboro, AR 72401

Signature

Parent or Guardian Signature

- Please give (3) ADULT references

Table with 2 columns: Name, Telephone # and 3 rows for references.

Polo Shirt Size [ ] XS [ ] S [ ] M [ ] L [ ] XL

(See Other Side)

## JUNIOR VOLUNTEER AGREEMENT

Welcome! to St. Bernards Medical Center. In order to make your participation in our program pleasant and rewarding, we must have clearly defined guidelines for conduct. Please read this agreement carefully, sign below, along with your parent or guardian, before returning to the Junior Volunteer Program Director.

### As a Junior Volunteer at St. Bernards Regional Medical Center, I agree:

1. To perform my assigned duties in such a manner that I will reflect credit upon the Junior Volunteer Program and myself.
2. To be dependable through regular attendance and reporting to work on time. I also will follow through on my commitments.
3. To learn as much as I can about the hospital, my job, and to ask questions if I don't understand.
4. To walk and talk quietly so as not to disturb patients.
5. To be courteous to patients as well as to those with whom I work. I'll listen to others, think of others, and help others.
6. To be well groomed and pleasant, with a friendly smile for everyone. The uniform consists of kaki or black pants / skirt, (no minis), Jr. Volunteer Polo Shirt.
7. To honor the confidentiality of information by not discussing patients in or out of the hospital. I also understand that I must not discuss illness with patient.
8. To refrain from trying to get free medical advise from doctors and nurses for others or myself.
9. To abstain from chatting or visiting with others except in the line of duty or during scheduled breaks.
10. To refrain from making personal phone calls, eating, drinking, chewing gum, or smoking while on duty.
11. To honor the public waiting areas as off-limits.
12. To remain on the St. Bernards campus during scheduled hours unless accompanied by a parent.
13. To report to the receptionist at the Auxiliary Office if I do not have assigned duties in my work area.
14. To accept guidance and counseling from the office of St. Bernards Auxiliary and my designated supervisor.
15. To **notify** the St. Bernards Development Foundation, 336-5009, and your **Station Supervisor**, in advance in case of necessary absence.
16. To complete the Junior Volunteer Program (work from the beginning date until the ending date of the program).

Junior Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION ON BACK**