

# Volunteer Application

## High School Student

(Age 15-18)



Dear Student,

Thank you for your interest in the "Student Volunteer Program" at Mercy Medical Center Merced. We appreciate students like you, who take the time to serve the needs of our community, hospital, and staff.

Included in this application is a fact sheet to help answer any questions you might have. Please return the completed application, two letters of recommendation, and the parental consent form to the volunteer desk located just inside the hospital's main lobby entrance. Or mail them to:

Janice Wilkerson  
MMCM Volunteer Advisor  
333 Mercy Avenue  
Merced, CA 95340

Once all the necessary paperwork has been received, we will call you to set up a time for an interview and orientation.

If you have further questions, or would like additional information, please feel free to call or leave a message with either:

Janice Wilkerson, Volunteer Advisor  
209.564.5007

or

Jan Sorge, Student Advisor  
209.769.1884

Sincerely,

Janice Wilkerson  
Volunteer Advisor

*(Students keep this page.)*

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## High School Student

*(Age 15-18)*

### **Requirements:**

1. Students must be between the ages of 15 and 18 years.
2. Must have a parental “consent to volunteer” form signed.
3. Have two written letters of recommendation with at least one from a current teacher indicating school work performance.
4. Complete a student volunteer application.
5. Attend an orientation.
6. Must present verification of, or submit to a TB skin test and immunization records/status.

### **As a student volunteer you will be required to:**

1. Wear the required uniform, which you purchase.
2. Work a minimum of 8 hours per months.

### **We expect our student volunteers to:**

1. Be prompt for your shift and dependable.
2. Accept supervision with a positive attitude.
3. Maintain a high standard of conduct around the hospital and its employees.
4. Be honest and cooperative.
5. Observe all hospital rules and regulations and the bylaws of the Volunteers of Mercy.

### **As a student volunteer you may:**

1. Provide messenger and delivery service.
2. Give clerical assistance.
3. Deliver patient flowers/mail.
4. Be a tour guide.
5. Support the staff and volunteers of Mercy Hospital in any other needs that may be requested.

For additional information contact Janice Wilkerson, Volunteer Advisor **209.564.5007**.

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## High School Student

(Age 15-18)

Date: \_\_\_\_\_ Gender: M or F \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Month/Day/Year*

Name: \_\_\_\_\_  
*Last First Middle Initial*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Cell Provider: \_\_\_\_\_  
*(Ex. AT&T, Verizon)*

Email: \_\_\_\_\_  
*(This will be used to text you from our computers)*

School: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Name: \_\_\_\_\_  
*Father's Name Home Phone Work Phone Cell Phone*

Name: \_\_\_\_\_  
*Mother's Name Home Phone Work Phone Cell Phone*

### IN CASE OF AN EMERGENCY CONTACT

Name: \_\_\_\_\_  
*Home Phone Work Phone Cell Phone*

Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_

*\*\* The emergency contact can be a parent/guardian listed above.*

### Weekly Time Available

*Check times that you are available weekly.*

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning Shift (8am-12pm)							
Afternoon Shift (12pm-4pm)							
Evening Shift (4pm-8pm)							

## VOLUNTEER EXPERIENCE

Describe any prior volunteer experience: \_\_\_\_\_

\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

\_\_\_\_\_

## SKILLS AND INTERESTS

What are your career plans? \_\_\_\_\_

\_\_\_\_\_

What are your hobbies? \_\_\_\_\_

\_\_\_\_\_

List all your school activities: \_\_\_\_\_

\_\_\_\_\_

List all other activities: \_\_\_\_\_

\_\_\_\_\_

List all languages that you speak: \_\_\_\_\_

\_\_\_\_\_

Do you have a part-time job?

Company: \_\_\_\_\_

Work days and hours: \_\_\_\_\_

**ALL NEW VOLUNTEERS, PLEASE READ AND COMPLETE THE FOLLOWING:**

**IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:**

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel and not seek to obtain confidential information via the hospital computer system, from a patient, or from other personnel.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, both on or off of hospital property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the director of volunteer services.
4. I shall not promote nor sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the director of volunteer services to engage in these activities.
5. I shall submit to examinations, which may include chest x-rays, TB skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my doctor(s) to furnish the hospital information concerning my health. I also authorize the person(s) making tests or x-ray films to report the results to the hospital.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the director of volunteer services.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the mission, philosophy and standards of the hospital.
10. I understand that the volunteer services department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude work or appearance or (d) any other circumstances which, in the judgement of the department director, would make my continued service as a volunteer contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them.

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*Print Volunteer Name*

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*Volunteer Signature*

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*Date*

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*Volunteer Parent Signature*  
*(If Volunteer is Under Age 18)*

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*Date*