

Youth Volunteer Program Guidelines and Application

Thank you for your interest in volunteering at St. Mary Medical Center, Long Beach, CA. Volunteering can be an enjoyable experience, but it is also a serious commitment. We look forward to sharing this outstanding opportunity with you. We welcome you to our team of healthcare professionals, dedicated to improving the quality of life and health of the people we serve.

Requirements:

- **Must provide a copy of your Covid-19 Vaccination Card that includes one booster or declination.**
- Current high school students who are at least **15 years old. Return the completed application (incomplete applications will not be considered).** Application must be completed by the teen applicant.
- Minimum GPA of 2.75. Provide a copy of the student's transcript (no exceptions).
- Submit three letters of recommendations or complete the attached forms from a teacher or academic counselor (included in the application packet).
- **A minimum of one, set of four hour shifts per week** is required along with a **One year commitment.** Volunteer hours cannot be verified until you reach 100 hours of service.
- Complete a personal interview with Volunteer Services staff. (Interviews are scheduled **after** completed applications are reviewed.)
- **St. Mary Medical Center Employee Health provides the TB screening at no charge to the volunteer.** The application includes a TB consent form for a parent to sign. Copy of the current immunization record is required including a current flu shot record.
- Attend Youth Volunteer Orientation as scheduled to complete the privacy policy paperwork.
- Volunteers must be able to speak, read and write in English (knowledge of a second language is a plus).

Please feel free to contact the Volunteer Services office, St. Mary Medical Center,
562.491.9766

Sincerely,

Kim Whitsett
Volunteer Services Coordinator
562.491.9766
Kim.Whitsett@commonspirit.org

Rev. Stanley Kim
Director of Mission Integration
562.491.9680
Stanley.kim@commonspirit.org

Volunteer Shift Assignments

- Youth Volunteers(YV) may not arrive at the hospital more than 30 minutes before their assignment and must be picked up no later than 30 minutes after the conclusion of their assignments.
- Youth Volunteers are required to sign in and out when they arrive or depart from their shift assignment.
- YVs **may not** have personal visitors during their volunteer shift (**no exceptions**).
- YVs are assigned to a specific area, and may not change work areas without authorization from the Volunteer Services Department.

Absences

- YVs are allowed 3 excused absences. Please see the attached Absence Policy for the specific details.

Meals

- Every Youth Volunteers may enjoy a complimentary meal from the Café during cafeteria hours. Please enjoy your meal **before or after** a four hour shift.
- **Food is not permitted at the lobby desks or in patient room areas.** Food may be enjoyed in the Cafeteria or at the Volunteer Office.

Electronics and Cell Phones

- A signed cell phone and electronics policy acknowledgement is required and on file with the Volunteer Office.
- **Cell phones or electronics (iPads, tablets, earbuds or PCs)** may not be used during the volunteer shift. Please leave them in your backpacks or at home.
- **All backpacks will be stored in the Volunteer Office.**
- **Use of above mentioned electronics will result in a warning for the first time but the 2nd offense will require a conversation with the parent or if necessary, will terminate the volunteer opportunity.**

Uniform

- Youth Volunteers are to present themselves in attire that looks professional and conveys dignity. It is expected that staff will dress in neat, appropriate clothing that relates to their role in the organization as well as to other people's reaction to their image as a professional member of the Volunteer Services.
- Uniforms are free for the first time. If another uniform is needed, the cost will be upon the youth volunteer.
- SMMC requires the purple uniform smock or polo shirt to be worn during all shifts.
- White, Khaki or Black pants may be worn. Ripped clothing, hoodies and blue jeans are unacceptable.
- Long sleeved solid color shirts can be worn **underneath** smocks or polos.
- Jackets and hoodies **may not be worn** in the hospital over/under the uniform.
- Shoes must be close-toed with rubber soles. No heels or sandals may be worn.
- Name badge provided by the hospital must be worn on the left chest area at all times during shift.
- Hair should be neat and well-groomed.
- Hats, caps, bandanas may not be worn.
- No fake nails or too much jewelry may be worn.
- The Director reserves the right in all situations to decide whether any youth volunteer is in violation of this policy.

PLEASE NOTE: If the Youth Volunteer arrives dressed inappropriately they will not be able to volunteer that day.

Badges

- The hospital ID badge must be attached to the collar of your volunteer shirt or to an ID lanyard and must be visible at all times while you are on volunteer duty. **The badge is hospital property and must be returned upon termination or resignation of volunteering.**

| | |
|----------------------|------------|
| For Office Use Only: | |
| Application Rec'd: | _____ |
| Called _____ | L/M _____ |
| Interview: | |
| Time _____ | Date _____ |

Volunteer Services Application

Personal Information

| | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|---------------|-----------------------|--|----------------|--|-----|
| Name: Last | | | | First | | Middle | | |
| Address: Street & No. | | Apt. # | | City/Town | | State | | Zip |
| Home Telephone: | | Alternate Telephone: | | Student's Cell Phone: | | Date of Birth: | | |
| Parent Email: | | | | Student's Email: | | | | |
| Your parent or guardian's signature is required. See page 3. | | | | | | | | |
| Have you ever volunteered at St. Mary Medical Center? When? What Department? Why did you leave? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | |
| In case of emergency, whom should we contact? | | | | | | | | |
| Name: | | | Relationship: | | | Phone: | | |

Tell Us About Yourself

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Day(s) you are available to volunteer? (circle) <div style="text-align: center; font-weight: bold; letter-spacing: 1em;">M T W TH F SA SU</div> | What area are you most interested in? (circle) Patient/Staff Support Administrative/Clerical |
| Please check the time(s) you are available: <input type="checkbox"/> 8-12 <input type="checkbox"/> 12-4 PM <input type="checkbox"/> 4-8 PM | What population would you like to work with? (circle) Teens Adults Seniors No Preference |
| What departments or programs are you most interested in? <hr/> <hr/> | Do you speak another language? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what language? <hr/> |
| Have you ever been convicted of a crime (s), misdemeanor (s) or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes please give date (s) and details: <hr/> <hr/> <hr/> | How did you learn about the St. Mary Volunteer Program? <hr/> Do you have any physical, mental or medical condition, which would limit your ability to perform functions of a volunteer job? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe: <hr/> <hr/> <hr/> |

Are you volunteering for the summer only? YES NO

Employment Or Volunteer Experience Information

Please list any work and/or volunteer position(s) you have held.
 Include company/institution and supervisor's name. Please list most current positions first.
 If you have never worked or volunteered in the past, please go to the next section.

| Employer/Volunteer Org. | From | To | Position and Duties | Reason for Leaving |
|-------------------------------|-----------------|----|-------------------------------------------------------------------------------------|--------------------|
| Company or Organization Name: | | | Position: | |
| Address: | City and State: | | Duties: | |
| Name and Title of Supervisor: | Telephone: | | May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| Employer/Volunteer Org. | From | To | Position and Duties | Reason for leaving |
|-------------------------------|-----------------|----|-------------------------------------------------------------------------------------|--------------------|
| Company or Organization Name: | | | Position: | |
| Address: | City and State: | | Duties: | |
| Name and Title of Supervisor | Telephone: | | May we contact him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| *If you have never worked or volunteered please list one academic or non-personal reference (i.e. teacher, guidance counselor, pastor, rabbi, etc.): | |
| Name: | Relationship (i.e. teacher, pastor, etc.): |
| Phone Number: | *Your reference cannot be someone you are related to. |

Education Information

| | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Which high school do you attend? <hr/> School Location: | What grade are you in? <hr/> What is your GPA average (ie A, 3.0, 85%, etc.)? <hr/> Please provide your transcript. |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

Please Go To Next Page

Personal Statement

In a brief paragraph please describe why you are interested in volunteering at St. Mary Medical Center:

- I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me, or will cause immediate termination of my volunteer assignment. I authorize St. Mary Medical Center Volunteer Services Department to fully investigate my references.
- I understand that in accordance with St. Mary Medical Center, volunteer placement is conditional upon satisfactory clearance by the criminal background check.
- I hereby agree that I will keep confidential all materials I may read or learn about during my work here as a volunteer. In this regard, I will only discuss this information with appropriate staff and will never, under any circumstances, reveal the name of a patient.

Signature:

Date:

St. Mary Medical Center Volunteer Opportunities

PLEASE NOTE THAT THIS APPLICATION MUST BE THOROUGHLY COMPLETED.

St. Mary Youth Volunteer Program Immunization History

Name: _____

MMR Vaccine #1 Date: _____

MMR Vaccine #2 Date: _____

Chicken Pox Vaccine #1 Date: _____

Chicken Pox Vaccine #2 Date: _____

OR

Chicken Pox disease verified in writing by MD, with copy attached

Date of Verification: _____ Yes No

Copies of all immunization records attached? Yes No

You must attach a copy of your immunization records to this form.

TB Screening Test and Flu Shot – Parental Consent

In compliance with regulatory requirements and hospital policy, Youth Volunteers are required to have an *annual* flu shot and TB Screening Test in the form of a blood draw in order to participate in the program. The youth volunteers may use any local Dignity Health lab for the test. Please obtain the lab order from the volunteer office.

By signing this form I, as parent/guardian of this student, am authorizing the St. Mary Medical Center Employee Health Department representative to administer this test annually. _____ has my permission to receive the TB Screening Blood Draw test from the staff of Employee Health of any Dignity Health facility.

Parent Signature: _____ Date: _____

Print Name: _____

Student Signature: _____

Print Name: _____

Address: _____

Phone: _____



St. Mary Youth Volunteer Program Agreement

The above requirements must be met in order to participate in the Youth Volunteer program at St. Mary Medical Center. Applicants who do not comply with these requirements, or who return incomplete information, will not be invited to participate.

Additionally, your status as a volunteer may be dismissed at any time if you fail to follow the policies and procedures of SMMC, and those of the Department of Volunteer Services. You may also be dismissed for absences without notice, for unsatisfactory attitude, poor work habits, or appearance, and any other circumstances, which could be harmful to the best interests of SMMC and/or the volunteer program.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____



Absence Policy Acknowledgement Form

Volunteer Services exists to meet the service needs of St. Mary Medical Center.

Our mission is accomplished through the dedicated support and service of our many wonderful volunteers, who are an important part of our health care team.

Because we strive to serve the patients, families, and staff at St. Mary effectively and committedly, your presence is essential. **Please review, sign and return** the absence policy, as it will be effective immediately:

- **Excused Absences:** Prior to the shift, the teen's parent/guardian notifies the volunteer office that a shift will be missed. Excessive absences will result in dismissal from the program.
- **Planned Absences:** Please inform the Volunteer Office and complete the absence form if you have a planned absence.
- **Unexcused Absences:** This is a no call and a no show situation. If a youth volunteer misses two shifts, without notifying the Volunteer Office, he/she/they will be dismissed. If the youth volunteer is sent home due to a dress code violation, it will be an unexcused absence.
- **Tardies:** If a youth volunteer will be late for a shift, the Volunteer Office should be contacted. Otherwise, we will assume the youth volunteer is absent without contacting the Volunteer Office.

Thank you for your understanding regarding our policy. We are striving to provide the best care possible for our families and patients, and the commitment of every volunteer is vital to that goal.

Volunteer Services Office

Please sign below, indicating your compliance with our revised absence policy.

I acknowledge that I understand and will comply with the St. Mary Medical Center Volunteer Services absence policy and understand that it represents the policy of the Department.

If I have any questions about the policy, I may contact the Volunteer Services Office at 562.491.9766

Youth Volunteer Name (Printed)

Signature of Applicant

Signature of Parent/Guardian

Date: _____

Date: _____

Electronic Device Usage Policy Acknowledgement Form

Dear St. Mary Medical Center Youth Volunteer and Parents:

Volunteer Services exists to meet the service needs of St. Mary Medical Center. Our mission is accomplished through the dedicated support and service of our many wonderful volunteers, who are an important part of our health care team.

Because we always want to create a positive impression and because service is our first priority, our office would like to remind you that **cell phone, PC or tablet use is not allowed while volunteers are on duty**. By creating a negative first impression for our patients, visitors, and families, this violates our Core Service of Dignity and can be a distraction for the volunteer from service. If a teen is caught utilizing an electronic device while on duty, the following protocol will apply.

- The first time a volunteer is verbally warned.
- The second time, he/she/they will be **sent home for the remainder of the shift**.
- The third time a volunteer is caught with a device, he/she **will be dismissed from the program**.

If the teen has a cell phone or electronic device during his/her shift, the item should be stored in the volunteer's bag and set to silent with all notifications turned off.

Thank you for your understanding regarding our policy. We are striving to provide the best care possible for our families and patients, and making sure that cell phones are not a distraction for our volunteers will be a great help in this.

Volunteer Services Office

Please sign below, indicating your compliance with our cell-phone and electronics usage policy.

I acknowledge that I understand and will comply with the St. Mary Medical Center Volunteer Services Electronic Device usage policy and understand that it represents the policy of the Department.

If I have any questions about the policy, I may contact the Volunteer Services Office at 562.491.9766.

Youth Volunteer Name (Printed)

Date:

Signature of Youth Volunteer

Date:

Signature of Parent/Guardian

St. Mary Youth Volunteer PROGRAM

Name of Applicant: _____ Age: _____

Recommendation

(Teacher, Counselor, Pastor, Coach)

The above-named student is applying to be a volunteer at St. Mary Medical Center. In compliance with The Joint Commission and Dignity Health, each student is required to submit three references in order to participate in the Youth Volunteer Program. Please complete and return this form in a **sealed envelope**, as it becomes part of the student's application packet.

Date: _____

Print Name

Position: _____

Signature

Organization: _____

Phone: _____

| | Excellent | Above Average | Average | Below Average | Unsatisfactory |
|----------------------------------|-----------|---------------|---------|---------------|----------------|
| Attendance | | | | | |
| Ability to get along with others | | | | | |
| Dependability | | | | | |
| Follows instructions | | | | | |

Do you have any concerns about this student in regards to honesty, integrity or confidentiality?

Yes No

Additional comments:



St. Mary Youth Volunteer PROGRAM

Name of Applicant: _____ Age: _____

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| Dependability | | | | | |
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Do you have any concerns about this student in regards to honesty, integrity or confidentiality?

Yes No

Additional comments:

St. Mary Youth Volunteer PROGRAM

Name of Applicant: _____ Age: _____

Recommendation (Teacher, Counselor, Pastor, Coach)

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| Attendance | | | | | |
| Ability to get along with others | | | | | |
| Dependability | | | | | |
| Follows instructions | | | | | |

Do you have any concerns about this student in regards to honesty, integrity or confidentiality?

Yes No

Additional comments:
