

VolunTEEN Program Guidelines and Application

Thank you for your interest in volunteering at Marian Regional Medical Center/Arroyo Grande Community Hospital. 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 health care professionals, dedicated to improving the quality of life and health of the people they serve.

Requirements:

- **Must provide a copy of your Covid-19 Vaccination Card that includes one booster.**
- 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 G.P.A. of 2.75. Provide a copy of the student's transcript (no exceptions).
- Submit 3 letters of recommendations or complete the attached forms from a teacher or academic counselor (included in the application packet).
- A **minimum of one 4-hour shift per week** is required along with a **One-year commitment.** More than one shift a week is permitted.
- Complete a personal interview with Volunteer Services staff. (Interviews are scheduled **after** completed applications are reviewed.)
- **MRMC/AGCH provides the TB screening at no charge to the volunteer.** The application includes a TB consent form for a parent to sign. Copy of current immunization record is required including flu shot record.
- Attend VolunTEEN 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: Marian 805.739.3520.

Sincerely,

Colleen Twomey
Manager, Volunteer Services
Colleen.twomey@dignityhealth.org
805-739-3940

Debbi Casterline
Volunteer Services Specialist
Debbi.casterline@dignityhealth.org
805-739-3520

VolunTEEN GUIDELINES

Volunteer Shift Assignments

- VolunTEENS 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.
- VolunTEENS are required to sign in and out when they arrive or depart from their shift assignment.
- Teens **may not** have personal visitors during their volunteer shift (**no exceptions**).
- Teens are assigned to a specific area, and may not change work areas without authorization from the Volunteer Services Department.

Absences

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

Meals

- Every volunteer may enjoy a complimentary meal from the Café. Please enjoy your meal **before or after** a four hour shift. A ten minute break is allowed during your four hour shift.
- **Food is not permitted at the lobby desks or in patient room areas.** Food may be enjoyed in the Marian Café, AG Cafeteria or 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 or PCs)** may not be used during the volunteer shift. Please leave them in your backpacks or at home.

Uniform *:

- Uniform fee is \$20.
- MRMC requires the purple uniform smock or polo shirt to be worn during all shifts.
- Khaki or black pants may be worn. Ripped clothing, hoodies and blue jeans are acceptable.
- Long sleeved solid black or white shirts can be worn **underneath** smocks or polos.
- Jackets **may not be worn** in the hospital over 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 at all times during shift.
- Hair: neat and well-groomed
- Hats, caps, bandanas may not be worn.
- Tattoos are not to be visible.

***PLEASE NOTE: If the volunTEEN 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 _____

PERSONAL INFORMATION

Name:		Last	First	Middle	
Address:		Street & No.	Apt. #	City/Town	State Zip
Home Telephone No.	Alternate Telephone No.	Student's Cell Phone No.		Date of Birth:	
Parent Email:		Student's Email:			
Your parent or guardian's signature is required. See page 3.					
Have you ever volunteered at Marian Regional 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) M T W TH F SA SU	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? _____
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 Marian's 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/>
Please note: Disclosure of a criminal record will not automatically disqualify you from volunteer consideration. Additionally, falsification or omission of information on this application may result in immediate dismissal.	
Are you volunteering for the summer only? <input type="checkbox"/> YES <input type="checkbox"/> NO	

⇒ Please Go To Next Page. ⇒

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 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 school do you attend? _____ School Location: _____ _____	What grade are you in? _____ What is your G.P.A. average (i.e. A, 3.0, 85%, etc.)? (Please provide your transcript.) _____ _____
---	--

⇒Please Go To Next Page.⇒

PERSONAL STATEMENT

In a brief paragraph please describe why you are interested in volunteering at Marian Regional 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 Marian Regional Medical Center Volunteer Services Department to fully investigate my references.
- I understand that in accordance with Marian Regional 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. .

Student Signature: _____ Date: _____

Parent / Guardian Signature _____ Date: _____

http://www.marianmedicalcenter.org/Volunteer_Information

PLEASE NOTE THAT THIS APPLICATION MUST BE THOROUGHLY COMPLETED.

**VolunTEEN 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, 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 VolunTEEN 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 Marian Regional Medical Center Laboratory Services Department representative to administer this test *annually*.

_____ has my permission to receive the TB Screening Blood Draw test from the staff of Laboratory Services of any Dignity Health Lab facility.

Parent Signature: _____ Date: _____

Print Name: _____

Student Signature: _____

Print Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

VolunTEEN Program AGREEMENT

The above requirements must be met in order to participate in the VolunTeen program at Marian Regional Medical Center/Arroyo Grande Community Hospital. 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 terminated at any time if you fail to follow the policies and procedures of MRMC/AGCH, 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 MRMC/AGCH 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 Marian Regional Medical Center/Arroyo Grande Community Hospital. 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 Marian 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 Volunteer misses 2 shifts, without notifying the Volunteer Office, he/she will be dismissed. If the Volunteer is sent home due to a dress code violation, it will be an unexcused absence.
- **TARDIES:** If a Volunteer will be late for a shift, the Volunteer Office should be contacted. Otherwise, we will assume the 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 Marian/Arroyo Grande 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 805.739.3520.

VolunTeen Name (Printed)

Signature of VolunTeen

Date: _____

Signature of Parent/Guardian

Date: _____

Electronic Device Usage Policy

Acknowledgement Form

Dear Marian/Arroyo Grande VolunTeen and Parents:

Volunteer Services exists to meet the service needs of Marian Regional Medical Center/Arroyo Grande Community Hospital. 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 will be **sent home for the remainder of the shift**.
- The third time a volunteer is caught with a device, he/she **will be excused 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 Marian/Arroyo Grande 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 805.739.3520 or 805.994.5462.

VolunTeen Name (Printed)

Signature of VolunTeen

Date: _____

Signature of Parent/Guardian

Date: _____

VolunTEEN PROGRAM

NAME OF APPLICANT: _____ AGE: _____

RECOMMENDATION (Teacher, Counselor, Pastor, Coach)

The above-named student is applying to be a volunteer at Marian Regional Medical Center/Arroyo Grande Community Hospital. In compliance with The Joint Commission and Dignity Health, each student is required to submit three references in order to participate in the VolunTeen 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: _____

Daytime 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: _____

VolunTEEN PROGRAM

NAME OF APPLICANT: _____ AGE: _____

RECOMMENDATION (Teacher, Counselor, Pastor, Coach)

The above-named student is applying to be a volunteer at Marian Regional Medical Center/Arroyo Grande Community Hospital. In compliance with The Joint Commission and Dignity Health, each student is required to submit three references in order to participate in the VolunTeen 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: _____

Daytime 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: _____

VolunTEEN PROGRAM

NAME OF APPLICANT: _____ AGE: _____

RECOMMENDATION (Teacher, Counselor, Pastor, Coach)

The above-named student is applying to be a volunteer at Marian Regional Medical Center/Arroyo Grande Community Hospital. In compliance with The Joint Commission and Dignity Health, each student is required to submit three references in order to participate in the VolunTeen 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: _____

Daytime 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: _____
