

Volunteer Services

Student Volunteer Application

Dear Student Volunteer,

Thank you for your interest in the volunteer opportunities at Dignity Health - Glendale Memorial Hospital and Health Center (GMHHC). Please carefully review the enclosed application materials and general information regarding volunteering at our hospital. This will be your initial source of general information regarding your responsibilities as a volunteer at Glendale Memorial Hospital.

As a volunteer, you will have the opportunity to learn many things from this healthcare environment of caring, commitment and responsibility. You will gain valuable work experiences for college, resumes, and employment applications, while simultaneously accruing the volunteer hours needed to meet your school or community service requirements.

Volunteering can be fun, but it is also a serious commitment. Therefore, we ask that you only offer your services if you intend to do your best, have the time and ability to do so, and can accept guidance and supervision with enthusiasm. We receive significantly more applications than we have volunteer positions available, therefore, we may not be able to accommodate your request to volunteer with us.

Your parent or guardian must approve your volunteer participation, and you must provide a written recommendation from a teacher or school counselor. Once your application and necessary paperwork have been reviewed and approved, and if we are able to reasonably fulfill your request, you will be contacted regarding volunteer orientation.

Please complete and return the enclosed forms. If you have additional questions, feel free to contact the volunteer office by phone at (818) 502-2373.

Sincerely,

Michelle L. Alan Galanti

Michelle L. Alan Galanti, MA
Director of Cardiology, Transportation, Patient Experience & Volunteer Services
Encl: Application Package



Volunteer Services
1420 South Central Avenue
Glendale, CA 91204-2594
(818) 502-2373
(818) 409-7781 Facsimile

STUDENT VOLUNTEER PROGRAM ELIGIBILITY AND REQUIREMENTS

The following items must be met in order to participate in our Student Volunteer Program. Please review them carefully, and share them with your parent(s) or guardian(s).

To participate in the Student Volunteer Program you must be attending high school in grades 9 through 12 and between the ages of 16-18.

1. You are required to complete the Volunteer Application and Personal Statement and return it to the volunteer department along with your completed application.
2. You must have a parent or guardian read and sign the Parental Consent Form and return it with your completed volunteer application.
3. You must attend the general orientation presented by the volunteer department before you begin volunteering.
4. Student Volunteers may be scheduled to volunteer between the hours of 8:00 AM to 8:00 PM, seven days a week. Your schedule will be customized according to your school and family responsibilities.
5. You must obtain a recommendation from one of your teachers or your guidance counselor (a non-related source). Give the "Teacher Reference form" included in this package to a schoolteacher, or your guidance counselor, and be sure that it is completed and returned to the volunteer office with your application. You may not have any "U" s in cooperation or citizenship in the current school year, and you must have at least a 2.0 grade point average ("C") in order to participate in our program.
6. **You must be able to maintain a regular schedule of at least 4 hours per week, for 3 months or more.** We cannot accept students who are not able to volunteer for the minimum amount of required time. We will provide, at your request, a report of your hours for school or any other community service requirement, once you have completed the minimum requirement of 100 hours or more.
7. You must be in good general health. All volunteers must have a TB test annually. Documentation of immunization or proof of immunity is required for measles, mumps, rubella, Varicella (chickenpox) and Hepatitis B.
8. We do not place individuals in volunteer service to be trained for paid positions.
9. Volunteers must have the ability to keep patient information, conversations, and observations confidential.
10. Volunteers must demonstrate a willingness to help staff, patients, visitors, physicians and other volunteers whenever possible.
11. Volunteers must have the ability to use good judgement in unusual circumstances.

12. Volunteers must have good communication skills to be able to communicate with patients, visitors, physicians and other volunteers whenever possible.
13. Volunteers must be able to speak, read and write in English (knowledge of a second language is a plus).
14. Volunteers must be reliable. If unable to be present, you are required to call your assigned supervisor, **and** the Volunteer Office.
15. All volunteers must demonstrate an appropriate and positive manner of behavior and communications skills with all persons at all times, including guests, staff, vendors, and other volunteers.
16. Volunteers may be required to withstand long periods of walking and standing.
17. Volunteers work under the direction and supervision of paid staff and do not earn or collect a salary from the hospital, or the department where they volunteer. Volunteers are not to accept tips, gifts or bribes from patients and visitors.
18. You will be required to wear a volunteer uniform. The uniform consists of a volunteer polo shirt that you will wear with **white full-length pants**. Your pants may not drag on the floor. Your shoes must be white and have a closed toe and heel. Shoelaces must be white and tied. You will be required to purchase your own uniform top from the volunteer department for \$20.00. All items of clothing and shoes must be neat and clean.
White Jeans, skirts and skorts are not permitted as part of the uniform.
19. A small amount of jewelry may be worn. For example: a wristwatch, ring, and small pair of earrings. Large hoops or long dangling earrings or heavy chains are not permitted.
22. Hats, caps, bandanas may not be worn as part of the uniform.
23. **NOT PERMITTED:** Facial piercings, visible tattoos, pierced ear ornaments
24. You must be clean shaven, no beards or mustaches unless by religious exemption.
23. You will be issued a photo identification badge at the beginning of your volunteer service. The badge must be worn attached to the right collar edge and must be visible at all times while you are on volunteer duty.
24. Volunteers must be dependable, honest, and willing to take direction to perform assigned volunteer duties.
25. Student volunteers are not allowed to leave the hospital premises while they are performing their duties or completing their hours.

Student volunteers are not to escort or discharge patients off of the GMHHC main campus. They are not to accompany patients while on volunteer duty to the parking structure or medical office buildings across the street.

The above requirements must be met in order to participate in the Student Volunteer Program at Glendale Memorial Hospital. Students who do not comply with these requirements, or who return incomplete information, will not be invited to participate.

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

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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STUDENT VOLUNTEER APPLICATION: GRADES 9-12

TODAY'S DATE:		DATE AVAILABLE TO START:	
LAST NAME		FIRST	MI
STREET ADDRESS			
CITY		ZIP CODE	
HOME PHONE		CELL PHONE	
E-MAIL ADDRESS		OTHER	
DATE OF BIRTH:	MONTH	DAY	YEAR
SOCIAL SECURITY NO.			
PARENT/GUARDIAN EMERGENCY CONTACT INFO:			
NAME		RELATIONSHIP	
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	CELL PHONE	
SCHOOL INFO			
SCHOOL		ADDRESS	
PHONE	GRADUATION YEAR	GPA	
ARE YOU VOLUNTEERING TO FULFILL A CLASS REQUIREMENT FOR COMMUNITY SERVICE CREDITS? YES NO			
IF YES, NUMBER OF HOURS REQUIRED		REQUIRED DATE OF COMPLETION	
NAME OF SCHOOL, CLASS, OR OTHER ORGANIZATION REQUIRING THESE COMMUNITY SERVICE HOURS:			
Volunteers may be asked to assist staff with translating information to patients/families. If you are willing to assist with translation, please complete this section.			
Language:		Can you read/write in this language? Yes No	
Language:		Can you read/write in this language? Yes No	

How did you learn about the volunteer program at Glendale Memorial Hospital?							
Previous or current volunteer experience?							
How long are you willing to volunteer?		3-6 mos.		6-12 mos.		12 mos. or more	
Volunteer shifts are blocks of four hours Sun-Sat 8am to 8pm							
Please circle the days, and indicate the time of day, you would like to volunteer:							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TIME							
Preference of Volunteer Service: Patient Care				Clerical/Office Support Department:			
Skills or Experience:							
Do you have family or friends who work or volunteer in our medical center? Yes No							
If so, who?				Where?			
VOLUNTEER AGREEMENT AND CERTIFICATE OF INFORMATION							
Believing that Glendale Memorial Hospital and Health Center (herein referred to as GMHHC) has need of my volunteer services I agree to:							
<ul style="list-style-type: none"> • Hold as absolutely confidential all privileged, and or sensitive information, which I may obtain directly, or indirectly concerning Glendale Memorial Hospital and Health Center, its patients/families, staff and volunteers. • Donate my personal time to Glendale Memorial Hospital and Health Center without contemplation of compensation, or future employment. 							
I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize GMHHC to investigate and or verify the foregoing information, and any other information, which might assist them in determining my qualifications for volunteering. I release GMHHC and my former employers, and all others from liability from damage that may result from such investigation, if upon, such investigation, anything contained in this application is found to be untrue. I further agree to comply with the policies and procedures, as well as safety practices in all areas of GMHHC. I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of GMHHC including those of the Volunteer Services Department, for absence without notification, for reasons of unsatisfactory attitude, work, personal appearance, and for any other circumstances which, in the judgement of GMHHC would make my continued service as a volunteer contrary to their best interests.							
ANY PERSON WHO KNOWINGLY GIVES FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE DISMISSAL. A criminal record does not automatically disqualify you as a volunteer.							
Printed Name							
Signature				Date			
Parents' Signature:				Date			
Are you obligated to fulfill court ordered community service				YES	NO		
Have you ever been convicted of a criminal offense (Misdemeanor or Felony)?				YES	NO		
Do you have any charges pending against you that are unresolved?				YES	NO		
Explain each YES answer:							



Dignity Health.
 Glendale Memorial Hospital
 and Health Center

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Reference for Student Volunteer Applicant

This section is to be completed by the Student Volunteer Applicant

Last Name		First Name		MI
Date of Birth:	Month	Day	Year	Age
Name of School				
Street Address				
City		State	Zip Code	
Current Grade Level		Graduation Year		GPA

THIS SECTION TO BE COMPLETED BY A TEACHER, GUIDANCE COUNSELOR, CLERGYMAN OR EMPLOYER (EXCLUDING FAMILY MEMBERS) WHO HAS KNOWLEDGE OF THIS INDIVIDUAL'S PERSONAL TRAITS.

GUIDELINES

- Please take note that the student must be attending high school grades 9 through 12, and have at least a 2.0 GPA. The student should not have any "Unsatisfactory" ratings.
- The student must be mature in order to take direction and perform volunteer duties as assigned by the Glendale Memorial Hospital and Health Center and its designated staff.
- Please do not give references for students you do not know well.
- Please complete the format provided below and return it to your student or mail it directly to:

Glendale Memorial Hospital
 Volunteer Services
 1420 South Central Avenue
 Glendale, CA 91204

Please rate the student on the following:

	Excellent	Above Average	Average	Below Average
Maturity				
Honesty				
Dependability				
Communication Skill				
Social Skills				
Conduct				
Willingness to Work				

ADDITIONAL COMMENTS:

PRINTED NAME: _____

RELATIONSHIP TO APPLICANT: _____

SIGNATURE: _____ DATE: _____