

2019 Prospective Teen Volunteers

Thank you for your interest in the Summer Teen Volunteer Program at USA Health University Hospital. Teen volunteers provide a valuable service to patients, visitors and staff while enjoying a unique opportunity for personal growth and satisfaction.

Volunteer Service Requirements

- 15 years of age and have completed the ninth grade.
- Commit to giving 34 hours of service during the eight-week summer session (includes attending a mandatory two-hour orientation).
- Volunteer a four-hour shift weekly (same day/same time).
- Volunteers should consider other activities before making the commitment to this program. Schedule adjustments or “make-up” volunteer hours are not available.
- Volunteers who meet these service requirements will receive a certificate of service.

Application Process

- **Application deadline- March 15, 2019.** The program may reach capacity *before the deadline*; please send in completed application as soon as possible. Submitting an application does not guarantee acceptance.
- Volunteer Services only reviews **completed applications**. Incomplete applications will be sent back.

Dates to remember:

March 15	Deadline to submit your volunteer application... NO EXCEPTIONS!
April 24	Orientation 4 – 6 pm (Mandatory for New & Returning Teens) Parents are not required to attend.
April 30	Orientation 4-6p (only for students unable to attend on April 24 due to Spring Break)
June 3	Program begins
July 26	Program ends & Teen Volunteer Party

If you have questions, please call the Volunteer Services Office, (251)471-7265.

Sincerely,

Volunteer Services Team

I. Application Checklist

Volunteer Name: _____

- Volunteer Application (2 pages)
- Volunteer Health Assessment
- 2019 Teen Volunteer Questionnaire
- 1 Recommendation Form
- Copy of driver's license/permit, school I.D. or current photo
- Copy of current grade report showing a 2.5 GPA
- Proof of immunization (Measles, Mumps, Rubella and Chicken Pox) (Returning UH vols; we will have this on file)
- Documentation of Tuberculosis (TB) skin test within the past 12 months (Returning UH vols; you will receive the TB test at hospital)

2019 Summer Teen Volunteer Orientation Notice and Uniform Order

Teen volunteers are **required** to attend one orientation. Please indicate your orientation:

- _____ Weds., April 24, 4-6 pm
 _____ Tues., April 30, 4-6 pm (**only** for students unable to attend on April 24 due to Spring Break)

Please indicate your uniform size:

T-Shirt Size:	S	M	L	XL	XXL	XXXL
Scrub Bottom Size:	S	M	L	XL	XXL	XXXL

Scrub Bottoms run large; we do not order extra. Please consider this when picking a size.

REMINDER: Indicating your uniform size does NOT guarantee your acceptance into the program.
We will notify all applicants of their acceptance status.

Please return your completed application to: USA Health University Hospital
ATTN: Volunteer Services
2451 USA Medical Center Drive
Mobile, AL 36617

II. Application

First Name: _____ Middle: _____ Last: _____

Street address: _____

City: _____ State: _____ Zip: _____ Birth Date: ____ / ____ / ____

Home phone: _____ Cell phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Parent/Guardian: _____ Relationship: _____ Phone: _____

Circle high school grade: 10th 11th 12th

Name of High School you attend: _____

Have you volunteered/worked at USA (hospitals, clinics, campus) before? Yes No Dates __ - __
If so, where? _____

Do you have family members employed at University Hospital? Yes No
If yes, relative's name/department: _____

VOLUNTEER EXPERIENCE

	Agency Name (current first)	Dates	Title/Duties
1.	_____	_____	_____
2.	_____	_____	_____

WORK EXPERIENCE

	Name of Employer (current first)	Dates	Title/Duties
1.	_____	_____	_____
2.	_____	_____	_____

Please list any community or service organization affiliation: _____

Have you ever been convicted of a misdemeanor or felony other than a traffic violation? Yes No
If you answered yes, please explain: _____

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ACKNOWLEDGEMENTS & CONFIDENTIALITY PLEDGE

The information I provided for this application is accurate and correct to the best of my knowledge. I approve USA Health University Hospital to check references. The hospital is not obligated to provide a volunteer placement, nor am I obligated to accept the placement offered. Opportunities for volunteering are provided without regard to religion, creed, race, national origin, age or sex.

I recognize the necessity of maintaining the confidentiality of all data and documents collected and processed by the hospital. Confidential information is defined as proprietary business data or information which contains identifying information which can be linked to a specific individual or patient. I also recognize the importance of my part in assuring the right to privacy of persons and institutions cooperating with this facility. I further understand that this facility has both ethical and legal responsibilities to safeguard confidential information. Therefore, I will not divulge any confidential information I may encounter while volunteering at the hospital. Further, I will not make any copy of or transport off the premises any confidential information. I am aware, that in some instances, civil and criminal penalties are possible if unauthorized disclosure of confidential research records and data occurs. I agree to accept any liability which may accrue to this facility for any breaches of confidentiality which occur through my direct action.

I HEREBY AGREE THAT I WILL ABIDE BY THE POLICIES OF UNNIVERSITY HOSPITAL. I UNDERSTAND THAT IF I VIOLATE ANY OF THESE POLICIES, I MAY BE DISMISSED FROM THE VOLUNTEER PROGRAM. I HAVE CONSIDERED THE SERIOUSNESS OF THE COMMITMENT I AM MAKING AS A VOLUNTEER.

Applicant's Name: _____

Signature: _____ Date: _____

(If applicant is under 19 years of age, parent/legal guardian must sign also).
Parent/Legal Guardian's Signature: _____ Date: _____

RELEASE FROM LIABILITY

TO THE UNIVERSITY OF SOUTH ALABAMA: I, _____ understand that I will be voluntarily participating in the Volunteer Program at USA Health University Hospital. In consideration of the University of South Alabama permitting me to participate in this activity, I, in full recognition and appreciation of any and all risks, hazards, or dangers, if any, inherent in this activity, to which I may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding participation in such activity.

I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge the University of South Alabama, its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my participation in this activity and/or which may result from causes beyond the control of, and without the fault or negligence of the University of South Alabama, its trustees, officers, agents, servants and employees, during the period of participation as aforesaid.

I fully understand the risks involved in this activity and agree to assume those risks. I understand that the University of South Alabama, its trustees, officers, agents, servants and employees assume and accept no liability for wages of any kind, personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this release to be signed this _____ day of _____, 20_____.

PRINTED NAME OF VOLUNTEER

PRINTED NAME OF WITNESS

SIGNATURE OF VOLUNTEER

SIGNATURE OF WITNESS

PRINTED NAME OF PARENT/GUARDIAN

PRINTED NAME OF WITNESS

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF WITNESS

III. Health Assessment

Part A: To be completed by the VOLUNTEER

Name: (First, MI, Last) _____

Address: _____

Are you currently under a doctor's care for any medical condition? Yes No If yes, explain: _____

Are you currently on any prescription medications: Yes No If yes, please list: _____

Today's Date ___/___/___

Date of Birth ___/___/___

Part B: To be completed by your HEALTH CARE PROVIDER(S)

Each entry MUST be initialed by your health care provider or copy of Blue Card is acceptable. All info must be in English

- MMR (Measles/Mumps/Rubella):** TWO doses are required and must be at least 28 days apart (If born before 1957 no documentation of MMR is required. If born after 1957, a self-reported 1st MMR is acceptable with a documented 2nd MMR booster).

Vaccine #1 ___/___/___ AND Vaccine #2 ___/___/___ HCP Initials _____

OR Titer ___/___/___ HCP Initials _____

- Varicella (Chicken Pox Vaccine):** TWO doses are required or declaration of history of chicken pox.

Vaccine #1 Date ___/___/___ AND Vaccine #2 Date ___/___/___ HCP Initials _____

History of Chicken Pox ___/___/___ OR Titer ___/___/___ HCP Initials _____

- Tuberculosis:** Proof of a TWO step tuberculosis screening within the last 12 months must be provided. Acceptable proof includes a skin test or a blood test. Please get 1st test on your own; once you are accepted in the volunteer program, a 2nd TB test will be given, free of charge. (History of Positive TB Screening Test: requires documentation confirming a previous positive tuberculin skin test and documentation of a normal chest x-ray after a positive TB skin test.)

Test # 1: Date Placed ___/___/___ Date Read: ___/___/___

Induration: _____mm [] Positive [] Negative HCP Initials _____

2nd TB skin test will be place, by our Employee Health Nurse, free of charge once you are accepted into the volunteer program.

Test # 2: Date Placed ___/___/___ Date Read: ___/___/___

Induration: _____mm [] Positive [] Negative HCP Initials _____

IV. Questionnaire

Your Name: _____

1. How did you hear about our Teen Volunteer program?

2. Why are you interested in volunteering at USA Health University Hospital?

3. What skills and qualifications do you have that will help you in a volunteer position?

4. What do you want to gain or learn from your volunteer experience at USA Health University Hospital?

V. Recommendation Form

This form should be completed by current school principal, guidance counselor or teacher. The person completing the form may **not** be a relative.

Volunteer Applicant's Full Name _____

Person giving the reference _____

Reference address _____

Phone _____ Relationship to applicant _____

Would you recommend this individual to volunteer at USA Health University Hospital?
___ Yes ___ No

Please describe the applicant's interpersonal relationship skills – how do they get along with people?

Rate the following qualities with A (excellent) B (satisfactory) C (needs attention)

Attitude _____ Dependability _____ Appearance _____

Is there additional information that you would like to share about the applicant?

Reference Signature _____ Date _____

Recommendation should be returned to applicant in a sealed envelope.