

Dear Student Volunteer Applicant:

I am excited and pleased that you are interested in our Student Volunteer Program. Community Hospital is a great place to learn and work. Student volunteering is a great experience for young people because it involves learning to work with others in a business setting and making the needs of others a priority. If you are accepted, you will gain valuable skills, which will help you move forward in your studies and life.

We are looking for quality young people to provide excellent service to our employee and patients. I look forward to working you!

Randy Krause
Director of Volunteer Services
970-644-3541

REQUIREMENTS FOR PARTICIPATION

Included in this packet are the things you need to know and complete in order to participate our Student Volunteer program.

- Complete the enclosed application.
- Complete an interview with the Volunteer Director, or the person designated by the Director. A parent or guardian needs to be present at this interview. At this meeting you will be asked to:
 - Read and sign the "Parent/Student Commitment".
 - Read and sign the "Professional Appearance Guidelines for Student Volunteers".
 - Read and sign the "Student Volunteer Evaluation Form".
- Two written recommendations from adults who are not relatives need to be submitted prior to your acceptance into the program. Have the person making the recommendation mail the completed form directly to the Volunteer Director. It is preferred that one recommendation comes from a teacher. Our recommendation forms will be provided to you at your interview.

During your orientation you will receive:

- A uniform and personal name badge (a \$20.00 deposit is required).
- A PPD screening. Documentation of mumps, measles, and rubella (MMR) history and a tuberculosis screening (PPD) is required. A PPD screening by Occupational Health or
- documentation of this test within the last 12 months is required by law. If the screening is needed, Community Hospital will pay for it. This involves an injection under the skin of the forearm. 72 hours later, the volunteer applicant must return to Occupational Health to have their test read.



**Community Hospital
Volunteer Department
Student/Parent Commitment**

Parents, guardians, and students, please read the following statements and if you are in agreement with these commitments, please sign at the bottom.

1. It is extremely important that students be present for his/her shifts. Students who do not drive and depend on the family car or bus for transportation must have the full support of the family member who is providing their transportation. If transportation is a problem and cannot be assured, this is not the volunteer program for you.
2. An unexcused absence occurs when students fail to notify the director of volunteer services and their department supervisor, that he/she will be absent. Excused absences are those, which are unavoidable and have, been discussed with their department supervisor. One no-call/no-show puts a student volunteer on probation and two no-call/no-shows will result in dismissal from the program.
3. Because of extensive orientation and training, our student volunteers must commit to a minimum of 50 hours in our program, which includes this orientation (please be sure to sign-in). This is more hours than is required by school district 51 and Mesa State College.
4. Professional behavior is expected from our student volunteers at all times. Volunteering is a great opportunity for a young person, and is considered "pre-work" experience on a résumé. Professionalism is required, which includes no loud talking, running, inappropriate language, name-calling or dirty joking. A friendly, helpful attitude and the willingness to interact with our employees and patients are an absolute necessity.
5. Professional appearance guidelines must be followed at all times when the student volunteer is on duty. If a student comes to work out of uniform, or wrinkled, dirty clothing, he/she will be asked to correct the situation immediately. This may involve going home to change, or asking a family member to bring clothing to the hospital. Our dress requirements are outlined in the Professional Appearance Guidelines.
6. Respect of property and equipment is an expectation. Any deliberate damaged caused to property will be the responsibility of the guardians of those students who are minors.

We Have Read This Parent/Student Commitment, and agree to its requirements:

Parent or Guardian: _____

Student Volunteer: _____

Date: _____



**Community Hospital
Volunteer Department
Student Professional Appearance**

Volunteers are considered to be partners of Community Hospital. It is of great importance that volunteers dress and behave as a professional. The comfort and well being of the people we serve must be a primary motivator for our presence here. In an organization that serves the community, *our credibility does not come from what we say about ourselves, but from what others say about us.*

Good personal hygiene is essential: clean hair, clean nails well manicured, clean body, clean teeth, and fresh breath. Hair should be appropriately styled (tied back if long). Apply a good deodorant and do not wear excessive perfume, cologne, or make-up.

Student volunteers will all wear the same hospital logo embroidered scrub. You may wear this with or without a tee shirt underneath. This is not to be tucked in. We require a \$20.00 deposit upon issue of the scrub top, which will be refunded when you return your top in reusable condition. It is your responsibility to have this top pressed and cleaned. Your name badge must be worn at all times, attached to the lower portion of the V on your scrub top. Jewelry and hair ornaments should be kept to a minimum and be conservative in nature.

Student volunteers will wear slacks, denim is not appropriate. Female volunteers may wear skirts, which are appropriate in length.

Shoes need to be comfortable. If wearing athletic shoes they must be clean and not look as if they just came from the soccer field. No open toes or sandals are allowed due to safety reasons. Socks or hose must always be worn.

Thank you in advance for presenting yourself in a professional manner.

Sincerely,
Randy Krause
Director of Volunteer Services
970-644-3541



Community Hospital
Volunteer Department
Student Application

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address _____

DOB: ____/____/____ Referred by: _____
Month Day

Reason for Volunteering: _____

Current School _____ Current Year: _____

Degree Desired: _____ Graduation Date: _____

Training/Skills: _____

Languages: _____ Speak Write Read
(other than English) (circle all that apply)

References (one professional and one teacher)

1. _____ Phone: _____

2. _____ Phone: _____

Volunteer Experience: _____

Available work schedule: M- Tu- W- Th- F- Sa- Su-
(please circle)

8:00am-12:00 noon

12:00 noon-4:00pm

4:00pm-8:00pm

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell: _____

I expressly authorize without reservation Community Hospital, its representatives, employees or agents to contact and obtain information from all references (personal and professional), from employers, public agencies, licensing authorities, and educational institutions, to verify the accuracy of all information provided by me in this application, résumé, or volunteer job interview. I hereby waive any and all rights and claims I may have regarding Community Hospital, its agents, employees, or representatives, for seeking, gathering and using such information in the volunteer intake process and all other persons, corporations or organizations for furnishing such information about me.

If I am placed as a volunteer, I understand that I am free to resign at any time, with or without cause and without prior notice, and that Community Hospital reserves the same right to terminate my volunteer position at any time, with or without cause and without prior notice. I understand that this application does not constitute an agreement or contract for employment. I further understand that no leader or representative of Community Hospital is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressing language are valid unless they are agreed to by Community Hospital's president and CEO.

Signature of Student Applicant: _____

Date: _____

Office Use Only

Service Area	Status
Job Title	Start Date
Schedule	Last Day
ID #	



**Community Hospital
Volunteer Department
Reference Form**

_____ has applied as a volunteer with Community Hospital. He/she will serve the general public, who are our patients, their families and other guests, and be in direct contact with youth, seniors, and disabled adults. As a protection to our patients, their families, employees, and other volunteers, we require our new volunteer applicants to submit two references. All information you supply will be kept in strict confidence. I would greatly appreciate you completing this form and returning it to me in the attached, postage-paid, envelope.

Sincerely,

Randy Krause
Director of Volunteer Services
970-644-3541

How long have you known this applicant? _____

In what capacity have you interacted with this applicant? _____

Do you feel you know this applicant well enough to make a recommendation? Why?

Could this applicant contribute in a positive manner to our guests, How?

Can this applicant function well while performing multiple tasks? (give example)

Can this applicant keep information confidential?

Please comment on issues that you believe would be helpful to us in making our placement decision.

Name _____ Title _____

Company/School _____ Phone _____



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Company/School _____ Phone _____



FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION FORM

As an applicant for employment or a current employee of Community Hospital, you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, Community Hospital may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when:

- (1) Considering your application for employment;
- (2) Making a decision whether to offer you employment;
- (3) Deciding whether to continue your employment (if you are hired); or
- (4) Making other employment-related decisions directly affecting you.

A consumer reporting agency is any person, which, for monetary fees, due or on a cooperative non-profit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Community Hospital.

A consumer report means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An investigative consumer report means a consumer report or portion thereof in which information on your credit standing, credit capacity, character, general reputation, personal characteristics or mode of living is obtained through personal interviews with your neighbors, friends or associates reporting on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I hereby voluntarily authorize Community Hospital to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at Community Hospital. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form. I voluntarily authorize all persons, including current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments and municipal, state and federal courts to release information they may have about me to Community Hospital. I understand that if I am employed by Community Hospital, this authorization shall remain in effective through my employment.

Printed Name

Social Security Number

Address

Date of Birth

Address

Driver's License Number /State

Signature

EEOC Notice N-915.043 II states "a pre-employment inquiry on the part of the employer for information such as date of birth or state age on an application form is not, in itself a Violation of the age discrimination in employment (ADEA). The ADEA of 1967 prohibits discrimination in employment on the basis of age.

To All Applicants: The information requested above is used to assist in the completion of a background investigation and will be used for the sole purpose of identification when conducting a background investigation. The information will be maintained in a limited access file, detached from your application.