



# VOLUNTEEN SERVICES APPLICATION

APPLICANTS 14-17 YEARS OF AGE

# WELCOME TO SJH VOLUNTEER PROGRAM

Thank you for your interest in volunteering at St. John's Health (SJH). Below is a list of items and actions that need to be completed and submitted prior to you starting to volunteer at SJH.

Completion of Application, Interview and Orientation Process

Online Background Check <https://sjmc.quickapp.pro/apply/applicant/new/3220>

Drug Screening and Immunizations

As a Volunteer, you are required to complete a drug screen and provide proof of immunity to various transmissible diseases before you begin. Please call our Scheduling Department at [307-739-7531](tel:307-739-7531) to make an appointment with our Lab. At least 7 days prior to your appointment, please email your immunization records or bring them to the Volunteer Services Department. Your records will be reviewed, and any additional titers needed to confirm immunity will be ordered and added to your lab appointment. The following is reviewed in your vaccination records:

**TB:** either a Quantiferon blood test of two PPDs performed within 2 weeks of each other. If you don't have either of these within the past 12 months, you can get the blood test done here.

**MMR:** record of at least 2 vaccinations, or titer

**Varicella:** record of at least 2 vaccinations, or titer

**Hep B:** series of 3 vaccinations or a declination statement

**Tdap:** record of vaccination within last 10 years

**Current Flu Shot:** mandatory during flu season November-April

**COVID:** mandatory initial series and Bivalent booster

If you do not have your immunization records, please check with your doctor or the Department of Health as both should be able to provide you with a copy.

Please let us know if you have any questions and welcome to St. John's Health Volunteer Program!

Thank you,

Katie Davis  
Volunteer Department  
(307) 739-7541  
volunteer@stjohns.health



## SJH VOLUNTEER APPLICATION CHECKLIST

- \_\_\_\_\_ Complete and return application to the Volunteer Services Department.
- \_\_\_\_\_ Complete Volunteer Services Department interview.
- \_\_\_\_\_ Background check will be performed by SJH.
- \_\_\_\_\_ Submit vaccination record (including COVID) to Volunteer Department.
- \_\_\_\_\_ Complete all required lab work: TB test, drug screen.  
Please call 739-7531 to make appointment and let Volunteer Office know date and time so that lab order can be processed correctly
- \_\_\_\_\_ Flu Shot (Required Nov.-March).
- \_\_\_\_\_ Volunteer orientation (approx. 1.5 hours) and paperwork completed.  
Your hospital ID badge will also be processed at this time.
- \_\_\_\_\_ Volunteer position specific training and paperwork completed.

Keep this check list handy as you complete the volunteer application process.



# ST. JOHN'S HEALTH VOLUNTEEN APPLICATION

APPLICANTS 14 - 17 YEARS OF AGE

## PERSONAL INFORMATION

Date of this Application \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

E-mail address \_\_\_\_\_ Your cell phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent or Guardian's Name & Place of Work \_\_\_\_\_

Parent work phone \_\_\_\_\_ Parent cell phone \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_

Name of your school \_\_\_\_\_ Grade \_\_\_\_\_ Your Favorite subject \_\_\_\_\_

Do you have any health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain \_\_\_\_\_

Your experience as a volunteer \_\_\_\_\_

Your (paid) work experience \_\_\_\_\_

Why do you want to volunteer at the hospital?

\_\_\_\_\_

How will you be able to get to the hospital punctually and consistently?

\_\_\_\_\_

Days and hours you are available to volunteer \_\_\_\_\_

Outside activities you are involved in (sports, clubs, etc) \_\_\_\_\_



## PERSONAL REFERENCES

*Please provide complete names, addresses, and contact numbers of references. Provide the names of two employers, supervisors, teachers, or work-related colleagues who have known you for at least one year and are of 21 years of age. References should not be related to you or live at the same address. To process your application, reference information must be complete.*

1. Name\_\_\_\_\_Phone\_\_\_\_\_
- Address\_\_\_\_\_
- City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_
- Relationship to you\_\_\_\_\_Years Acquainted\_\_\_\_\_
2. Name\_\_\_\_\_Phone\_\_\_\_\_
- Address\_\_\_\_\_
- City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_
- Relationship to you\_\_\_\_\_Years Acquainted\_\_\_\_\_



Acceptance for Volunteer Placement is subject to:

Signature of a parent or Guardian, giving permission for required health screening & orientation.

Interview with the Volunteer Services Department.

Verbal recommendations by references named in the application.

Willingness to abide by all organization requirements and regulations.

I understand that St. John's Health (SJH) is not obligated to provide placement, nor am I obligated to accept the position offered. To the best of my knowledge the information provided in my application is true and complete. I understand that any misrepresentations or omissions of facts shall be considered sufficient cause for dismissal. I agree to abide by the rules and regulations of the hospital. I understand that I must attend an orientation session in order to become a Volunteer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Please complete and return this form when you return for your interview.  
To schedule an interview, call the SJH Volunteer Services at 739-7541.*



# VOLUNTEEN PROGRAM

## QUALIFICATIONS, GUIDELINES, PLEDGE AND PARENT PERMISSION

Thank you for your interest in the Volunteen Program at SJH. The many tasks and extra services rendered by volunteers are important in maintaining the standards of care at SJH.

### **WHY SJH HAS A VOLUNTEEN PROGRAM**

The Volunteen Program is for young adults, geared to the needs of the patients and residents first, but presents opportunities for volunteers to experience health care and help their community. Opportunities for volunteers include but are not limited to the Patient Care, the Sage Living (nursing home), and administration support. Each of these positions has its own job description and responsibilities.

It is the policy of SJH to provide equal opportunity to all volunteers without regard to race, color, creed, religion, sex, national origin, ancestry, physical or mental disability, military status, citizenship, or intending citizenship status.

### **MINIMUM VOLUNTEEN QUALIFICATIONS**

Personal interview

Completion of application

Between 14 and 17 years of age

Interest and Dependability

Completion of any required health tests or screens

Minimum assignment is 40 hours per 12-month period

Completion of basic orientation and training

A Commitment to Service Excellence

### **STANDARDS**

Performance of the Volunteen must be of the same quality as that expected of the staff, personnel, and adult volunteers. To maintain these standards the volunteer must understand the need for rules, regulations, supervision, thorough orientation, and appropriate training.



## **ORIENTATION**

All volunteers are required to complete a general orientation that is designed to familiarize them with SJH policies and procedures. The orientation is not optional. It is a requirement under the terms of our insurance coverage for volunteers and according to the standards of the organization. Each following year of service requires a yearly re-orientation.

## **TRAINING**

Prior to beginning an assignment, volunteers will be given a written description of their duties and the required training. It will be necessary for position specific training at least twice before you volunteer solo. This is to familiarize volunteer with locations and to make them comfortable in the health care environment.

## **PLACEMENT**

Every effort is made to place volunteers in an area that will fit their abilities, meet their goals, and accommodate their schedules. This is accomplished through a personal interview with a staff member in the Volunteer Services Department. The priority of every volunteer placement, however, is to assist SJH in meeting its goals and objectives.

Volunteers supplement, but do not replace the work of paid employees.

Assignments to a service are conditional upon the volunteer's health, performance and satisfaction with the assignment and a continued need for the service. Any change of a volunteer placement must be processed through the Volunteer Services Department.

## **VOLUNTEEN SERVICE AREAS**

Volunteers work in many different areas of SJH and in various capacities. There are three broad categories of volunteer services:

**SAGE LIVING:** Activities vary. Work with residents to help with daily chores, group activities, reading, writing, playing cards, walking outside. Must be able to listen to instructions and work doing a variety of activities.

**EDUCATION/ADMINISTRATION:** Help departments with overload of office work. Clipping news articles, copies, making packets, shredding documents, and helping with large mailings. Good opportunity for volunteers to see the workings of an office environment and help busy departments.

**Patient Care:** A few shifts available to offer comfort to patients via juice, reading materials, and other amenities. Volunteer must be responsible, able to work independently, and able to maintain patient confidentiality, as well as read and return patient census.





# ST. JOHN'S HEALTH VOLUNTEER CODE OF ETHICS

Understanding that SJH has a need for my services as a volunteer:

I will abide by the policies & guidelines of St. John's Health.

I will complete the required Rubella Titer, Measles Titer, TB skin test, background screening, and drug screen in a timely manner.

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I will conduct myself with dignity, courtesy and consideration.

I will consider as **confidential** all information that I may hear directly, or indirectly, concerning a patient, doctor, or any member of personnel.

I will seek no information regarding a patient.

I will take any concerns, criticisms, or suggestions to the Volunteer Services Department.

I will endeavor to make my work of the highest quality.

I will not discuss any personal problems with the patients, nor carry my patient relationship outside of SJH walls.

I will establish a dignified relationship with SJH staff and patients.

I will uphold the standard and traditions of SJH and will interpret them to the community at large.

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Signature

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Date



# ST JOHN'S HEALTH

## VOLUNTEEN PARENT/GUARDIAN PERMISSION

Your son or daughter has applied to become a SJH Volunteer. We are looking for volunteers who honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate, and honest.

In return, we can provide:

- The opportunity to experience different kinds of work and to work along side various types of people
- A chance to learn responsibility and show leadership and independence
- A chance to explore health care industry

For most of our teen volunteers, the commitment they make to us is also a commitment for you.

They count on their parents/guardians to:

- Provide transportation to get to and from SJH
- Help ensure their timely arrival
- Expect them to do their best in jobs assigned
- Not schedule family events or duties at the time they are scheduled to work
- Help make sure they arrive at SJH in clean, dress code acceptable clothing

We understand there will be times when your child can't come, such as illness, emergencies, or vacations. We ask that volunteers call us when they are ill or have an emergency and give us as much notice as possible about vacation plans. If we don't receive a call, we will be counting on them to be here.

For students, school is of the utmost importance and concern. Volunteering should not interfere with schoolwork. If grades go down, please have your child inform Volunteer Services Department and they will be placed on a leave of absence. When grades improve, volunteers can be easily reinstated in the program.

I hereby give permission for my child \_\_\_\_\_ to perform volunteer services at SJH under the direction of the Volunteer Services Department. I have read the preceding rules and guidelines, and I clearly understand the conditions of my child's participation in the program described above.

I grant SJH permission to administer to my child a tuberculin skin test before providing volunteer services in the hospital and will supply current vaccination records.

I grant the hospital permission to provide emergency treatment to my child in the event they become ill or sustains an injury while serving as a volunteer.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



# DRUG FREE WORKPLACE

## VOLUNTEER APPLICANT | DRUG TESTING CONSENT FORM

I understand that St. John's Health has a policy against the possession, use, sale or transfer of illegal drugs by its employment applicants, volunteers and employees. I further understand that St. John's Health is committed to a drug free workplace and workforce and has adopted a drug-testing program as one method of implementing that policy.

I hereby consent to the taking of a urine sample by St. John's Health, or its agent, for purposes of the above drug testing program and to the testing of samples by any drug testing laboratory designated by St. John's Health. I hereby further consent to the release of the drug test results from the laboratory to the Human Resources Department and Volunteer Services Department of St. John's Health.

If I should refuse to participate, or should the test results be confirmed positive, and no acceptable explanation is provided, St. John's Health will rescind the applicant's volunteer offer. I understand that failure to submit to a test or tampering with the specimen will be considered a positive result.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

***If volunteer applicant is a minor:***

If applicant is under the age of 18, please have legal guardian give consent for the following tests to be conducted in accordance with the St. John's Drug Free Workplace and New Hire Policies:

I, the parent or court appointed guardian agree with that written above and do hereby consent to have said minor participate in the described substance abuse screen test.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

