

Dear Prospective Volunteer,

Thank you for your interest in joining the Rogue Valley Medical Center Junior Volunteer Program. Our volunteers provide an invaluable service to the hospital and the community. We are delighted that you'd like to join us!

Included you'll find a volunteer application and parental consent form. Please complete and mail these forms along with a copy of your most **current report card and a letter of recommendation** to RVMC Volunteer Services, 2825 E. Barnett Rd, Medford OR 97504. As stated on the application our minimum requirements are that you must be willing to make a 6 month commitment, have a 3.5 GPA or above and have a letter of recommendation from your high school teacher or counselor. Once we receive your application along with the requested information, we'll call you to set up an interview. The interview is designed to help us learn more about your goals and ambitions, acquaint you with the hospital, give you a better understanding of volunteers' roles, and answer any questions you may have.

We are looking forward to meeting you and introducing you to our program at RVMC. We have over 300 active volunteers, of which over 40 are involved in our Junior Volunteer Program. We are very proud of the assistance they all provide. Volunteering is truly a rewarding experience.

Thank you for your interest. If you have any questions please give me a call at 541-789-5875.

Sincerely,

Crystal Estremado
RVMC Junior Volunteer Program Coordinator

ROGUE VALLEY MEDICAL CENTER

JUNIOR VOLUNTEER PROGRAM APPLICATION AND AGREEMENT

Name: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

High School Graduation Date: _____ School: _____ Current Grade: _____

Please check one: Between 15-18 yrs of age 19 yrs of age & older (Optional) Birthday: _____ / _____
Month Day

How did you hear about us? _____

Schedule Preference: Mornings/Afternoons/Evenings **M T W Th F Sat Sun**
Schedule Options may be determined at the interview. Please bring your school schedule with you to the interview.

Experience:

What prior volunteer work do you feel you can bring to your volunteer experience? _____

Community Involvement: _____

Special Skills, Interests, Hobbies: _____

Educational / Specialized Training Goals: _____

Person(s) to contact in case of emergency, while on duty:

Name: _____ Relationship: _____ Phone: _____

Please check all services of interest:

_____ Cheney Family Place	_____ Family Birth Center Greeter	_____ Pediatrics
_____ Clerical/Special Events	_____ Family Birth Center Unit	_____ Surgical Services
_____ Coronary Care Unit	_____ Intensive Care Unit	_____ Wheelchair Distribution
_____ Emergency Dept-Treatment		_____ Other _____

I understand that by becoming a member of the RVMC Junior Volunteer Program, I am expected to fulfill the following: Required TB Testing; minimum 8 hours of service per month; adhere to Junior Volunteer Program dress code; attend mandatory meetings; abide by Rules and Regulations of RVMC Junior Volunteer Program; **commitment of 6 months** of consecutive service to program, must have a minimum of a **3.5 GPA or above** and provide a **letter of recommendation** from a teacher/counselor. I also understand that the facts and information provided by me are true and complete, and that misrepresentation may be considered means of termination of my affiliation with the RVMC Junior Volunteer Program.

Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Signature of parent or guardian is consent for required tests and confirms support of the student to participate in and meet the requirements of the RVMC Junior Volunteer Program.

(OVER)

Read and complete both sides of this application and the Parental Consent Form. Return these forms along with your letter of recommendation and copy of GPA to Crystal Estremado, Volunteer Services Assistant, at 2825 E. Barnett Rd, Medford, OR 97504. If you have questions, call 789-5875.

Volunteer Commitment and Agreement

- I shall hold as **absolutely confidential all information** that I may obtain directly or indirectly concerning patients, doctors or personnel, and **not seek** to obtain confidential information from a patient.
- My services are donated to the hospital without contemplation or compensation or future employment, and given with humanitarian and charitable reasons.
- I may not solicit any business for attorneys or insurance companies “for compensation,” both on or off of Medical Center property, or act as a runner or capper for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.
- I may not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.
- I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- I shall attempt to resolve any problems related with my volunteer activities with my supervisor and/or the Volunteer Services Assistant, and if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services and/or school counselor.
- I shall make my best effort to fulfill my commitment to the Medical Center by completing all assignments that I accept.
- I shall at all times uphold the philosophy, values and standards of the Medical Center.
- I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failures to comply with Medical Center policies, rules and regulations; (b) Junior Volunteer Program guidelines; (c) or any other circumstances which, in the judgment of the Director of Volunteer Services and Director of Education Services, would make any continued services as a volunteer contrary to the best interests of the Medical Center.
- I understand that the Medical Center assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of the Medical Center.
- Volunteers are not covered under Asante's Medical Insurance should an injury or illness occur while on duty. I also acknowledge the risks associated with working in a hospital environment, where community acquired conditions are possible. **Volunteers MUST have their own personal medical insurance during their volunteer service.**
- I authorize Asante Health System to photograph/video or permit other persons to photograph/video myself for the purpose of publication by either Asante Health System or the media in all forms and in all manners.

I have read each of the above conditions and I agree to abide by them.

Name (please print): _____

Date _____

Signature: _____

Parental Consent Form

Print Student Name: _____

School: _____

We, the parent(s) / guardian(s) of the above named student, support his/her wish to perform a job shadow, observation experience, or volunteer service at Rogue Valley Medical Center. We are aware of, and have discussed the information contained in the **Volunteer Commitment and Agreement** (located on the back of the application).

In the event of an accident during a job shadow, observation experience, or volunteer service involving our child, we give permission for the hospital to take appropriate measures to insure her/his well-being. We understand that this may consist of laboratory, imaging, anesthetic, medical and/or surgical treatment, and hospital service.

Although we give permission, we also understand that all attempts will be made to contact us.
Please use reverse to list additional information or restrictions.

PLEASE *PRINT* ALL INFORMATION

Parent/Guardian name(s) _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact if you cannot be reached: _____

Alternate Contact Phone: _____

Family Physician Name & Phone Number: _____

Current Medications: _____ None

Medication Allergies: _____ None

Allergies: _____ None

Date of Last Tetanus Immunization: _____

My Student's immunizations are current; documentation can be provided upon request.

Parent / Guardian Signature

Date of Signature

Parent/ Guardian Signature

Date of Signature



Rogue Valley Medical Center VOLUNTEER OPPORTUNITIES

(ALL SERVICES MAY NOT BE AVAILABLE AT ALL TIMES)

Cheney Family Place

Volunteers interact with guests, make baby gift bags, help with laundry, bake cookies, sort magazines, organize cupboards, clean storage room, re-stock supplies, dust, vacuum and misc office work.

Hours: *Flexible*

Clerical / Special Events

Volunteers will assist various Asante departments with clerical tasks such as stuffing and labeling envelopes, filing or other clerical type duties. Volunteers assist Asante with tasks during special events such as greeting and registering people and cutting and providing cake.

Hours: *Varies*

Coronary Care Unit

Volunteers assist in delivering blankets, water and food trays to patients. Deliver old medical records and/or patient belongings to floor as directed by RN; re-stock patient rooms with linens, nurse servers; wipe down monitors; greet and support family and visitors; assemble supplies for RNs in isolation rooms and in procedures; assist unit secretary in delivering charts to appropriate nursing stations; assist in photocopying forms; empty trash in nursing stations; drop off and pick up mail.

Hours: *Any*

Emergency Department – Treatment Area

Volunteers assist in cleaning and turning over ED rooms and deliver blankets, water and food trays to patients. Volunteers will deliver lab specimens to the lab, old medical records and/or patient belongings to floor as directed by RN; re-stock patient rooms, bathrooms; retrieve gurneys from OR & cath lab; wipe down monitors, department chart backs; and assemble lab tube bundles and gyn panel packets.

Hours: *Any*

Emergency Department – Triage Desk

Volunteers greet patients, family members and visitors; have patients complete Complaint Slip upon arrival; proactively observe patients and families in ED waiting area and retrieve staff for assistance as needed. Volunteers may be asked by staff to staple packets and tear armbands; occasionally deliver lab specimens and medical records; retrieve gurneys from OR and cath lab. You will be stationed in the ED waiting area at the triage desk.

Hours: *Any*

Family Birthing Center Greeter

Volunteers on this service provide a positive, professional and cheerful environment at all times for all parents, visitors and staff. Duties involve maintaining family/visitor log records; preparing and distributing guest name tags; monitoring and facilitating guest access to unit; and assisting unit secretary with clerical duties when needed. These volunteers are stationed just outside the FBC.

Hours: *Any*

Family Birthing Center Unit

Volunteers assist in delivering water and food trays to patients. Re-stock patient rooms with linens; wipe down monitors; greet and support family and visitors; assemble supplies as requested by staff; assist unit secretary; assist in photocopying forms; empty trash; drop off and pick up mail.

Hours: *Monday, Wednesday, or Thursday*

Intensive Care Unit

Volunteers assist in delivering blankets, water and food trays to patients. Deliver old medical records and/or patient belongings to floor as directed by RN; re-stock patient rooms with linens, nurse servers; wipe down monitors; greet and support family and visitors; assemble supplies for RNs in isolation rooms and in procedures; assist unit secretary in delivering charts to appropriate nursing stations; and reset wireless scanners as necessary.

Hours: *Any*

Pediatrics

This position will provide non-technical services to families and patients on the Pediatrics Unit. The objective is to provide families with assistance in decreasing their stress during the hospitalization of their child and to provide the child with support, comfort and time to share with a non-medical person.

Hours: *Any*

Surgical Services (Short Stay/Endoscopy)

Volunteers are assigned to the desk in the Surgical/Short Stay waiting room. They provide assistance to the families, assist the nursing staff as needed, and answer visitor inquiries. Duties include minimal use of computer, answering phones, and wheelchair transport for patients being discharged.

Hours: *Monday - Friday, 7 a.m. to 8:00 p.m.*

Wheelchair Distribution

Volunteers are given a tally sheet and will collect and disperse chairs as shown on this sheet according to each department's Par Levels. There is a lot of walking for this service because the first step is to go around to all departments to see what they have for wheelchairs then you go back and redistribute chairs as needed. This could be a 1 to 3 hour job, depending on how much time you can give.

Hours: *Any*