

We are happy to hear of your interest in the Three Rivers Community Hospital Youth Volunteer Program. This program is designed to provide young men and women ages 14 to 18 an opportunity to volunteer in a hospital environment, learn about future employment opportunities in health care and provide a valuable service to the hospital and community.

In order to be considered, it is necessary for you to complete a Program Application and return it as soon as possible. In addition to the application, it is necessary for you to submit a **copy of your current report card, and two letters of recommendation, one of which should be from a teacher who is well acquainted with you.** If you have a current CPR card, send a copy with your application. The complete application and letters of recommendation should be sent to the address located at the bottom of this letter. When your application and letters are received, we will review them and call you to set up a time for an interview.

On your application, please indicate what department(s) you are interested in volunteering in. Available Departments include:

| <u>Ages 14-18</u> | <u>Ages 16 and older</u> |
|------------------------|--------------------------|
| Imaging | Rehabilitation |
| Gardening | Surgery Recovery |
| Youth Volunteer Office | Emergency |
| Royal Gardens | Obstetrics |
| RSVP | |
| Nursing | |

Students who are willing to make a commitment of eight hours a month for at least a six-month period will have the opportunity to get hands-on experience in hospital-related situations. Every effort is made to place volunteers in their areas of interest.

Thank you again for your interest in the program. We feel you will find the program to be a very rewarding experience

Linda Lamoreau
Youth Volunteer Program
(541) 955-5417

**THREE RIVERS COMMUNITY HOSPITAL
YOUTH VOLUNTEER PROGRAM
APPLICATION AND AGREEMENT**

Name: _____ Date: _____

Mailing Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

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

Please check one: Between 14-16 yrs of age 17-18 yrs of age SS# _____

How did you hear about us? _____

Is there a department you are especially interested in? _____

Please tell me briefly why you are interested in the Youth Volunteer Program.

:

:

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

Name: _____ Relationship: _____ Phone: _____

I understand that by becoming a member of the TRCH Youth Volunteer Program, I am expected to fulfill the following: Required TB Testing; minimum 8 hours of service per month; adhere to Youth Volunteer Program dress code; attend mandatory meetings; abide by Rules and Regulations of TRCH Youth 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 TRCH Youth Volunteer Program.

Student 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 TRCH Youth Volunteer Program.



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 of 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 Three Rivers 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 Mentor, and if unsuccessful, attempt to resolve any such problems with the Coordinator of the program.
- ❑ I shall make my best effort to fulfill my commitment to the Youth Volunteer Program by completing all assignments that I accept.
- ❑ I shall at all times uphold the philosophy, values and standards of the Youth Volunteer Program.
- ❑ I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failures to comply with Volunteer policies, rules and regulations; (b) Youth 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 Program.
- ❑ I understand that the Three Rivers Community Hospital assumes no responsibility for any contact, visits or services provided by me outside of the responsibilities assigned through the volunteer program of the hospital.

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

Name (please print): _____ Date _____

Signature: _____