Dear Potential Junior Valley View Volunteer,

We are happy you are interested in becoming a volunteer at Valley View. Valley View is a great place to learn and give back. Junior volunteering is a wonderful 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.

REQUIREMENTS FOR PARTICIPATION include:

- Must be at least 15 years of age
- Complete the enclosed application before May 29, 2020
- Complete an interview with the Volunteer Coordinator, or the person designated by the Coordinator.
- Reading and signing the "Parent/Student Commitment" and "Professional Appearance Guidelines"
- Submit two references who are not relatives
- Provide a copy of your immunization records on the day of your TB test and drug screening. Both screenings are requirements of Valley View and state wide policies for health care workers.

Please note that applications for junior volunteering are accepted from the beginning of February to the end of May each year. If you have any additional questions please call the volunteer office at 970.384.6653

We look forward to working with you!

Sincerely,

Kati Ledall
Volunteer and PR Coordinator
Valley View Volunteer Services
# Junior Volunteer Application

## Contact Information

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<td>Guardians Name</td>
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<td>Street Address</td>
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<td>City, State, Zip Code</td>
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<td>Home Phone</td>
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<td>Cell Phone</td>
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<td>E-Mail Address</td>
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Do you meet the age required of 15?  
Yes  NO  Birthdate:

## Availability

What days and hours are you available to volunteer?

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<th>Tuesday</th>
<th>Wednesday</th>
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<th>Friday</th>
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## Interests

Why would you like to volunteer at Valley View and what are you hoping to gain from the experience?

## Hobbies

What are some extra circular activities that you are involved in?
Interests
Where in the hospital would you like to volunteer?

- With Children
- Rehabilitation Services
- In a specialty clinic
- Laboratory
- In patient care areas
- In non-patient care areas
- Administrative tasks
- Customer services

Current summer plans or planned vacation dates:

References – individuals not related to you

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Emergency Contact

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<th>Name</th>
<th>Relation to Contact</th>
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Agreement and Signature

I certify that the above information is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to serve in patient areas. I understand that I will be required to complete a background check and a health screening including: drug/alcohol testing, TB screening and will be asked to provide immunization records.

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Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

If you have any questions please contact Volunteer Services at 970.384.6653 or volunteers@vvh.org.
Volunteer Agreement

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 30 hours in our program, which includes this orientation (please be sure to sign-in).

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: ___________________
Volunteer Professional Appearance Guidelines

Volunteers are considered to be partners of Valley View. 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 provided t-shirt. It is your responsibility to have this shirt laundered and kept clean. Your name badge must be worn at all times. 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.

I have read the guidelines and agree to its requirements:

[I have read the guidelines and agree to its requirements]

Student Volunteer: ____________________________________________________________

Date: __________________
VALLEY VIEW HOSPITAL

Volunteer, Temp., Contract Health Questionnaire

Please fill out the following health questionnaire. These answers remain confidential and are not released from Employee Health without your consent. This information is meant to help us protect the safety and health of you, our patients and our employees.

Name: ___________________________ Birthdate: ___________________________
Mailing Address: ___________________________ Zip Code: ___________________________
City: ___________________________ Home Phone: ___________________________
Department: ___________________________ Phone: ___________________________
Private Physician: ___________________________ Phone: ___________________________

*If Junior Volunteer Parent’s Name ___________________________ Phone: ___________________________

1. Are you allergic to any food or medications? _____ Yes _____ No
   If yes, please list your allergies: ___________________________

2. Do you have any chronic conditions that have been diagnosed by a physician? ___________________________

3. Do you have any physical conditions that would prevent you from volunteering? ___________________________

4. Have you ever had a positive tuberculosis skin test? ___________________________
5. Have you ever received the Hepatitis B series? _____ Yes _____ No Date: ___________________________
6. Have you had the chickenpox? ___________________________
7. Have you been immunized for measles, mumps and rubella? ___________________________

I verify that to the best of my knowledge the above answers are truthful.

Signature: ___________________________ Date: ___________________________

** ALL JUNIOR VOLUNTEERS MUST PROVIDE COPIES OF THEIR IMMUNIZATION RECORDS
Consent to treat form

Parents need to sign the following form to give permission for their son or daughter to have a TB test and drug screening.