Scottsdale Healthcare Teen Volunteer Program

Scottsdale Healthcare Department of Volunteer Services will be offering an opportunity for high school students to volunteer and learn about professions in the health care environment. The 8-week summer program is designed to provide an overview of the hospital environment while volunteering. Each student will be required to become a Scottsdale Healthcare volunteer and will be trained to work in an assigned hospital department. Each week, a health care professional will meet with students, and have a lecture and open discussion regarding the medical professions. This is a very competitive program and requires a completed application and successful interview in order for acceptance into the program.

The program is open to high school students finishing their 9th or freshman year through 11th grade or entering senior year. All students must commit to the 8-week program, June – August 2014. Each student must attend the mandatory teen orientation on May 8, 2014 at 5pm with one parent or guardian and must be available to provide 4-hours of service once a week (e.g. every Wednesday 12-4pm). In order to maximize this educational opportunity, the student must be available for eight weeks of volunteer service, which must be outlined as part of your application. Two absences from the program will result in immediate withdrawal from the program and ineligibility from participating in the Scottsdale Teen Volunteer Program. Due to the limited number of teen applicants accepted into this program, no exceptions can be made to the volunteer requirements.

The Scottsdale Healthcare Teen Volunteer Program requires each student submit an Application Packet to the Scottsdale Healthcare Volunteer Department due Friday, May 2, 2014 by 3:00 pm.
The application must include:

- High school transcript
- Student statement: Why you are interested in participating in this program?
- Resume with an appropriate photo of yourself
- Volunteer Application with 8-week calendar of availability (available online at http://www.shc.org/volunteer)
- Two letters of recommendation (may not be from a family member)
- Copy of immunization card with vaccination of Measles, Mumps and Rubella (MMR) and Tdap
- History of varicella/chicken pox

Each teen applicant will be interviewed before being considered for a position in our teen program. Since each campus will only accept a limited number of participants, candidates may interview at more than one campus to increase possibility of participation. Each selected participant will receive a letter of invitation upon acceptance into the program. Upon completion of the Scottsdale Healthcare Summer Teen Program, each volunteer will receive a certificate of verification of community service hours and participation in the Scottsdale Healthcare Career Exploration Program and eligible for scholarships offered by the SHC Auxiliary.

Scottsdale Healthcare is committed to providing quality healthcare to our community, and our excellence is consistent throughout outreach and educational programs.

For questions regarding the SHC Healthcare Career Exploration Program, please contact Felicia Prostrollo, Director of Volunteer Services at 480-323-4560 or fprostrollo@shc.org.

Sincerely,
Felicia A. Prostrollo
Director, Volunteer Services

VOLUNTEER CONTRACT

To perform my duties as a Scottsdale Healthcare volunteer:

1. I will review and abide by the policies and procedures stated in both the Scottsdale Healthcare Volunteer Handbook and the Service Description and Procedure document specific to my service area assignment.
2. I will consider my volunteer assignment as a **commitment**. If I am unable to do my volunteer shift, I will contact the supervisor of Volunteer Services, and will do so 24-hours in advance of my shift if possible.
3. I will hold all information as **confidential** concerning patients, families, staff members, physicians and volunteers.
4. I will make my service professional in all ways, and conduct myself with dignity, courtesy and consideration for others.
5. I will not make or receive personal phone calls (landline or cellular), engage in text messaging, or have visitors while on duty. This behavior is inappropriate in a hospital setting and will not be tolerated.
6. I understand that only patients are to be seated and/or transported in the hospital wheelchairs.
7. I understand that I must be in compliance with the dress code as stated in the Scottsdale Healthcare Volunteer Handbook; I understand that my uniform golf shirt must be worn tucked in and that I must wear my Scottsdale Healthcare ID badge at all times while on duty.
8. I will take any concerns or suggestions directly to the Volunteer Services supervisor or director.

PARENT/GUARDIAN AGREEMENT FOR TEEN VOLUNTEER COMMITMENT TO VOLUNTEER

1. I understand that Scottsdale Healthcare reserves the right to dismiss my daughter/son's services as a volunteer if the action is in the interests of the hospital. Dismissal could result from failure to comply with hospital rules and regulations or inappropriate personal conduct, attitude or appearance.
2. I give my consent for Scottsdale Healthcare to administer to my daughter/son and monitor:

   Two (2) tuberculin skin tests and a chest x-ray in the event of a positive skin test reading, during the volunteer application process and prior to training *or* an annual TB skin test, and a chest x-ray in the event of a positive skin test reading.
3. I give my permission to Scottsdale Healthcare to administer emergency medical treatment to my daughter/son if necessary.
4. Scottsdale Healthcare is a drug-free work environment, and drug screening of employees and volunteers may occur with cause. In such event, I give my consent for Scottsdale Healthcare to administer an evidential breath test and urine drug screen to my daughter/son.

My child, _____, has my permission to become a Scottsdale Healthcare volunteer.

Telephones: Home (_____)_____ Office (_____)_____ Cell (_____)_____

SIGNATURES: I have read and support the above Volunteer Contract.

■ **1) PARENT/GUARDIAN OF TEEN APPLICANT:** *I agree to support a minimum 8-week volunteer commitment.*

_____ Date ___/___/2014

(Please print name) (Signature)

2) TEEN APPLICANT:
I agree to complete a minimum of 8-weeks of volunteer service as outline on the attached calendar.

_____ Date ___/___/2014

(Please print name) (Signature)

OFFICE USE ONLY

Application Received ____/____/2014
Orientation Date ____/____/2014
Interview Date ____/____/2014
Volunteer # _____
Service Area_____

VOLUNTEER CALENDAR

Students: The Scottsdale Healthcare summer volunteer program requires 8-weeks of volunteer service. Please use the calendars below to indicate the 8-weeks you will be available to provide service.

June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22/29	23/30	24	25	26	27	28

July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25/31	26	27	28	29	30