**Volunteer Services**

Dear Youth Volunteer Applicant:

Before completing the attached volunteer application, please verify the following:

* Are you at least 14 years of age?
* Are you available to volunteer one 4-hour shift each week?
* Does your schedule allow you to make minimum a 6-month commitment to the program?
* You’ve been vaccinated for the flu and Covid-19 or are willing to be vaccinated?

If you have answered “yes” to ***all*** questions, congratulations, you are ready to begin the process to become a volunteer.

When you return your application, we will contact you about orientation.

# Attention High School Seniors

If you are planning to use your volunteer experience as part of your senior project, please be sure we receive your paperwork **before January 1st!** We require that you fulfill your 3-month commitment to the program before we can complete any project paperwork.

Thank you for your interest in the PeaceHealth Volunteer Program and we look forward to meeting with you soon!

Sincerely,

Crystal Carter

Supervisor Operations, Volunteer Services

|  |  |
| --- | --- |
| Office Use Only | |
| Date | App. # |

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##### **YOUTH VOLUNTEER APPLICATION**

#### **PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name: | Email: | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| How did you hear about our Volunteer Program? | | |

#### **EDUCATION/BACKGROUND**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Years of formal education: | | Are you currently enrolled in school? Yes  No  | | |
| School Name: | | | Year in school: | |
| Career Interest: | | | | |
| Club affiliations: | | | | |
| Special skills or interests: | | | | |
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#### **VOLUNTEERED/PAID WORK EXPERIENCE**

*List most recent position first*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Employer | Job Duties | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### **AVAILABILITY**

Please circle at least two days and shifts you are available

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | 8-12 | 12-4 | 4-8 |  | **Thursday** | | 8-12 | 12-4 | 4-8 |
| **Monday** | 8-12 | 12-4 | 4-8 |  | **Friday** | | 8-12 | 12-4 | 4-8 |
| **Tuesday** | 8-12 | 12-4 | 4-8 |  | **Saturday** | | 8-12 | 12-4 | 4-8 |
| **Wednesday** | 8-12 | 12-4 | 4-8 |  | **Other:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| We offer both day and evening orientation, which do you prefer? Day  Evening  | | | | | | | | | |
|  | | | | | | | | | |

#### **EMERGENCY CONTACT**

|  |
| --- |
| In an emergency we may contact: |
| Relationship to you: |
| Phone: |

#### **INTERESTS/GOALS**

|  |  |  |
| --- | --- | --- |
| Please explain why volunteering at PeaceHealth interests you, and what you hope to gain from the experience: | | |
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#### **AGREEMENT TO CONFIDENTIALITY / PHOTO RELEASE / CONSENT**

I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a volunteer at PeaceHealth is confidential, and that this confidentiality is protected by federal law.

I give permission to PeaceHealth to photograph my teen while performing services as a volunteer. These photos may be used for recruitment and recognition purposes only.

I authorize PeaceHealth to investigate my teen’s background through Hire Right and perform TB testing and drug screening prior to placement at the hospitals expense.

**Signature of applicant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent/guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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INFORMATION

### VOLUNTEER SERVICES

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| --- | --- | --- |
| ***Volunteer Mission:***  Volunteers at PeaceHealth St. John are committed to providing patients and families the care and attention they deserve in a manner that strengthens PeaceHealth’s dedication to exceptional medicine and compassionate care.  ***Why Volunteer?***  Each year our volunteers donate approximately 40,000 hours of service to PeaceHealth. Among the many rewards is the satisfaction of being an integral part of a dedicated team, devoted to the health and well-being of our patients and guests. If you enjoy working with people or are thinking of a future in healthcare, volunteering at PeaceHealth is a great opportunity.  ***Who Volunteers?***  People of all backgrounds volunteer at PeaceHealth. Our volunteer team is composed a diverse group of people from 14 to over 90 years of age.  ***What are the Volunteer Opportunities?*** We have many volunteer opportunities thatprovide a vital service to our health care facility.Some areas available are: |  | ***Opportunities***  * Friends of St. John * Clerical Environments * Emergency Department * Gift Shop * Information Desk * Joint Replacement Center * Laboratory Liaison * Lobby Volunteers * Music Therapy * Pet Partners * Rehab Services * Special Projects   It is our goal to assign responsibilities to volunteers that are consistent with both their skills and interests. |

|  |  |  |
| --- | --- | --- |
| ***What Is the Time Commitment for***  ***Volunteering?***  We ask that adult volunteers make a minimum of six months, four hours per week commitment to their volunteer position. Teens are requested to make a minimum three-month commitment of four hours per week. Certainly, any volunteer who wishes to extend that commitment to a greater length of time is very welcome to do so.  Due to required training and time limitations, high school senior project opportunities are not available February through May.  ***What Services Can I Expect from the Volunteer Department?***   * Placement and skill building * Continued education * Recognition * Support * Continuous evaluation and development of new opportunities * Friendships and meaningful experiences   ***What is Required to Become***  ***a Volunteer?***  Once you have returned your completed application to our office, we will make arrangements for you to complete the following steps:   * Attend a volunteer orientation/education session * A personal interview * Background Check * TB test (provided by PeaceHealth)   Excellent training and education will be provided to help you in your new job as a PeaceHealth Volunteer. You will also receive:   * A uniform * A schedule that fits your needs * A rewarding experience |  | ***PeaceHealth Mission and Core Values***  **MISSION**  We Carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.  **CORE VALUES**  ***Respecting Individual Human Dignity and Worth***  We respect the dignity and appreciate the worth of each person as demonstrated by our compassion, caring, and acceptance of individual differences.  Stewardship  We choose to serve the community and hold ourselves accountable to exercise ethical and responsible stewardship in the allocation and utilization of human, financial and environmental resources.  Social Justice  We build and evaluate the structures of our organization and those of society to promote the just distribution of healthcare resources.  Collaboration  We value involvement, cooperation and creativity of all who work together to promote the health of the community.  ***How Do I Get More Information?***  Contact:  Volunteer Services  PeaceHealth St. John  P.O. Box 3002  Longview, WA 98632  (360) 414-7506 or  (800) 438-7562, ext. 4126  [www.peacehealth.org/lowercolumbia](http://www.peacehealth.org/lowercolumbia)  2/21/23 |