

St. Francis

EMORY HEALTHCARE

Auxiliary Junior Volunteer Program

General Information

The Summer Junior Volunteer program is intended for high school students, ages 15-18, who want to gain experience in a hospital environment. The program offers opportunities to serve patients, families, visitors, and staff at the hospital in conjunction with the Adult Volunteer Program. The program does not discriminate on the basis of race, gender, national origin, age or handicap status.

Requirements

All must be completed and returned by April 5, 2024

- Completed and signed application
- 200 word essay about what you hope to gain from the experience and how the experience will impact your future
- Copy of driver's license, military ID, or school issued ID
- Vaccination record to include current influenza vaccination
- Teacher/Counselor reference forms (these must be returned directly to us by the teacher/counselor)

Program Commitment Requirements

The program runs June 10-July 18 (off the week of July 4th) - no weekend or evening shifts.

Two 6 hour shifts per week with a total of 60 hours at the end of the program - Shifts: 9AM-3PM

- Assignments will be Monday and Wednesday or Tuesday and Thursday each week
- Volunteer may bring lunch or purchase in the cafeteria (may not leave campus)

Orientation on June 3rd from 5PM-8PM at St. Francis-Emory Healthcare

Wear hospital approved uniform and identification badge

Adherence to Hospital Orientation Guidelines and Program expectations

Return completed application packet to:

Tricia Jeffcoat, RN, Director Signature Service

PO Box 7000

Columbus, GA 31908

Auxiliary Junior Volunteer Program

Next Steps After the Application Packet is submitted - Please note all documents must be included to move to the next step.

- Email and/or phone notification to schedule interview
- Interviews will be conducted April 8-11 by appointment
- Students will be notified of acceptance by April 17
- Purchase shirt (required) - \$26 (check payable to St. Francis Auxiliary Inc). Mail check to:

Tricia Jeffcoat, Director Signature Service
PO Box 7000
Columbus, GA 31908

*****If accepted to the program, you must complete and pass the employee health requirements, background screening, and substance abuse screening. These appointments will be scheduled by our Human Resources department.***

Final Acceptance - once cleared by Human Resources, you will be contacted and provided final instructions for shirt pick up, orientation, and scheduling.

KEY DATES

- April 5 - Application packet due**
- April 5 - Teacher/Counselor reference form due**
- April 8-11 - Interviews**
- April 17 - Acceptance notification**
- April 18-30 - Human Resources components scheduled/completed**
- April 22 - Deadline to purchase shirt**
- June 3 - Mandatory orientation in uniform**
- Week of June 10th - First week of program**
- July 18 - Last day of program**

Please note: St. Francis-Emory Healthcare retains the right to dismiss any Junior Volunteer for non-compliance with the Code of Conduct, confidentiality, program requirements, excessive absences without prior notification or violation of dress code.

Direct all questions to:

Linn Storey, Program Coordinator
706.905.0244 (call or text)
LinnStorey@gmail.com

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Application Form

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant's Cell # _____ Applicant's Email: _____

Birthdate: _____ Age: _____ School: _____ Grade: _____

Do you play a musical instrument? ___ Yes ___ No Polo shirt size: _____ Cost will be \$26 (due after acceptance into the program)

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Cell # _____ Alternative #: _____ Email: _____

This is my emergency contact

Name: _____ Relationship: _____

Cell # _____ Alternative #: _____ Email: _____

This is my emergency contact

Acknowledgement and Consent:

I fully understand that I am applying for a junior volunteer position at St. Francis-Emory Healthcare and that any volunteer service I perform will have no guarantee of future paid employment with the hospital.

I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of: a) failure to comply with hospital policies; b) absences without prior notification; c) unsatisfactory attitude, work, or appearance; or d) any other circumstance which, in the judgement of the director, would make continued services not in the best interest of the hospital.

I certify that I understand the information contained in this form and that all information submitted is true and complete to the best of my knowledge. I understand that my acceptance into the program hinges on completion of all required items and on my ability to commit to the volunteer time frames outlined. I understand application does not ensure acceptance into the program.

I acknowledge I am required to complete a background screening and substance abuse screening if accepted into the program, as well as complete any required employee health screenings.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Photograph Release

Photograph Release:

1. I hereby relieve and agree to hold St Francis-Emory Healthcare and its affiliated companies, free and harmless from any and all liability arising out of the interviewing and/or photographing and subsequent publication or broadcasting of such photography. I understand that the interviewing and/or photographs are being carried out with my authorization for the use indicated above and thereby, I assume full responsibility for any subsequent liability arising out of the use of these photographs.

2. I understand that I have a right to request cessation of recording or filming and I have a right to revoke this authorization in writing up until a reasonable time before the recording or film is used.

Confidentiality Statement

I understand and agree that, in the performance of my duties as a Youth Volunteer with St. Francis-Emory Healthcare, I must hold patient/medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers, other students, or family. I also understand that any violation of patient confidentiality may result in termination from the Youth Volunteer Program.

Youth Applicant Name (Print) _____

Youth Applicant Signature _____

Date: _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date: _____

For questions: Linn Storey, Program Coordinator, 706.905.0244 or linnstorey@gmail.com

Please complete and sign all forms and essay by April 5, 2024.

Submit completed packet to:

Tricia Jeffcoat, Director Signature Service

P.O. Box 7000 Columbus, GA 31908

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General Program Acknowledgements

Dress Code

Navy blue polo shirt (purchased for \$26 at Hospital)

SFH badge clipped to collar

Khaki trousers (long) or skirt

Closed toe shoes - no crocs

No jeans, leggings or sweatpants

Clean and tidy overall appearance, including hair

Minimum makeup, perfume or aftershave

Jewelry limited to watch, small ring and small earrings

No chewing gum

Benefits of Being a Junior Volunteer

Learn about St Francis-Emory Healthcare

Learn about Medical Professions

Acquire new skills and confidence in a professional environment

Satisfaction of helping others

Do's and Don'ts

Volunteer Services at St Francis-Emory Healthcare is committed to finding meaningful experiences, while ensuring that they perform duties listed within their scope of service. Below is a summary, not an all-inclusive list. If you have a question about performing a task please call the Director of Volunteer Services, Tricia Jeffcoat, at 706-596-4253.

What you can do/be taught to do

Push and assist in selling items from Cheer Cart

Greet patients/visitors at Information Desks and Kiosk

Assist visitors with way-finding

Interact with patients/visitors when appropriate

- Deliver flowers to patients
- Deliver wheelchair to where it is needed
- Run errands
- Observe and ask questions of hospital personnel when appropriate

What you cannot do

- Remain idle
- Have contact with bed pans/body fluids of any kind
- Transport or handle blood, blood products, or specimens
- One-on-one observation
- Distribute or deliver medications
- Assist patient to restroom, into/out of bed, into/out of wheelchair
- Transport patients/visitors in wheelchair
- Assist in transporting patient on stretcher
- Enter isolation room of patient
- Sell food to patient without approval of nurse
- Operate any equipment
- Clerical tasks such as data entry, filing, etc.
- Accept any type of gratuity
- Handle patient/visitor valuables
- Serve as witness to any documents

Youth Applicant Name (Print) _____

Youth Applicant Signature _____

Date: _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date: _____

For questions: Linn Storey, Program Coordinator, 706.905.0244 or linnstorey@gmail.com

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Teacher/Counselor Reference Form

Thank you for helping St. Francis-Emory Healthcare's Junior Volunteer Program. Students ages 15-18 who show a strong interest in healthcare are encouraged to apply. Through their participation, students will gain experience, insight into the healthcare field, learn to communicate more effectively with others and increase their awareness of the hospital environment and community we serve.

Your recommendation will help us determine the qualifications of the applicant and will remain confidential. This reference form is to be completed by the applicant's guidance counselor/advisor or teacher. The counselor/teacher cannot be a relative or legal guardian of the applicant.

Please return this form by April 5th via email or mail. Email to linnstorey@gmail.com or mail to Tricia Jeffcoat, Director Signature Service, at P.O. Box 7000, Columbus GA 31908. Do not give directly to the student.

Applicant's Name: _____

Teacher/Counselor Name: _____ Email: _____

School Name: _____

Please rate the applicant on the following attributes by selecting the appropriate response on the scale.

1= Poor 10= Excellent

The applicant's attendance and punctuality.

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The applicant's level of respectfulness.

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To the best of your knowledge, is this student seriously interested in a career in healthcare? ____ Yes ____ No

Other comments regarding the applicant's qualifications. Feel free to attach an additional sheet.

- I recommend this applicant to participate in the junior volunteer program.
 I do **NOT** recommend this applicant to participate in the junior volunteer program.

Teacher/Counselor signature: _____ Date: _____

Questions/Comments? Please contact linnstorey@gmail.com