



Dear Applicant:

This information packet has been sent to you in response to your inquiry about volunteering at HCMC. This letter should answer many of your questions about the Volunteer program. Please read the information carefully and talk it over with your parent/guardian (There's also a letter for your parent/guardian included in your packet).

The summer application deadline is Friday, May 15th. If you are for planning to volunteer over the summer you must return your completed application by that date.

The purpose of our program is to provide service to the patients, visitors and staff of Hennepin County Medical Center. Volunteers can help make a patient's stay in the hospital more comfortable, or a visitor's time here easier. While Volunteers support staff in caring for patients, they have an opportunity to learn about health care careers. We are committed to working with you to make volunteering a rewarding experience.

What are the requirements to apply for the program?

Applicants should:

- Be at least 14 years old. (up to age 18 or high school graduation)
- Have a sincere interest in helping others.
- Desire to learn in a health care setting.
- Have the time to volunteer once a week for 3-4 hours for at least three months over summer vacation.

What other qualifications are important?

As a Volunteer you must be willing to carry out the duties outlined in the position description and accept direction and supervision from hospital personnel. You are expected to be neat, courteous, and dependable. Volunteers must be able to accurately follow directions and understand the importance of confidentiality.

When do Volunteers serve?

Available shifts vary from position to position.

Regular attendance is expected. Volunteering is a serious commitment, and the staff you are volunteering with depend on you to be there when you are scheduled. It is critical that parents encourage a serious commitment to volunteering as well. Please be realistic about your time availability. Talk about your other activities with your parent/guardian to determine how well volunteering will fit in to your schedule. Make sure that you have transportation to and from volunteering.

If you are ill and unable to come for your shift, we ask that you notify the Service League office and the area where you volunteer, as soon as possible. If you need to be absent for an event you have scheduled in advance, such as a family trip, we ask that you let us and your unit supervisor know as soon as possible. Two unexcused absences will be grounds for dismissal from the program. Volunteers are responsible for arriving on time and leaving the hospital after a shift is completed.

What do Volunteers wear?

You will be given a uniform shirt and you will need to wear it whenever you are volunteering. You are responsible for making sure your uniform is clean when you come in to volunteer.

Wear comfortable, sturdy shoes with socks. You must wear a clean, neat pair of pants (no blue jeans) with your uniform. Shorts, short skirts and tight leggings are not acceptable.

Where should you park?

For teens who can drive themselves to HCMC, parking will be validated for either the 8th Street Ramp or the Smith Lot (across 8th Street from the South Block building).

For the 8th Street Ramp, you will need to get a sticker from the Service League office. Use the ramp only if you are volunteering at a time that allows you to come to the Service League between 8:00 am and 4:00 pm Monday through Friday to get your sticker.

The Smith Lot should be used at all other times. For the Smith Lot, sign your parking ticket with your name and write "Service League Volunteer" on it. The attendant will take your signed ticket and let you out of the lot.

How do you become a Volunteer?

1. Submit a completed application, with signed permission from your parent/guardian.
2. Ask a teacher, school counselor, or employer to complete and submit the reference form.
3. Participate in an interview with a Volunteer Coordinator.
4. Complete a pre-placement health history screening with Employee Health Service. (There is no charge to you for this screening.)
5. Upon acceptance to the program, attend an orientation session, have a picture ID made (these are done at HCMC at no charge to you) and get a uniform.
6. Be trained in your specific duties by the supervisor in the department where you will be volunteering.

I look forward to hearing from you.

Sincerely,

Anita Bilden
Service League
Volunteer Coordinator
612-873-2512

Office Use Only

Letter sent: _____

Interview date: _____

Service League of Hennepin County Medical Center

Volunteer Application

Application deadline for summer program is May 15th



PLEASE PRINT CLEARLY

Last Name _____ First Name _____ MI _____

Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Email Address _____

In which county do you live? _____

Names(s), Phone Numbers of Parent(s)/Guardian(s)

When is your last day of school? _____ When does school start next fall? _____

Your Employer _____ Position _____

Date of Birth (month/day only) _____ Education (circle current grade): 9th 10th 11th 12th

We will use the following information only to track demographic statistics. Providing this information is voluntary and will be kept private.

Birth year: _____ Gender: M / F _____ Ethnicity: _____ Disability: _____

Indicate times you are available to volunteer by placing a "1" in the box indicating you first choice day and time slot for volunteering; a "2" in the box for your second choice and a "3" in the box for your third choice. We will do our best to place you in your first or second choice day and time slot. Its important to consider carefully where volunteering will fit best into your schedule and when you have transportation available if needed.

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Morning							
Afternoon							
Evening							

How did you hear about our program?

Do you participate in any organized summer sports?

Describe any previous volunteer experience

Describe special skills, interests, hobbies:

What knowledge or skills would you like to demonstrate or develop through your work as a volunteer at HCMC?

Which volunteer positions are you interested in at HCMC?

Please note the dates of any special plans or vacations you have scheduled which would mean your absence from a regular assignment

I verify that all of the information above is true and I understand that if it is not, I am disqualifying myself for a volunteer position.

Applicant's signature _____

Date _____

Send this application to:

Service League of Hennepin County Medical Center
Attn: Anita Bilden
701 Park Avenue
Minneapolis, MN 55415

PARENTAL/GUARDIAN PERMISSION:

_____ has my (our) consent to serve as a Volunteer at Hennepin County Medical Center and is 14 years of age or older. I am aware that I am responsible for the transportation of my child to and from the hospital during assigned volunteer hours. I also grant permission for my child to receive a Mantoux test and rubella screening, should s/he be accepted for the program. And, I authorize the Service League to perform any necessary criminal record background checks as required by law.

The Service League ___ MAY ___ MAY NOT (check one) use my child's name and/or photo in newsletters, publications, and bulletin boards to promote the Service League and its programs.

Signature of parent/guardian _____

Date _____

Where can teens currently help at HCMC?

A few examples: FOR 14 TO 17 YEAR-OLDS

Activity Cart	Distribute craft project kits & recreation supplies to hospital patients; restock cart, assist with kit assembly.
Desired qualities:	Outgoing, able to work independently, enjoys crafts and people. Ability to push a cart around the hospital
Book Buddy	Read to and play with young visitors waiting for appointments in designed HCMC clinics. Give away donated books for a child to take home.
Desired qualities:	Outgoing, able to work independently, enjoys children and reading. Ability to read aloud.
Clothing Room	Volunteers receive, sort, size and organize donated clothing for distribution to patients by staff.
Desired qualities:	Dependable, able to work independently, good judgement.
Gift Shop	Assist customers with selection and purchase of merchandise, learn to operate computerized cash register, price merchandise and restock shelves.
Desired qualities:	Friendly and helpful, good communication and math skills, good with detail.
Information Desk	Answer questions and give directions to patients and visitors. Occasional deliver flowers to patient rooms.
Desired qualities:	Interested in people, good communication skills, able to work with details.
Pediatrics	Assist at nursing station with greeting visitors, answering phones and running errands. Play with young patients, keep equipment clean and stock exam rooms with supplies.
Desired qualities:	Calm, friendly, sensitive and dependable. Likes working with children.
Lobby Greeter:	Welcome and direct patients and visitors. Help maintain lobby and waiting areas (stock with magazines, throw away trash, contact staff for big messes).
Desired qualities:	Friendly and comfortable approaching and interacting with new people. Able to work independantly.



Dear Parent,

Your child has expressed an interest in becoming a teen volunteer at Hennepin County Medical Center. A packet of information explaining our program, which includes an application form, has been sent to your teen. Please look this information over together. There are two places where you need to sign to give permission for your child to become a volunteer, on the reference form and on the application itself.

Assisting your teen with the initial decision, discussing whether s/he can realistically add an activity to his/her schedule, and figuring out transportation are good places to start. Once s/he decides to apply for a volunteer position, supporting your child as s/he completes the steps necessary to start volunteering and encouraging follow-through with his/her commitment can help ensure your teen will have a successful and satisfying volunteer experience.

The hospital staff works hard to try to make teen volunteer experiences rewarding as well as educational. If you have questions or additional concerns, please call me.

Sincerely,

Anita Bilden
Service League
Volunteer Coordinator
612-873-2512

REFERENCE FOR TEEN VOLUNTEER APPLICANT

APPLICANT'S NAME _____ DATE _____

ADDRESS _____

SCHOOL _____ TEACHER/COUNSELOR _____

This student has applied to be a Volunteer at Hennepin County Medical Center. It will help us to evaluate the student's abilities and suitability for this kind of volunteer work if you will answer the following questions.

According to your records and knowledge, please comment briefly on the following traits:

1. RESPONSIBILITY
2. COOPERATION
3. EMOTIONAL MATURITY
4. JUDGEMENT/COMMON SENSE
5. MORAL CHARACTER
6. INTELLIGENCE
7. ATTENDANCE AT SCHOOL

Please make any additional comments you believe would be beneficial (use back if needed):

Signature of teacher/counselor

PARENTS: State and Federal legislation requires that schools must have parental consent to release information regarding students. Please sign this form to consent to the release of information. Your child can then submit it to a teacher or school counselor to be completed and returned.

Signature of parent/guardian _____ Date: _____

Please mail with your application, or have your reference mail this form to:

The Service League of Hennepin County Medical Center
Attn: Anita Bilden
701 Park Avenue
Minneapolis, MN 55415-1829