

Hennepin County Medical Center

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 teen 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 this packet).

The purpose of our program is to provide service to the patients, visitors and staff of Hennepin County Medical Center. Teen 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.
- Minimum of 40 service hours
- Have the time to volunteer once a week for 3-4 hours for at least three months
- Purchase \$10 polo shirt for uniform
- Must provide and wear black bottoms (pants, jeans, skirt, etc.)

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

Wear comfortable, sturdy shoes with socks. You must wear a clean, neat pair of black pants or skirt with your uniform. Shorts, short skirts and tight leggings are not acceptable.

Where should you park?

HCMC hospital ramp near the corner of 6th Street and Park Ave. Your parking will be validated inside the hospital so you will not be charged for parking while you volunteer.

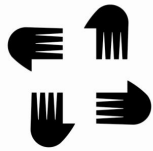
How do you become a Volunteer?

1. Ask a teacher, school counselor, or employer to complete and return the reference form to you
2. Submit a completed application, with signed permission from your parent/guardian and with completed 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 purchase 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,

Paula Lanhart
Volunteer Program Support
612-873-2512



Hennepin County
Medical Center

Volunteer Program of
Hennepin County Medical Center
(612) 873-2512

VOLUNTEEN PROGRAM APPLICATION

For Office Use Only
Interview letter date:
Interview date:

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. It's 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:

Volunteer Program of HCMC, G1
701 Park Avenue
Minneapolis, MN 55415
Or Fax to 612-904-4563

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 Volunteer program of HCMC to perform any necessary criminal record background checks as required by law.

The Volunteer Program of HCMC ___ MAY ___ MAY NOT (check one) use my child's name and/or photo in newsletters, publications, and bulletin boards to promote the program.

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
Desks** 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.
Able to follow directions carefully.

REFERENCE FOR TEEN VOLUNTEER APPLICANT

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: _____

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 comment on the following attributes. Thank you!

1. RESPONSIBILITY

2. COOPERATION

3. EMOTIONAL MATURITY

4. JUDGEMENT/COMMON SENSE

5. MORAL CHARACTER

6. INTELLIGENCE

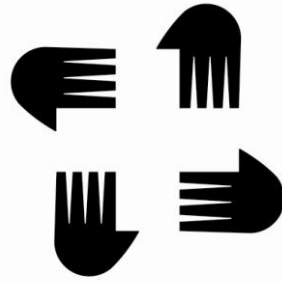
7. ATTENDANCE AT SCHOOL

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

Signature of teacher/counselor: _____ Date: _____

Please return to Applicant in sealed envelope. Applicant please mail in with your application to:

Volunteer Program of HCMC, G1
701 Park Avenue
Minneapolis, MN 55415-1829
or fax to 612-904-4563 or email to paula.lanhart@hcmcd.org



Hennepin County
Medical Center

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,

Paula Lanhart
Volunteer Program Support
612-873-2512

Bring this form to health screening

AUTHORIZATION FOR PREPLACEMENT SCREENING OF A MINOR

Child

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent(s)/Legal Guardian(s):

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. I hereby declare that I am the parent or the legal guardian of the above named child.
2. I hereby grant Employee Occupation Health & Wellness at Hennepin County Medical Center permission to administer a preplacement health screening, which may include but is not limited to Tuberculosis Screening, Lab Tests, and Immunizations.
3. I hereby grant Hennepin County Medical Center authorization to perform any necessary *criminal background check that is required for employment purposes only. ****This does not apply for Minors that are employed by HFA, MMRF or HCMC Volunteers.***

Parent/Guardian signature: _____ Date: _____

**HENNEPIN COUNTY MEDICAL CENTER
 EMPLOYEE OCCUPATIONAL HEALTH & WELLNESS
 PREPLACEMENT HEALTH SCREENING FOR VOLUNTEERS**

Bring this form to
 your health
 screening

The purpose of this screening is to determine immunity and infectious disease status. Please answer the questions carefully and completely. This information will not be shared with your supervisor unless it has implications for work restrictions or your safety. I hereby permit Employee Occupational Health and Wellness access to any medical records previously established at Hennepin County Medical Center and authorize the review of this medical record for this pre-placement evaluation. Under the Department of Health Adopted Rules Governing Communicable Diseases, certain communicable diseases must be reported to the Commissioner of the Department of Health.

Signature _____ Date _____

Last Name _____	First Name _____	Middle Initial _____
Maiden/Other Name: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		Email: _____
Social Security Number: _____		
Date of Birth: _____		Place of Birth _____
Places where you have lived or traveled outside the USA: _____		
In Emergency Notify: _____		Phone: _____

Varicella (Chicken Pox) ** provide documentation of vaccination or titers	
<input type="checkbox"/> I have had the chicken pox disease (skip to next section) <input type="checkbox"/> I have had the chicken pox vaccine. Dates: _____ <input type="checkbox"/> I have had the chicken pox titer(blood test) Date: _____	EOHW Nurse comments: <input type="checkbox"/> History of Disease <input type="checkbox"/> Doc.Titer or Vac. X2 <input type="checkbox"/> Titer To Be Drawn

Rubeola (Measles) ** provide documentation of vaccination or titers	
<input type="checkbox"/> I have had the measles or MMR vaccine: Dates: _____ <input type="checkbox"/> I have had the measles titer (blood test): Date: _____	Vaccine or Titer Dates: <input type="checkbox"/> Doc.Titer or Vac. X2 <input type="checkbox"/> Titer To Be Drawn

Rubella (German Measles)** provide documentation of vaccination or titers	
<input type="checkbox"/> I have had the rubella or MMR vaccine: Dates: _____ <input type="checkbox"/> I have had the rubella titer (blood test): Date: _____	Vaccine or Titer Dates: <input type="checkbox"/> Doc.Titer or Vac. X1 <input type="checkbox"/> Titer To Be Drawn

Mumps ** provide documentation of vaccination or titers	
<input type="checkbox"/> I have had the mumps or MMR vaccine: Dates: _____ <input type="checkbox"/> I have had the mumps titer (blood test): Date: _____	Vaccine or Titer Dates: <input type="checkbox"/> Doc.Titer or Vac. X1 <input type="checkbox"/> Titer To Be Drawn

Hepatitis B ** provide documentation of vaccination or titers	
	EOHW Nurse comments:
<input type="checkbox"/> I have been exposed to Hepatitis B within the last 3 months <input type="checkbox"/> I have had the Hepatitis B disease <input type="checkbox"/> I have had the Hepatitis B vaccine <input type="checkbox"/> I have had the Hepatitis B titer (blood test)	Vaccine or Titer Dates: <input type="checkbox"/> Doc.Titer or Vac. X3 No titer for volunteers

Herpes	
<input type="checkbox"/> I get cold sores or Herpetic Whitlow.	Good handwashing advised and no draining lesions at work

Tuberculosis Screening	
(you will need to provide documentation if you have had a positive test)	
	EOHW Nurse comments:
	In what country were you born?
Yes No	Have you traveled outside the United States in the past three months?
<input type="checkbox"/> <input type="checkbox"/>	If so, which countries have you visited?
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a BCG vaccination? Date:
<input type="checkbox"/> <input type="checkbox"/>	Have you been exposed to TB within the last three months?
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a TB skin test (mantoux) or PPD?
	If yes, what was the date of your last one?
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a positive TB skin test?
	What was the date?
	Where was the test done?
	What was the result? _____mm induration
<input type="checkbox"/> <input type="checkbox"/>	Were you treated with INH or medication?
<input type="checkbox"/> <input type="checkbox"/>	Have you ever had a chest x-ray? Date:
<input type="checkbox"/> <input type="checkbox"/>	Have you had TB in the past or do you currently have active TB?
Please check if you had any of the following symptoms within the past year for greater than 1-2 weeks:	
<input type="checkbox"/> Fever <input type="checkbox"/> Cough over 2 weeks or change in cough <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Bloody sputum (coughing up blood)	<input type="checkbox"/> Fatigue <input type="checkbox"/> Weight loss <input type="checkbox"/> Night sweats

Allergies	
Allergic to: <input type="checkbox"/> Medicine, please list _____ <input type="checkbox"/> Detergent <input type="checkbox"/> Chemicals <input type="checkbox"/> Latex <input type="checkbox"/> Rubber gloves <input type="checkbox"/> Rats or mice <input type="checkbox"/> Other _____	For latex allergy, complete allergy screening form & teaching


Examiner Signature	Date
---------------------------	-------------

Complete marked  **lines only**




Bring this form to interview

SECURITY DEPARTMENT - PHOTO ID PRE-REGISTRATION FORM

***ATTN EMPLOYEE:** For ID Badge Changes; ID Badge must be obtained within 30 days after Effective Date below.


EFFECTIVE DATE*: _____ 


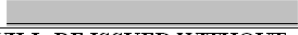
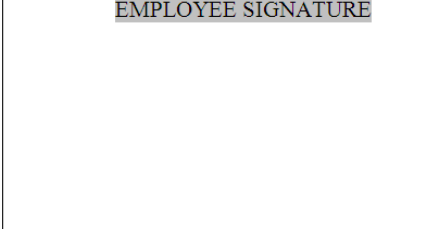

 Name (Last, First Middle Initial) 	Preferred First Name (if different) 
--	--

CREDENTIALS (MD, RN, etc.) 	Job Title (Working Title, if applicable) <i>(limited to 50 characters/25 per line)</i>  VOLUNTEER	Department Name: 
---	---	---

Department # 6920	Department Phone (if known) 612-873-2512	Supervisor Name Sheila Moroney
----------------------	---	-----------------------------------

 Employee home address 	City 	State 	Zip 	Home Phone 
--	---	---	--	---

 Sex M ___ F ___	Race	Date of birth	Height	Weight	Eye Color	Hair Color
--	------	---------------	--------	--------	-----------	------------

PS NUMBER AND OLD COUNTY EMPLOYEE ID NUMBER IF HIRED PRIOR TO 3-18-07 (REQUIRED-(HR to Complete))  	EMPLOYEE SIGNATURE 	Card Number (parking office use only)  For Office Use Only
--	---	--

NO ID WILL BE ISSUED WITHOUT A HCMC EMPLOYEE NUMBER AND A VALID ID SUCH AS DRIVER LICENSE, PASSPORT OR STATE ISSUED ID. BRING FORM TO SECURITY DEPARTMENT (RL.150) MON-FRI 6:00 a.m. – 3:30 p.m.
Questions call: 612-873-2359