

February 2011

Dear Prospective High School Volunteer:

Thank you for your interest in volunteering at University Medical Center Brackenridge.

To become a High School Volunteer, you must apply to the program and be 15 years old as of June 1, 2011. ***The application deadline is April 22, 2011.*** If your application meets eligibility requirements you will be invited by email or post mail to attend a mandatory hospital orientation. The proposed orientation date is Saturday, June 11, 2011. High School Volunteers are required to commit to a minimum of 40 hours for the summer program (***the volunteer program will begin June 20, 2011 and will end August 19, 2011.***) These hours are obtained by volunteering twice a week for a 3-hour shift. The cost of the program includes a fee of \$20.00 for a volunteer tee shirt, and a \$5.00 deposit for a Security ID Badge. This deposit is refundable with the return of your badge at the end of the program.

To be considered for the High School Volunteer program, please complete and submit the following list of items. **(Incomplete Applications will not be Accepted)**

- A completed application (enclosed)
- A Seton Healthcare Network Volunteer Agreement (enclosed)
- A Signed High School Volunteer Agreement (enclosed)
- A signed parent consent form (enclosed)
- Written proof of your Measles, Mumps, and Rubella Vaccination
- Written proof of a current Tuberculosis Skin Test (this test expires every year) If you have tested positive for TB, please bring proof of a chest x-ray conducted in the past 2 years.
- A letter of recommendation from a teacher, coach, counselor, or past employer.
- Current grade report

Please mail these documents to:

University Medical Center Brackenridge
Office of Volunteer Services
601 E. 15th Street
Austin, Texas 78701

If you are a former high school volunteer, you are also required to complete a new application and submit the following items listed above. Your help was greatly appreciated last summer, and we are delighted to know of your continued interest in our hospital. Volunteer positions are limited so we encourage you to submit your applications by the deadline.

If you have any questions, you may call the volunteer office at 512.324.7584 or contact me directly by email at eotero-pena@seton.org. We look forward to receiving your application.

Sincerely,

Erica Otero-Pena
Volunteer Coordinator
University Medical Center Brackenridge
Level I Adult Trauma Center
A member of the Seton Family of Hospitals

This checklist will help you ensure that you are submitting a complete application. Please take the time to review it. We only accept complete applications!

- Application
 - Fill out three pages of information.
 - Sign Seton Healthcare Network Volunteer Agreement and any subsequent forms.
 - Include your letter of recommendation.
 - Include your grade report.
- Return application with the following:

- MMR Proof
 - Born before 1957:
 - Measles and Mumps – none needed; Rubella – 1 needed
 - Born 1957 or later:
 - Measles – 2 needed; Mumps – 2 needed; Rubella – 1 needed

I have the required records.

- Submit with application.

Can't find your records?

Request a titer (a blood test that determines if immunity is present).

- Get this done with your doctor or another outside resource and submit results with application.

- TB Proof

I have not had a TB skin test in the past year.

- Get **ONE** test at your doctor's office and submit results with the application.

I have had a test in close to a year, but it has recently expired or is close to expiring.

- Get **ONE** test at your doctor's office and submit results with the application.

I have a current TB test.

- Great! Submit your results with your application.

What if I have a positive result from my TB test?

You need to have a chest x-ray (CXR). We require proof of a normal CXR conducted within the past two years.

I have a record of a CXR within the past two years.

- Submit with your application.

I have no record of a CXR or mine is expired.

- Get a CXR at your doctor or another outside resource and submit results with application.

University Medical Center Brackenridge
Summer High School Volunteer Application

I. PERSONAL INFORMATION

Name _____
Last First MI DOB

Local _____
Address Street Apt. # City/Zip Code Phone #

Mother's _____
Name Address Phone #

Father's _____
Name Address Phone #

Name to notify if in case of an Emergency _____
Name Phone No. Relationship

Email Address: _____

I am at least 15 years of age or older: Yes _____ No _____

Are you a returning summer high school volunteer? _____ If yes, what areas have you volunteered at:

School Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

Do you have any medical conditions that could affect your ability to perform your volunteer duties, or that the Volunteer Office should be made aware of? Yes _____ No _____

If yes, please list these conditions _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

How did you hear about our Volunteer Program?

II. EXPERIENCE *(Please attach an additional sheet if necessary)*

Work Experience/Dates _____

Volunteer Experience/Dates _____

School Organizations and Awards/Dates _____

If you are volunteering to fulfill a class requirement, please complete:

Teacher's Name _____ Class _____ Hours Required _____

T-SHIRT SIZE: SM _____ MED _____ LG _____ X-LG _____ 2X-LG _____

III. PLACEMENT INFORMATION

Please indicate your 1st, 2nd and 3rd choice of placement. We will review your choices and determine your assigned placement based on the needs of the department.

High School Volunteer Opportunities:

Admissions _____
Gift Shop _____
Maternity _____
Medical Records _____
Shivers Oncology Clinic _____

Days and Times available (Please choose from the following):

MW: _____ (9:00 – 12:00pm) TTH: _____ (9:00 – 12:00pm)
 _____ (1:00 – 4:00pm) _____ (1:00 – 4:00pm)

Please answer the following question:

Why do you want to volunteer at University Medical Center Brackenridge, and what do you hope to gain from your experience. Please feel free to attach an additional sheet if necessary.

❖ All of the information provided in this application is true to the best of my knowledge:

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

For office use only:

Date received	_____	Orientation Date: EOC/HIPAA	_____
Parent Consent	_____	Grade Report	_____ Uniform Paid Amount _____
Letter of Rec.	_____	Photo I.D.	_____
MMR	_____	TB/Normal	_____ Positive TB/Chest X-Ray _____
Service Area	_____	Day	_____ Time _____
Service Area	_____	Day	_____ Time _____
Service Area	_____	Day	_____ Time _____

Notes:

University Medical Center Brackenridge
Volunteer Services Department
PARENTAL CONSENT

_____ has my permission to participate in the High School Volunteer Program, under the Direction of the Volunteer Services Department at University Medical Center Brackenridge. I understand that my son/daughter will be expected to abide by all hospital policies and procedures and the guidelines, rules and regulations of the hospital and the Volunteer Services Department regarding the High School Volunteer Program. A breach of conduct will result in counseling and/or dismissal. Parents will be notified of the dismissal.

Signature of Parent or Guardian

Date

Signature of Applicant

Date

University Medical Center Brackenridge

Summer High School Volunteer Agreement

As a University Medical Center Brackenridge High School Volunteer, I understand that I must meet certain requirements and complete the training offered to me by the hospitals' Volunteer Services Department. In return for the opportunity to volunteer, these requirements include but are not limited to the following:

- I understand that I must guarantee a **minimum of 40 hours of volunteer service during the summer**. I understand that my minimum hours of service must be accrued at the rate of **6 hours per week** over the course of the entire summer.
- I understand that **I must attend a general hospital orientation** in order to comply with the hospitals' policies and procedures.
- I understand that if I miss my regularly scheduled shift for any reason, it is my responsibility to inform my service area supervisor and the Volunteer Services Office at least 24 hours before my scheduled shift.
- I understand that I must abide by Seton's Code of Conduct.
- I understand that the consequences for not keeping these agreements include, but are not limited, to the following: ***I will not be able to continue as a volunteer or return as a volunteer at University Medical Center Brackenridge.***

I have read and understand the aforementioned agreement:

PRINT NAME: _____

SIGN NAME: _____

DATE: _____

SETON HEALTHCARE NETWORK

VOLUNTEER AGREEMENT

I, _____, agree to the following:

I. PLEDGE OF CONFIDENTIALITY

I will maintain **strict** confidentiality of **all** patient and hospital information I may learn while I am a Seton volunteer.

II. CODE OF CONDUCT

While a volunteer at Seton, I will conduct myself in accordance with all of Seton's rules, guidelines, instructions, policies and procedures ("Policies").

III. VOLUNTEER STATUS

I understand that I will not be paid for my volunteer services to Seton.

IV. DISMISSAL

I understand that my volunteer service is a privilege and not a right. If I fail to maintain confidentiality or if I fail to conduct myself in accordance with the Policies, I may be dismissed from volunteer service. I may also be dismissed from volunteer service at the sole discretion of Seton. All benefits of volunteer membership (including active, life, honorary or associate membership) will be terminated upon my dismissal from volunteer service.

I have read this document, I understand its contents, and I agree to its terms.

Signature of Volunteer

Date

University Medical Center Brackenridge

Description of Summer High School Volunteer Service Areas

SHIVERS ONCOLOY CLINIC:

Volunteer duties in these areas will include: retrieving medical records, picking up supplies from central supply, running errands to the pharmacy or to the laboratory, accompanying patients to other departments, restocking rooms with supplies, making photocopies and sending faxes, translating for physicians, and perform other duties as assigned.

GREAT HABITS GIFT SHOP

Volunteer duties in the Gift Shop include meeting and greeting customers, sales, answering the telephone, customer service, restocking merchandise, arranging flowers and various displays, and entering inventory into the computer. Retail experienced is preferred, but not required. Bilingual volunteers are a real plus.

MATERNITY: NEW MOTHER & BABY

Volunteer duties include running errands, passing food trays, transporting patients, making beds, cleaning equipment, answering phones, assembling literature, holding babies, answering call lights, assembling charts and assisting staff as needed. Volunteers in this area must be willing to float between all of these areas and others when needed.

MEDICAL RECORDS:

Volunteer duties include organize, sort files, supplies and reports, deliver records to Emergency Room, make new charts for patients, and assist in data entry. Other duties will be assigned, as they become available.

ADMISSIONS:

Volunteer duties and responsibilities include answering phones, escorting patients to various departments, and performing clerical and administrative functions.