February 2013

Dear Prospective High School Volunteer:

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

To be considered for the high school volunteer program this summer, you must submit an application and be at least 15 years old as of June 1, 2013. ***The application deadline is May 1, 2013.*** If your application is accepted for the program you will be invited by email or post mail to attend a mandatory volunteer orientation. The proposed volunteer orientation date is **Saturday, June 15, 2013** (Please note that this date is subject to change). Volunteers accepted in to the program are required to commit to a minimum of 40 hours for the summer program (***the volunteer program will begin June 24, 2013 and will end August 23, 2013).*** These hours are obtained by volunteering twice a week for a 3-hour shift. You will be allowed to reserve 2 weeks for vacation time during the summer program. The cost associated with the program is $20.00 to purchase a volunteer uniform shirt.

To be considered for the High School Volunteer program, please complete and submit the following list of items by May 1, 2013. (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)
- A letter of recommendation from a teacher, coach, counselor, or past employer.

Please note: If your application is successfully accepted you will be required to submit the additional documentation at the orientation:

- Written proof of your Measles, Mumps, and Rubella Vaccination (copies will be accepted)
- 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. (copies will be accepted)
- Current grade report

Please mail your completed application to: (be reminded that you do not have to mail the additional documentation, simply your completed application)

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. Your help was greatly appreciated last summer, and we are delighted to know of your continued interest in our hospital.

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 Healthcare Family

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

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 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 program.

- I understand that **I must attend a volunteer 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: _____

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 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 _____
Maternity _____
Medical Records _____
Specialty Care Clinics _____

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

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

TTH: _____ (9:00 – 12:00pm)
_____ (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

Description of Summer High School Volunteer Service Areas

SHIVERS ONCOLOY CLINIC, SPECIALTY CLINIC & PAUL BASS 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.

Volunteer Contact: Tobie Botello, TBotello@seton.org 512.324.7592
Location: 2nd floor of the Professional Office Bldg suite 217

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.

Volunteer Contact: Vicki Persky, vlPersky@seton.org 512.324.7166
Location: 2nd floor main lobby of the hospital

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.

Volunteer Contact: Eve Giddens, EGiddens@seton.org 512.324.7556
Location: 2nd floor of the main hospital

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.

Volunteer Contact: Janie O'Mealey, jomealey@seton.org 512.324.7275
Location: Lower Level of the hospital

ADMISSIONS:

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

Volunteer Contact: George Hernandez, GAHernandez@seton.org 512-324-7560
Location: 2nd floor, north hallway across from the volunteer office, in the admission office