



2019 Summer Junior Volunteer Application

PROGRAM GUIDELINES

- The Junior Volunteer program has a limited number of available positions. Placement decisions will be based upon first come, first serve.
- Volunteers must be at least 15 years old by June 1, 2019.
- Volunteers must commit to at least 1, four-hour shift per week from June 10 to August 9.
- First-time program participants are required to attend a 30 minute informational session at one of the following times:
 - Tuesday, April 30th - 4:00pm or 4:30pm
 - Wednesday, May 1st - 5:00pm or 5:30pm
- Volunteers must complete the MANDATORY orientation on Monday, May 13th from 4-6pm.
- Volunteers must have all required immunization records submitted with their application. Returning junior volunteers will not need to submit immunization records unless there have been changes from last year.
- Volunteers must receive the required 2-step Tuberculin Skin Test (TST) prior to commencing their volunteer activities. The first step will be given at the informational session and the second will be given at orientation.
- Applications, including essay questions and a letter of reference (not from a relative but from someone such as a teacher, school counselor, coach, mentor, etc.), and immunization records must be submitted in their entirety by **Monday, April 15, 2019**.

Mail or email completed application to Farrah Nguyen, Volunteer Coordinator:

Mail: PO Box 1502, Smithfield, NC 27577

Email: farrah.nguyen@unchealth.unc.edu



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IMPORTANT DATES TO REMEMBER

April 15	Applications Due
April 30	Informational Sessions for First-time Junior Volunteers; TSTs given 4:00pm or 4:30pm
May 1	Informational Sessions for First-time Junior Volunteers; TSTs given 5:00pm or 5:30pm
May 3	TSTs from April 30 th read
May 4	TSTs from May 1 st read
May 13	Orientation from 4-6pm; TSTs given
May 16	TSTs from orientation read
June 10	Program Begins
August 9	Program Ends



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APPLICATION FORM

Date: _____

Name:	Address:		
Home Phone: Cell Phone:	City/State/Zip: Birth Date: Month _____ Day _____ Year _____		
Email (required):	Will you be 15 years or older by June 1? <input type="checkbox"/> Yes <input type="checkbox"/> No Polo Shirt size _____		
Name of school attending in August 2019-2020:			
Circle current grade level: 8 9 10 11 12			
Name of Emergency Contact: Telephone: Relationship to you:			
Were you a Summer Junior Volunteer last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have any relatives working at Johnston Health, please list their names and department. <table border="0" style="width: 100%;"><tr><td style="text-align: center;"><u>Name</u></td><td style="text-align: center;"><u>Department</u></td></tr></table>		<u>Name</u>	<u>Department</u>
<u>Name</u>	<u>Department</u>		
Are you interested in a healthcare career? <i>Answering "no" will not hurt your eligibility.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what field?			
Are you still interested in being a Junior Volunteer if the position you are placed in will not have a medical component or patient contact? (i.e., administrative/clerical work, answering phones, filing, greeting visitors) <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many 4-hour shifts per week are you hoping to have? Please note: If you are accepted into the program, we will try to accommodate requests; however, we cannot make any guarantees due to the large number of applicants. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			

Application Form Continued

Campus Preference

Read the instructions carefully.

CHECK ONE: I am applying for Johnston Health SMITHFIELD Johnston Health CLAYTON

19. Due to the large number of applications we receive for limited volunteer spots, availability at your chosen campus may not be available. If no space is available at your preferred campus, are you interested in being considered for the other campus? Yes No

Service Preference : JH SMITHFIELD

Read and complete this section carefully if choosing Smithfield.

20a. Day(s) and Time(s) of Service (check all that may apply)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Monday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Tuesday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Wednesday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Thursday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Friday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |

Service Preference : JH CLAYTON

Read and complete this section carefully if choosing Clayton.

20b. Day(s) and Time(s) of Service (check all that may apply)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Monday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
| <input type="checkbox"/> Tuesday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |
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| <input type="checkbox"/> Friday | <input type="radio"/> Morning (8:30 a.m. to 12:30 p.m.) | <input type="radio"/> Afternoon (12:30 p.m. to 4:30p.m.) |

ESSAY QUESTIONS

Answer the following questions thoroughly in an essay format between 200-500 words. Answers may be submitted on separate sheets/documents.

Question 1: Why are you applying to be a Summer Junior Volunteer and what do you hope to gain from the experience?

Question 2: What are your hobbies, interests and community involvement?



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**CONFIDENTIALITY AGREEMENT
BETWEEN VOLUNTEER AND JOHNSTON HEALTH**

I do hereby agree to perform my duties as a volunteer to the best of my ability. I understand and adhere to the importance of confidentiality while volunteering in the hospital. I agree to maintain confidentiality while serving here. I understand that if at any time there is a breach in confidentiality, I will be released from my duties as a volunteer.

I also agree to adhere to the Health Insurance Portability and Accountability Act of 1996, which ensures the security, and privacy of health information. I am aware that I have the legal responsibility to protect the personal health information of patients by not repeating any information about patients. Failure to do so can result in civil monetary penalties, possible litigation, and dismissal as a volunteer.

I hereby certify that the facts set forth on my volunteer application are true and complete to the best of my knowledge. I agree and understand that any misrepresentation, falsification of information or failure to disclose information now and after the application will subject me to dismissal.

Signature of Junior Volunteer Applicant

Date

For the Parent/Guardian: Please read and sign below.

My teenager has expressed an interest in volunteering at Johnston Health and has my permission to do so. Both my teenager and I understand that he/she will be responsible for specific assignments that will be made based on my teenager’s availability to serve. I verify that my teenager will be at least 15 years old by June 1, 2018. I am aware that the Volunteer Coordinator of the Junior Volunteer Program may terminate my teenager’s participation in the program at any time with or without prior notice if it is in the best interest of Johnston Health.

Signature of Parent or Guardian

Date



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PARENTAL PERMISSION FOR REQUIRED IMMUNIZATIONS

Name of Junior Volunteer	Date of Birth
Parent/Guardian Name	

My teenager, _____, has my permission to participate in the Junior Volunteer Program at Johnston Health. As a participant in the Junior Volunteer Program, I understand there are required immunizations prior to the commencement of the volunteer activities. He/She has my permission to receive the required 2-step Tuberculin Skin Test (TST). I also understand that I will be required to provide a copy of his/her current immunization records including the following: Varicella, MMR, T Dap, and Hepatitis B.

As the parent or legal guardian of this junior volunteer, I understand that the purpose of this process is to prevent any potential health problems or exposures within the volunteer environment. I understand that all records and documentation of the immunizations and the results of these tests will be kept in the Employee Health Services Department, which monitors this program at Johnston Health. I understand that the data and documentation will not be shared outside of the Health Professionals monitoring program.

Signature of Junior Volunteer	Date:
Signature of Parent/Guardian	Date:

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CHECKLIST FOR IMMUNIZATIONS

Documentation of the following is required:

- **Proof of Hep B series** given at 0, 1 and 6 month interval (or) positive Anti-HBs titer
 - **MMR-** Must show either of the following:
 - laboratory confirmation of having measles, mumps or rubella disease
 - proof of 2 doses of live MMR given at least 28 days apart on or after their first birthday
 - **Varicella (Chicken Pox)**
 - documentation of two doses of varicella vaccine given at least 28 days apart
 - history of varicella or herpes zoster (physician documented)
 - laboratory evidence of immunity (IGg) or lab confirmation of disease (IGm)
 - **Tuberculin Skin Test-** Two skin tests from current year
 - **Given at Informational Session & Orientation**
 - Skin test must be administered and read by licensed provider such as RN, MD, or Nurse Practitioner.
 - If unable to have TST due to positive TB history:
 - must complete a medical questionnaire from our office during pre-volunteer period
 - provide copy of positive history, including initial follow up in “mm” and treatment, if applicable
 - provide copy of most recent chest x ray
- * if no documentation is available employee must follow 2 step TST process*
- **TDAP (Tetanus, Diphtheria and Pertusis)**
 - documentation if previously received



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APPLICANT CHECKLIST

Before submitting your application, please make sure you have included the following:

- Completed application form
- Answer both essay questions
- Letter of recommendation from someone who is not a relative (i.e. teacher, school counselor, coach, mentor, etc.)
- Signed confidentiality agreement
- Signed parental permission for immunization
- Submitted your immunization records