

McLeod Health Clarendon

Thank you for your interest in the McLeod Health Clarendon **Jr. Volunteer Program**. The program is open to high school students ages 13-18 years old and will run for 9 weeks, May 29th to August 2nd. We are proud of the many experiences it offers. We ask that as a junior volunteer you make a commitment to your volunteer duties and abide by all rules and regulations that are given. We also ask that you constantly strive to exhibit a caring and compassionate attitude and heart to all McLeod patients, visitors, and staff that you may come in contact with.

If you would like to be considered for a Jr. Volunteer position, please read the following requirements:

1. You must be 13 years of age by March 1, 2024.
2. You must at least have an overall “B” average in all of your school courses. We will need a copy of your last report card.
3. If accepted for this program, you will receive a tuberculin screening (free of charge). The screening is a blood test that will be done at McLeod Occupational Health Services. **If you do not complete the test, you will not be eligible to participate in our Junior Volunteer Program.** (Once accepted an appointment will be scheduled with you and Occupational Health.)
4. You must submit the following on or prior to Friday, April 26, 2024:
 - A letter of recommendation from your guidance counselor, teacher and/or pastor
 - A one-page essay on the reason(s) why you would like to volunteer at McLeod Health Clarendon this summer
 - A copy of your recent immunization record
 - A copy of flu vaccination documentation if applicable
 - A copy of your latest report card
 - A completed Jr. Volunteer Application signed by both you and your parent/guardian
 - A TB Blood Test and/or Chest X-ray consent form signed by both you and your parent/guardian
 - A signed marketing consent by you and your parent and/or guardian

Program availability is limited. Accepted applicants will be notified of the next steps in the application process.

We look forward to hearing from you very soon. If you have questions regarding the application process, please feel free to call me at (803)-435-5287 or (803)-435-3392 or email stacy.mosier@mcleodhealth.org

With our mission in mind,

Ms. Stacy
Stacy Mosier, Director
Volunteer Services

Enclosures: Jr. Volunteer Application, Tuberculin Consent Form, Jr. Volunteer Opportunities

YOUR CHECKLIST:

- ___ Completed and signed with parent/guardian signature Jr. Volunteer Application
- ___ Recommendation Letter
- ___ Signed Tuberculin Consent Form
- ___ You One Page Written Essay
- ___ Copy of current immunization record/flu vaccination documentation
- ___ Completed and signed with parent/guardian signature Marketing Release Form
- ___ Copy of latest report card
- ___ Top section of badge request form

ALL information (application, consents, essay, immunization record, report card, recommendation letter) must be completed, signed, and turned in to the Volunteer Service Office at McLeod Health Clarendon **NO LATER THAN APRIL 26, 2024.**

Finally, **MANDATORY** orientation to be held on May 29, 2024, 2pm-5pm.

McLeod Health Clarendon

Deadline:
April 26, 2024

JUNIOR VOLUNTEER APPLICATION

Start date: May 29, 2024

TO BE COMPLETED BY THE APPLICANT: (Print)

Plan date to start: ____/____/____

First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ____/____/____ Age: ____

Address: _____ City: _____ State: ____ Zip Code: _____

Primary Phone: ____ - ____ - ____ Social Security #: ____ - ____ - ____ Gender: _____

Email address: _____

Shirt/Smock Size: S M L XL 2XL 3XL

Name of school you attend: _____ Grade Entering: _____

List school, church and community activities, clubs: _____

Please list honors and awards you have received at your school, church, or civic organizations:

Have you ever volunteered before? Yes ____ No ____ If yes, where, when, and what did you do?

Are you interested in a health-related career? If so, what are your interests?

Do you have an overall "C" average or above in all school courses? Yes ____ No ____ (copy of report card required)

How did you hear about our program?

Family/Friend McLeod Health Website Online/ Social Media Newsletter/flyer School Other

TO BE COMPLETED BY PARENT OR GUARDIAN

Father's Name _____ Cell Phone: ____ - ____ - ____

Email address: _____

Employer: _____ Work Phone: ____ - ____ - ____

Mother's Name _____ Cell Phone: ____ - ____ - ____

Email address: _____

Employer: _____ Work Phone: ____ - ____ - ____

In case of emergency, contact:

Name _____ Relationship _____ Cell Phone: ____ - ____ - ____

(Please complete other side)

PARENTAL/GUARDIAN AGREEMENT:

I, the parent and/or guardian of _____, join with my teen in consenting to her/his participation in the McLeod Health Clarendon Junior Volunteer program. This program will be conducted under the leadership and the guidance of the Volunteer Services Department.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

JUNIOR VOLUNTEER AGREEMENT:

As a junior volunteer, I understand that confidentiality is not only important, but is **required**. Any junior volunteer who releases any patient information will be released immediately from the program. I understand that under HIPAA regulations, junior volunteers are personally liable under Federal law to know and follow our confidentiality policy. I will be instructed in both the values and the mission of the medical center, and my behavior will always reflect these values.

Junior Volunteer Applicant Name (Print): _____

Junior Applicant Signature: _____

Date: _____

HEALTH INFORMATION:

Do you have any limitations which may require a special work assignment? Yes _____ No _____

If yes, please give details _____

PLANNED ABSENCES:

Please note any planned absences that are scheduled for June-July (i.e., vacation, camp, etc.):

Revised 1/17, 6/18, 2/19, 2/20, 2/21, 2/22, 2/23,2/24



Jr. Volunteer Tuberculin Assessment Consent

I hereby give McLeod Employee Health Services my permission to perform a tuberculin assessment on my son/or daughter consisting of:

TB Blood Test and /or Chest X-ray, if indicated

A TB blood test will be given free of charge. The test results may take 7 – 10 days.

If the student does not complete the test before this date he/she will **NOT** be eligible to participate in the Junior Volunteer Program.

If the results of the blood test are positive, I understand that my son/daughter will be ask to have a chest x-ray in Employee Health Services and any follow-up that is medically indicated by the chest x-ray results. There will be no charge for these services, if required. Upon completion of the TB assessment, Employee Health Services will issue a medical clearance, and my son/daughter will be allowed to begin his/her volunteer service.

Junior Volunteer Name _____
(Please Print)

Date of Birth _____

Junior Volunteer Signature

Parent/Guardian Signature

Date _____

Jr. Volunteer Opportunities

While volunteering is a fun and rewarding experience, it is also a very serious commitment. The Jr. Volunteer Program offers high school students the opportunity to gain exposure and valuable experience in a health care environment, often discovering future career pursuits. Volunteering requires the will to learn, work hard, and to act responsibly.

Opportunities are available in a variety of professional health related and informal settings.

- Administrative/Clerical for various departments
- Patient Support
- Wellness/Fitness
- Patient Escort/Transport
- Patient Experience
- Greeter/Information Desk
- Women Services
- Environmental Services
- Food and Nutrition
- Engineering
- Special Projects and Gift Shop

Volunteers are exceptional individuals who take the extra steps that make a difference in the lives of our patients, their families and our visitors. Volunteers help in countless ways providing support through direct patient contact, while others play a more supportive role.

**For more information contact Volunteer Services at 803-435-5287
or stacy.mosier@mcleodhealth.org**