

Dear Junior Volunteer Applicant,

Thank you for your interest in Stanford Health Care – ValleyCare Junior Volunteer Program. We are very excited to have you as a member of ValleyCare Auxiliary. Volunteering at Stanford Health Care – ValleyCare is a wonderful way to give back to our community and learn more about different areas of the hospital.

We are accepting high school students who are between 14 and 18 of age and have a GPA of 3.0 or above. The entire packet must be completed and submitted by **Friday, March 17, 2017** for consideration. Prior participation in the Junior Volunteer program does not guarantee acceptance in future years. Also, due to the large volume of applicants we receive, it is not always possible for us to contact all applicants immediately. In general, we accept approximately 30-40% of applicants. If you are selected for the Junior Volunteer Program, you will be contacted regarding orientation dates and times.

We expect students to commit to a minimum of 100 hours of service.

Please review all instructions. The attachment contains all the forms that are required for you to complete prior to orientation.

This packet contains the following:

- (1) Application
- (2) Parental Consent Form - Please make sure your parent/guardian has signed both places
- (3) Conditions of Participation - (2 pages) You and parent/guardian will read and sign.
- (4) School Administration Form - Completed by school administrator with an unofficial transcript attached
- (5) Personal Reference - (2 pages) Give to two references to complete and return to you to be turned in with your application.

Please include all documents, along with your unofficial transcript in a catalog envelope and drop off at the Pleasanton Hospital main lobby front desk addressed to Sneha Dilip - Junior Director. Front desk volunteers are available from 10 am to 6 pm on weekdays to receive your application. Please be sure to write Junior Volunteer Application Spring 2017 on the envelope.

You will need to attend Orientation and necessary training sessions before you can begin volunteering.

After the orientation, you will be given a date to go to Occupational Health for your first PPD and a physical examination. After the first PPD, you have to wait 48-72 hours to go get it checked and then return a week later to have a second PPD. This is done free of charge for you at ValleyCare Occupational Health Department in Dublin. Bring the Health History form along with a copy of your immunization records and a parent/guardian to the department. After your second PPD, we will be notified by Occupational Health that you have been cleared.

Once you are cleared, we will then give you a pass to get your volunteer badge. After receiving your badge, you can begin to volunteer provided everything else is completed.

If you have any questions regarding the application, please do not hesitate to contact me.
Thank you again for your interest and we look forward to meeting you at orientation.

Sneha Dilip
Junior Director, Stanford Health Care – ValleyCare Auxiliary
snehedilip@berkeley.edu



Junior Auxiliary Application

Applicants must be a resident of Dublin, Livermore or Pleasanton, be at least 14 years old, have a 3.0 GPA and have completed their freshman year of high school. **We ask students to commit for a minimum of 100 hours** (High School Seniors should not apply if they cannot meet the 100 hour requirement).

PLEASE PRINT

Date: _____

Name: _____ Date of Birth _____

Address: _____

City & Zip Code: _____

Email Address: _____

Home Telephone #: _____

Cell #: _____

High School Currently Attending: _____

Current Year in School: _____

Graduation Year: _____

Send completed form to Junior Director, ValleyCare Auxiliary, 5555 West Las Positas Boulevard, Pleasanton, CA 94588 or deliver to Stanford Health Care – ValleyCare, Main Lobby Reception Desk, Pleasanton.

Office use: Received by _____

Date: _____



PARENTAL CONSENT FORM

Date _____

To Stanford Health Care – ValleyCare:

My daughter [] son [] _____
has my consent to serve as a Junior Volunteer at Stanford Health Care – ValleyCare, and it is agreed that the volunteer work will be performed under the supervision of hospital personnel. I understand that my child will be expected to work when scheduled.

I understand that two tuberculosis (PPD) tests are required initially and that it is obligatory before training. A repeat PPD is required annually. These tests are given at no cost to the student.

Check One:

Yes, my child may have a PPD test. _____

No, due to previous positive reaction. _____

Signature of Parent/Guardian

Street

City, State ZIP

Parent's Email

IN CASE OF EMERGENCY, please notify:

_____ Name	_____ Relationship	_____ Daytime Telephone
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I hereby give authorization to Stanford Health Care – ValleyCare to give my child emergency medical care if the need should arise.

Signature of Parent or Guardian

Date

Stanford Health Care – ValleyCare

Junior Volunteer Program

Conditions of Participation

Stanford Health Care – ValleyCare welcomes you as a participant in the Junior Volunteer Program. We are very pleased that you have decided to support us in our mission to provide an added dimension of care and service to patients, hospital staff and the public. As hospital volunteers we are committed to serving the special requirements of this unique work setting. We expect that Junior Volunteers will join us by formalizing their own commitment by reading and signing the Conditions of Participation that follows:

As a participant in the Junior Volunteer program at Stanford Health Care – ValleyCare, I understand that I have accepted a position with significant responsibility. Hospital staff will depend on me to report for my assigned shift and I understand that I am responsible for my attendance. Program requirements are outlined in full in the Junior Volunteer Handbook. I understand that working in a hospital environment raises several special considerations which are addressed in the Conditions of Participation:

- 1. I agree to an annual PPD screening, to be provided at no charge by Stanford Health Care – ValleyCare.*
- 2. I agree to abide by the dress code included in the Junior Volunteer Handbook during assigned shifts. I agree to wear my Junior Volunteer identification at all times during an assigned shift.*
- 3. I agree to present a professional appearance and to conduct myself with dignity, courtesy and consideration at all times while on duty.*
- 4. I agree to respect patient confidentiality at all times while on duty and off duty. I understand that any violation of this policy at any time will result in my immediate dismissal from the Junior Volunteer Program.*
- 5. I agree that I am responsible to show up on time for my assigned shift and to sign in at the designated location and report directly to my assigned work location. I agree to remain at the assigned location during my shift, unless I am assigned to complete an errand in another part of the hospital.*
- 6. I understand that if I complete my assigned duties ahead of schedule, hospital staff may consider my assigned shift to be complete and I may be asked to make early arrangements for my transportation.*

7. *I understand that if I am unable to show up for an assigned shift, it is my responsibility to leave a message at least twenty-four hours in advance of the scheduled shift. This constitutes an excused absence. I understand that three or more excused absences may result in my dismissal from the Junior Volunteer Program, at the discretion of the Junior Director. I understand that three unexcused absences will result in my dismissal from the Junior Volunteer Program.*

8. *I understand upon leaving the program that I am to return my I.D. badge and complete an exit survey.*

I have read and agree to follow the above Conditions of Participation.

Signature of Junior Volunteer

Date

Print name of Junior Volunteer

I have read and agree to the Participation Agreement on behalf of the above named Junior Volunteer.

Signature of Parent or Guardian

Date

SCHOOL ADMINISTRATION FORM

Please ask one of your parents to sign on the line below; we must have your parent's permission to obtain information from your school. Then take this form to your school counselor or administrator and request that it be completed. Please submit this form along with your application.

PARENTAL RELEASE

I authorize the counselor/administrator of my child,

Name of Junior Volunteer Applicant

to release the following information to the Junior Director at ValleyCare Auxiliary.

Date

Signature of Parent/Guardian

COUNSELOR/ADMINISTRATOR INFORMATION

This student has shown an interest in becoming a volunteer at Stanford Health Care – ValleyCare. We would appreciate your filling out the following questionnaire and returning it to the student.

- Student's date of birth _____
- Student's Grade Point Average _____
- Regular attendance? _____
- Disciplinary problems? _____
- Student is in grade (check one): 9____10____11____12____

Comments, please _____

Date _____

Please print: _____
School Administrator

Signature: _____

High School _____

Telephone: _____

A transcript of your grades must accompany this form.

Personal Reference for High School Volunteer Applicant

Applicant: Fill in your name and give to your school, community or church reference to complete, along with an envelope. **Turn in with your application.**

Name of Applicant: _____

Personal Reference: _____

Relationship to youth: _____ Length of time known: _____

Verifying telephone number: _____ Best time to call: _____

ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL

Please rate this student in regards to:

	Excellent	Above Average	Average	Below Average
Accountability / Responsibility				
Willingness to work				
Honesty				
Dependability (attendance, punctuality)				
Speech				
Dresses Appropriately				
Manners / Social Skills				
Accepts Direction				

What are the student's strengths? _____

In what areas does the student need directions and development? _____

Does this student possess the maturity necessary to work in a hospital setting? _____

What will this student bring to the volunteer program? _____

Reference Signature

Title / Position

Date

**PLEASE PLACE COMPLETED FORM IN AN ENVELOPE,
SIGN, SEAL AND RETURN TO STUDENT.**

Personal Reference for High School Volunteer Applicant

Applicant: Fill in your name and give to your school, community or church reference to complete, along with an envelope. **Turn in with your application.**

Name of Applicant: _____

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Relationship to youth: _____ Length of time known: _____

Verifying telephone number: _____ Best time to call: _____

ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL

Please rate this student in regards to:

	Excellent	Above Average	Average	Below Average
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Speech				
Dresses Appropriately				
Manners / Social Skills				
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What are the student's strengths? _____

In what areas does the student need directions and development? _____

Does this student possess the maturity necessary to work in a hospital setting? _____

What will this student bring to the volunteer program? _____

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