



Sutter Health

Sutter Tracy Community Hospital

JUNIOR VOLUNTEER INFORMATION & APPLICATION

On behalf of the Volunteer Services Department at Sutter Tracy Community Hospital, we are pleased that you are interested in joining the Sutter Tracy Community Hospital’s Junior Volunteer Program. If accepted, we hope that you will find it to be a rewarding and memorable experience.

All applicants must meet the following criteria:

- 1) Must currently be going into your senior year in high school and at least 16 years old
Any student that is 18 years old or older, will require a background check
- 2) Must be a resident of either Tracy, Banta, Mountain House or Vernalis
- 3) Have a satisfactory grade point average (a minimum 3.00 GPA)
- 4) Applicants must have at least 20 hours of previous volunteer experience (and show proof of completion)

Required commitment:

- 1) You **MUST** be able to commit for a minimum of 50 service hours to be completed within six months.

Please note: Available shift dates and times may vary based on department need.

Application Process:

- **Application packet consists of the following:** Volunteer Application (2 parts), Student Counselor Form, and essay.
- **STUDENT COUNSELOR FORM:** You must have your High School Counselor complete the Student Counselor Form.
- **ESSAY TOPIC:** “Why you want to volunteer and what you can bring to the volunteer program at Sutter Tracy Community Hospital.” Your essay must be between 300-500 words, typed (Times New Roman or Arial, size 12 font) and double spaced.
- **Return the Application (2 parts), Counselor Form and typed essay** to the Information Desk at the front lobby of the hospital no later than **Friday, May 24th by 4:00 p.m.** Please keep your receipt for your records.
- Please make sure that **ALL** areas of the application are complete and that all necessary signatures are obtained.
- If your application is incomplete in any way, Volunteer Services is not obligated to notify you, and is under no obligation to consider an incomplete application packet.

If you have questions, emails can be sent to RickmaBK@sutterhealth.org.

Again, thank you for your interest in the Junior Volunteer Program.

Sincerely,

Brittany Rickman

Brittany Rickman,
Volunteer Services Coordinator
Sutter Tracy Community Hospital



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A COMPLETE APPLICATION PACKET INCLUDES:

- Junior Volunteer Application (2 Parts)
- Completed Student Counselor Form
- Typed essay (Prompt is on the cover of the application)
- Proof of previous volunteer experience (at least 20 hours)

APPLICATIONS ARE DUE BY FRIDAY, MAY 24TH NO LATER THAN 4 PM AT THE FRONT DESK OF THE HOSPITAL LOBBY.

STEPS TO BECOMING A JUNIOR VOLUNTEER:

1. **APPLICATION/ESSAY/COUNSELOR FORM:** All prospective volunteers must submit a completed application, required essay, and counselor form.
2. **INTERVIEW:** A lottery of the most qualified applications will determine the candidates that will be selected to interview.
3. **ORIENTATION:** If selected to become a volunteer, you will be invited to attend a mandatory two-hour orientation. At orientation, we will provide you with information regarding Sutter Tracy Community Hospital's volunteer policies and procedures, volunteer expectations, and allow you to ask questions about the volunteer experience. After you've attended Orientation, Volunteer Services will provide the required shirt or smock and a photo will be taken in order to create an identification badge.

A parent or guardian must attend the orientation with you.

4. **PLACEMENT:** Based on your application (part 2), you will be placed in the department for which you either expressed interest in or based on department needs.
5. **HEALTH REQUIREMENT:**

Volunteers in hospitals

1. 2 step TB skin test given 1 week apart at Sutter Tracy Community Hospital Employee Health Department (EHD). Tests are read 48-72 hours after placement.
2. During Flu Season October to March, one dose of Seasonal Flu vaccine given in Sutter Tracy Community Hospital EHD or proof of vaccination.
3. Provide Sutter Tracy Community Hospital EHD with documentation of 2 doses Measles, Mumps, and Rubella (MMR) vaccine or a blood test with positive immunity.
4. Provide Sutter Tracy Community Hospital Employee Health with documentation of 1 dose Tetanus, Diphtheria, Pertussis (Tdap) given 2005 or later
5. A verbal statement if you have had chickenpox illness in the past or documentation of a positive varicella titer. If you have not had chickenpox you will need to provide Sutter Tracy Community Hospital EHD with documentation of 2 doses of Varicella (chickenpox) vaccine



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JUNIOR VOLUNTEER APPLICATION (part 1 of 2)

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Street Address:		Apt. #:

City:	State:	Zip Code:
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Home Phone: ()	Cell Phone: ()
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Social Security Number (Required):	E-Mail:
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Emergency Contact: Name: _____ Phone () _____
 Relationship: _____

Volunteer: I certify that I meet all criteria (age, G.P.A., residency, H.S. Senior, 20 hours previous volunteer experience) that is required.

PARENT(S) INFORMATION

Mother's Name:	Mother's Work Phone:
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Father's Name:	Father's Work Phone:
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SCHOOL INFORMATION

Senior Yes or No	Year of Graduation: 18 years old or older: Yes or No
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Name of High School Attending: _____

School Activities or Organizations you are involved in:

I have volunteered at least 20 hours of service to: _____

**PROGRAM
INFORMATION**

Do you have any restrictions or problems that might interfere with your volunteer work?
Do you have any known allergies or asthma?

How did you find out about our Junior Volunteer Program?
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Are you interested in a Medical Career?	If yes, what area?
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Do you have any family members that currently work or volunteer at Sutter Tracy Community Hospital? If so, please list their names below:	
_____	_____
_____	_____

Please state the reasons why you are interested in volunteering at Sutter Tracy Community Hospital.

Have you previously applied to the Junior Volunteer Program? If yes, when?
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Prospective Junior Volunteer Signature

CERTIFICATION:

I certify that the answers given by me in the foregoing statements are correct and without omissions. I authorize Sutter Tracy Community Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. If, upon investigation any information contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. I certify the above is true to the best of my knowledge.

Signature of prospective volunteer: _____

Date: _____

PARENT INFORMATION

My son/daughter _____ has my permission to become a Junior Volunteer at Sutter Tracy Community Hospital.

My son/daughter _____ has permission to have a tuberculin skin test. I understand that this is required in order for him/her to volunteer at Sutter Tracy Community Hospital. I also understand that if the skin test is positive, a chest x-ray will be ordered and a clearance from Sutter Tracy Community Hospital Employee Health Department (EOHD) will be required. I authorize any immunizations deemed necessary by Sutter Tracy Community Hospital.

TERMINATION OF SERVICES: I understand the following policy:

SUTTER TRACY COMMUNITY HOSPITAL reserves the right to terminate your child's service as a Junior Volunteer if the action is in the interest of the hospital and the volunteer. Such termination could result from:

Absences in excess of three (3) per year; consistent tardiness; irregular attendance; unexcused absences; disorderly conduct or insubordination; attitude or appearance unbecoming a member of Sutter Tracy Community Hospital; gross or willful neglect of duty or actions detrimental to Sutter Tracy Community Hospital or any other policy or procedure that is not adhered to.

I clearly understand the conditions of my child's membership.

Signature of Parent/Guardian: _____

Date: _____



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Student Counselor Form

The student named below is applying to the Sutter Tracy Community Hospital Junior Volunteer Program. The following information is requested to assist in evaluating the applicant's eligibility.

Please complete this form and return it via fax to: (209) 833-2359: Attn.: Volunteer Services or e-mail it to RickmaBK@sutterhealth.org.

THIS REPORT IS STRICTLY CONFIDENTIAL

Dear Counselor:

As Parent/Guardian I hereby give my permission for the release of this requested information.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____ School: _____

The following information is required:

Number of: Tardies _____ Absences _____ Suspensions _____

GPA: _____ Citizenship: _____

Expected Graduation Date (month/year): _____

Please comment on whether or not you think this student will make a good hospital volunteer.

COUNSELOR'S SIGNATURE:

DATE:

JUNIOR VOLUNTEER APPLICATION (part 2 of 2)

Please complete the following information:

1. Please check all the volunteer positions that interest you:

- | | |
|--|---|
| <input type="checkbox"/> Any open position
<input type="checkbox"/> Main Lobby Information Desk
<input type="checkbox"/> Escort/Transporter
<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Volunteer Office Clerk/Floater
<input type="checkbox"/> Beverage Cart
<input type="checkbox"/> Fundraising | <input type="checkbox"/> Clerical support
<input type="checkbox"/> Patient/Family Liason
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
|--|---|

2. Hobbies, Skills, Interests: (i.e. play a musical instrument, photography etc.):

3. Do you have any commitments such as travel, work, summer classes etc. that may affect your volunteer schedule? Please specify and include any dates that you would not be available.

4. Please indicate in the chart below **all** day(s)/time(s) you are available to volunteer. Shift times may vary depending on department hours of operation.

Availability: (please put an **X** in all the shifts in which you will be available)

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Morning (8 – 12)							
Afternoon (12 – 4)							
Evening (4 - 8)							