Student Volunteer Application Instructions and Information

(Please read carefully and completely)

- Students must be 15 years of age by June 1, 2024, to apply.
- Completed applications are due by **May 20** and may be returned by mail to Volunteer Services, 900 Hospital Drive, Madisonville, KY 42431, or scanned and emailed (see address below), or dropped off at the information desk at the front entrance to the hospital.
- Complete the entire application, including the background check authorizations and the two references. If you have volunteered previously, references are not needed.
- Provide a copy of your proof of immunizations and results of a TB skin test with your completed application. TB tests may be obtained from the Hopkins County Health Department. If you have volunteered before and these are on file you do not have to provide them again.
- A COVID vaccination is recommended but not required. Local pharmacies provide the COVID vaccine.
- Be sure to include a current email address. All communication of information with students will be by email.
- **Applications will not be considered until all items are complete.**
- Students must be available for at least six weeks of the program.
- Student volunteers will begin the week of June 3. The program will conclude on Friday, July 26.
- Orientation will be held on Thursday, May 30, from 1:30-5:00 pm at Baptist Health Deaconess. All student volunteers are expected to attend.
- Students will be assigned at least four hours per week. Additional assignments may be available depending upon organizational needs and student availability.
- If you have questions, contact Volunteer Services at 270.825.5205 or william.mccann@baptistdeaconess.com.

STUDENT VOLUNTEER APPLICATION

Name: _____

Address: _____

Email: _____

Phone: _____ (Home) _____ (Cell)

School: _____ Grade: _____

Date of birth: _____/_____/_____

Are you interested in a health care career? Yes No If so, what area? _____

Other career interests _____

What activities are you involved in? _____

_____

_____

Have you done any previous volunteer service? Yes No

If yes, where? _____

Two References (School teacher, minister, or other adult **not** related to you. Provide them the attached reference form):

Name _____ Name _____

Phone _____ Phone _____

Please indicate the days and times you are available to volunteer:

___Monday	___8:00-12:00	___12:00-4:00
___Tuesday	___8:00-12:00	___12:00-4:00
___Wednesday	___8:00-12:00	___12:00-4:00
___Thursday	___8:00-12:00	___12:00-4:00
___Friday	___8:00-12:00	___12:00-4:00

Please list any dates you will not be available to volunteer (camps, vacation, etc):

_____

STUDENT VOLUNTEER ACKNOWLEDGEMENT

As a student volunteer, I understand and agree to the following:

- I will treat all patients, hospital guests, employees, and volunteers with respect and courtesy
- I will be responsible for my attitude, words, and actions
- I will represent Baptist Health Deaconess in a positive manner at all times
- I will be on time for work and will notify my supervisor and the director of volunteers if I will be absent
- I will maintain confidentiality and respect for privacy
- I will observe all hospital safety and infection control procedures
- I will ask for clarification whenever I do not understand directions
- I will report all safety concerns, accidents, and unusual events to my supervisor and the director of volunteers promptly
- I will not enter any room used for isolation, radiation, chemotherapy, or contact precautions

I understand that my service as a student volunteer is at the discretion of Baptist Health Deaconess Madisonville. I understand that my failure to honor this agreement will be grounds for dismissal from my volunteer position and could result in legal liability, particularly as it relates to maintaining confidentiality.

_____ Date: _____
Student Volunteer Signature

Parent/Guardian Authorization

I/We hereby agree to allow our daughter/son to serve as a student volunteer at Baptist Health Deaconess Madisonville. We fully understand that in the course of her/his duties, our daughter/son may enter patient care areas of the hospital. We understand that behavioral problems of any kind are grounds for dismissal from the program.

_____ Date: _____
Parent/Guardian Signature

Address: _____

Phone: _____

STUDENT VOLUNTEER
EMERGENCY MEDICAL INFORMATION

Student Name: _____

Physician: _____

Physician Address: _____

Physician Phone: _____

In the event of injury or emergency, please contact:

Name: _____ Relation to student: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Name: _____ Relation to student: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)

Do you have any known allergies? Yes No If yes, please list: _____

_____

Are you currently taking any medications? Yes No If yes, please list: _____

_____

Do you have any medical conditions of which we should be aware? Yes No

If yes, please list: _____

Please provide a copy of your immunization record and the results of a TB test.

(To be completed by student's teacher or other adult not related to the student)

BAPTIST HEALTH DEACONESS MADISONVILLE
STUDENT VOLUNTEER PROGRAM

REFERENCE FOR:

Student Name_____ **Grade Completed**_____

The student above is applying for the Summer Student Volunteer Program at Baptist Health Deaconess Madisonville. Student volunteers are expected to be responsible, dependable, considerate, and able to provide high quality service to our patients, guests and staff.

Please carefully consider the criteria listed below and offer your evaluation of this student. Thank you for taking the time to complete this recommendation. You may return this form to: Volunteer Services, Baptist Health Deaconess Madisonville, 900 Hospital Drive, Madisonville, KY 42431, or place the completed form in a sealed envelope and return it to the student to turn in with the application.

Please circle the appropriate rating (comment briefly on any fair or poor rating):

Conduct	**Excellent**	**Good**	**Fair**	**Poor**	_____
Dependability	**Excellent**	**Good**	**Fair**	**Poor**	_____
Follows Instructions	**Excellent**	**Good**	**Fair**	**Poor**	_____
Accepts Responsibility	**Excellent**	**Good**	**Fair**	**Poor**	_____
Shows initiative	**Excellent**	**Good**	**Fair**	**Poor**	_____
Works well with others	**Excellent**	**Good**	**Fair**	**Poor**	_____

Overall, do you recommend this student as an applicant for the Summer Student Volunteer Program at Baptist Health Deaconess Madisonville? ( ) YES ( ) NO

Comments: _____

_____

_____

Your Name & Position: _____

Signature: _____ **Date:** _____

Telephone: _____

If you have any questions, please contact Volunteer Services (270-825-5205) at Baptist Health Deaconess Madisonville.

(To be completed by student's teacher or other adult not related to the student)

BAPTIST HEALTH DEACONESS MADISONVILLE
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Please circle the appropriate rating (comment briefly on any fair or poor rating):

Conduct	**Excellent**	**Good**	**Fair**	**Poor**	_____
Dependability	**Excellent**	**Good**	**Fair**	**Poor**	_____
Follows Instructions	**Excellent**	**Good**	**Fair**	**Poor**	_____
Accepts Responsibility	**Excellent**	**Good**	**Fair**	**Poor**	_____
Shows initiative	**Excellent**	**Good**	**Fair**	**Poor**	_____
Works well with others	**Excellent**	**Good**	**Fair**	**Poor**	_____

Overall, do you recommend this student as an applicant for the Summer Student Volunteer Program at Baptist Health Deaconess Madisonville? ( ) YES ( ) NO

Comments: _____

_____

_____

Your Name & Position: _____

Signature: _____ **Date:** _____

Telephone: _____

If you have any questions, please contact Volunteer Services (270-825-5205) at Baptist Health Deaconess Madisonville.