

Dear Prospective Junior Volunteer:

Thank you for your interest in volunteering at Robert Wood Johnson University Hospital Hamilton. Our summer junior volunteer program is for high school students between the ages of 15 and 17.

Please download and complete the attached application, Tuberculosis Consent form and Junior Volunteer Standards of Performance and return them by mail or drop off to the **main hospital information desk**. Address your envelope as noted below. E-mails or faxes will **not** be accepted. *Note: Although not mandatory, you may include completed reference forms and vaccination history with your application.*

RWJ Hamilton
One Hamilton Health Place
Hamilton, NJ 08690
Attn: Volunteer Office

APPLICATION DEADLINE: Must be received by Wednesday, April 26, 2017.

Please review the attached 2017 Summer Junior Program Fact Sheet for information regarding how our summer program is structured and all upcoming important dates. The answers to many of your questions are already provided on this fact sheet ... so both the student and the parents should review it carefully. If you are able to cooperate **fully** with the structure of our program, then please feel free to submit your application for consideration.

You and a parent must attend one of the four **mandatory** information sessions on the dates listed inside the application. Remember to check off your information session selection before returning the application and make a note of your selection as a reminder.

- *Note: At the information session, you will be required to bring a copy of the fact sheet.*
- *Be prepared to bring the three completed reference forms to the information session.*
- *Be prepared to bring a copy of your vaccination record, indicating two immunization dates for Measles, Mumps, Rubella (MMR) and Chicken Pox (Varicella).*
- *At the time of the information session, I will further discuss our junior program, the obligations of a junior volunteer and answer any questions.*

If our summer program does not coincide with your availability in July and August, RWJ Hamilton will have a Monday through Friday after school junior program for the 2017-2018 school year. Please visit our website in mid to late August, 2017 at www.rwjhamilton.org/volunteer for information on how to apply.

I look forward to meeting you and potentially working with you as part of the Robert Wood Johnson University Hospital Hamilton junior volunteer program.

Sincerely,

Kathryn M. Gabel

Kathryn M. Gabel
Director, Volunteer Services

Junior Volunteer Summer 2017

Volunteer Application



**Robert Wood Johnson
University Hospital
Hamilton**

**RWJ Barnabas
HEALTH**

JUNIOR VOLUNTEER - Personal Information

Last Name	First	M.I.	Social Security Number	
Address	Street & Number	City	State	Zip Code
Telephone Number (Home)		Telephone Number (Cell)		Telephone Number (Work)
Mandatory e-mails (please write clearly)				
Date of Birth: ____ / ____ / ____ (A copy of proof of age must be provided)		Parent Email: _____		
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		Student Email: _____		
Emergency Contact Name, Address & Relationship		Telephone Number (C)	Telephone Number (W)	
_____		_____	_____	
Do you wish to declare yourself handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the nature				
Indicate any allergies, health conditions or disabilities that may interfere with your ability to perform volunteer work.				
Have you previously served as a volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/> Hospital / Agency: _____				
Area of Service: _____				

Availability for Work

Include preference in assignment:	Nursing Units: ____	Greeter: ____	Clerical/Office: ____
	Childcare: ____	Physical Therapy: ____	
Are you available to volunteer 7.5 weeks from July 5 th to August 25 th ___ Yes ___ No (If no, please explain why)			

The volunteer is required to perform a minimum for 3.5 hours per week **Monday through Friday only – no weekends.** A set schedule is agreed upon and the volunteer commits to that same schedule each week throughout the program – Wednesday, July 5, 2017 through Friday, August 25, 2017.

Days available to volunteer. (In order to secure a volunteer assignment, it is best to list **as many days and times possible that you are available).**

What are your preferred scheduled days of assignment? Indicate your selections in order of preference by circling 1st choice, 2nd choice, 3rd choice. If your schedule is flexible, please circle "flexible" across from your listed selections. (TIP – It is beneficial to indicate multiple days of availability.)

- | | | | |
|---|---------------------|-----------|--|
| <input type="checkbox"/> One Morning – 8:30 am to noon | Possible days _____ | Flexible? | 1 st choice, 2 nd choice, 3 rd choice |
| <input type="checkbox"/> One Afternoon – 12:30 pm to 4 pm | Possible days _____ | Flexible? | 1 st choice, 2 nd choice, 3 rd choice |
| <input type="checkbox"/> One full day 8:30 am to 4 pm | Possible days _____ | Flexible? | 1 st choice, 2 nd choice, 3 rd choice |

****It is recommended that you make a copy of your application for your records and to keep track of your selections.**

Work Experience

JUNIOR VOLUNTEER NAME: _____

Are you currently employed? ___ Yes ___ No ___ Full Time ___ Part Time

Employer Name and Address: _____ Supervisor's Name _____ Telephone Number _____

Mandatory Information & Interview sessions will be held on the dates listed below. Please place a check mark next to the session you and your child will attend to reserve your spot. See enclosed program fact sheet for further instructions and location of meetings.

- Thursday, May 4th at 6:00 p.m.
- Friday, May 5th at 6:00 p.m.
- Monday, May 8th at 6:00 p.m.
- Tuesday, May 9th at 6:00 p.m.

Remember to mark your calendars!

How did you learn about the junior volunteer program and why are you interested in volunteering at RWJ Hamilton?

Please provide the Names & Addresses below of those individuals you will be distributing your reference forms to. You may use teachers, coaches, guidance counselors, parents of friends, neighbors, employers.

DO NOT LIST RELATIVES (Please print)

Personal (*Must be an adult*) (Name, Address, City, State, Zip)

1.

Personal (*Must be an adult*) (Name, Address, City, State, Zip)

2.

Personal (*Must be an adult*) (Name, Address, City, State, Zip)

3.

Name of High School

(School Address, City, State, Zip)

Grade completed this June, 2017 _____

School Telephone Number _____

Interests / Skills (Please indicate with a check mark)

Clerical Skills		
<input type="checkbox"/> Typing	<input type="checkbox"/> Photocopier	Computer:
<input type="checkbox"/> Filing	<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Excel
<input type="checkbox"/> Alphabetizing	<input type="checkbox"/> Telephone	<input type="checkbox"/> PowerPoint <input type="checkbox"/> Access
		<input type="checkbox"/> Other _____
Patient Care Services		
<input type="checkbox"/> Nursing Units (12:30-4:00 pm)		<input type="checkbox"/> Wheelchair Transport
<input type="checkbox"/> Rehabilitation Svcs – Physical Therapy (8am – 4pm)		
(must be a junior/senior in high school and have a career interest in Physical Therapy)		
Possible Interests		
<input type="checkbox"/> General Office, scanning, filing, light computer work / data entry, copying		
<input type="checkbox"/> Navigator / Greeter	<input type="checkbox"/> Front Desk / Telephones	<input type="checkbox"/> Lakeview Childcare
Additional Skills / Musical Instruments played / Comments:		

Certification

AFTER COMPLETING APPLICATION, PLEASE READ CAREFULLY AND SIGN

We appreciate your interest in our hospital. A clear understanding of your background and work history will aid us in considering you for the volunteer position that best matches your qualifications and interests with the needs of our organization.

1. I give permission to Robert Wood Johnson University Hospital Hamilton to investigate any and all information concerning my application in order to determine my qualifications. This includes, but is not limited to: medical clearance, criminal background checks through Universal Background Screening, employment and personal reference checks and educational or certification verification. I understand that any misrepresentation of facts contained in this application may be cause for my rejection or dismissal.
2. I agree to be photographed by the hospital.
3. I agree that any personal property carried by me from hospital premises, including my packages, briefcase, or any other hand luggage, may be inspected by authorized personnel.
4. I agree to abide by all hospital rules and regulations. I understand that my placement will be subject to successful completion of the application and orientation process, as well as the conditions of any applicable introductory period established by hospital policies. I understand that this application and any other hospital documents are not contracts or guarantees of acceptance in the volunteer program. I understand that if I am placed as a volunteer, I agree to fulfill attendance and performance expectations. If unable to fulfill my obligations as a volunteer, I may voluntarily leave with proper notice, and/or may be terminated by the hospital at any time and for any reason.
5. In the event of resignation or termination, I agree to return all hospital property loaned to me such as identification badges, uniforms, keys, etc.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the hospital to request any information concerning my application.

_____ Date _____

Signature of Volunteer Applicant

_____ Date _____

Parent's Signature (Required)

Please return application to: Robert Wood Johnson University Hospital Hamilton
One Hamilton Health Place
Hamilton, NJ 08690 ATTN: Volunteer Services

2017 Summer Junior Program Fact Sheet

- The summer junior volunteer program is for high school students ages 15, 16 or 17. Proof of age should be submitted with your application.
- Completed applications must be received in the Volunteer office by Wednesday, April 26, 2017.
- To be considered for the program, applicant & a parent must reserve a spot at a **mandatory** program information / interview session with testing. Information sessions will be conducted on:

Thursday, May 4th	6:00 p.m.	Hospital Cafeteria
Friday, May 5th	6:00 p.m.	Hospital Cafeteria
Monday, May 8th	6:00 p.m.	Hospital Cafeteria
Tuesday, May 9th	6:00 p.m.	Hospital Cafeteria

*Only four sessions will be offered ... Location: RWJ Hamilton Cafeteria. Please enter the facility through the **main entrance** where you will be directed to the cafeteria. Please bring a copy of this fact sheet with you. Meeting length is approximately 2 hours.*

- If not already submitted with your application, be prepared to bring all three (3) completed reference forms to the information session.
- You may submit a copy of your vaccination record with your application. If not, be prepared to bring a copy of your vaccination record, indicating two immunization dates for Measles, Mumps, Rubella (MMR) and Chicken Pox (Varicella) to the information session.

Space is limited. To reserve your spot, please check off your selection on page 3 of the application before submitting it. Don't forget to mark the date down on your calendar.

SUMMER PROGRAM

- The junior volunteer will be required to attend a two-day orientation and training scheduled for:
Monday, June 19th & Wednesday, June 21st - 4:00 p.m. to 8:00 p.m. or
Tuesday, June 20th & Thursday, June 22nd - 4:00 p.m. to 8:00 p.m.
Orientation starts promptly at 4:00 p.m. (Pizza will be provided). Mandatory 2-step tuberculosis testing is required. The 1st step test will be administered day one of orientation and will be read 48 hours later at the second day of orientation. The 2nd step TB test must be administered in our Occupational Health office prior to the first week of the program. Parents will receive instructions how and when to schedule this test.
- The junior uniform is a royal blue golf shirt which is to be purchased by you on the 1st day of orientation at the cost of \$15 (Monday, 6/19 or Tuesday, 6/20). Tan slacks are required with the shirt tucked in. Although not mandatory, belts add an extra dimension of professionalism. No jeans, shorts or sandals. No unusual hair colors. Clean sneakers are suggested. Failure to cooperate with the junior volunteer dress code may result in suspension from the program.
- The summer program will begin on Wednesday, July 5, 2017 at 8:30 a.m. and ends on Friday, August 25, 2017 at 4:00 p.m. – A total of only 7.5 weeks.
- The volunteer is required to perform a minimum of 3.5 hours per week **Monday through Friday only – no evenings or weekends.** A set schedule is agreed upon and the volunteer commits to that same schedule and volunteer assignment each week throughout the program....

2017 Summer Junior Program

Fact Sheet, Page 2

- One morning - 8:30 am to noon. Lunch at noon. (Only 1 absence permitted)
 - One afternoon – 12:30 pm to 4 pm. Voucher at 4 pm. (Only 1 absence permitted)
 - One full day 8:30 am to 4:00 pm with ½ hour lunch at noon. (1 absence permitted)
 - **We do not offer evening or weekend shifts.**
 - **Perfect attendance is encouraged**
- If selected, applicants to the summer 2017 program will be notified by **e-mail** by June 2nd.
(Mandatory - Please include E-mail addresses for both parent and student on application)
- Participation in summer school, summer camps, summer educational programs, school sports practices and travel may conflict with the scheduled start times and / or permitted number of absences in the RWJ Hamilton summer junior volunteer program. Please consider your priorities carefully before signing up for sports and other extracurricular summer activities.
 - **NOTE:** Pay close attention to when your school is scheduled to begin for 2017-2018 classes. If your school starts before Friday, August 25th, that will be counted as an absence. **NOTE:** Students who exceed the allowable number of absences will forfeit participation in future RWJ Hamilton junior volunteer programs.
 - A Junior Volunteer Recognition ice cream social will be held Tuesday, August 29th in the hospital Café on the ground floor. Invitations will be mailed to each junior and their parent(s).
 - RWJ Hamilton will have an after school junior program for the 2017-2018 school year which will run in the afternoons Monday through Friday. If our summer program does not coincide with your availability to volunteer, please inquire about the school year program by visiting our website at www.rwjhamilton.org/volunteer. Applications for the after school program will not be available until sometime in mid to late August of 2017.
 - Students who satisfactorily complete the 2017 summer program will receive an invitation to return the following summer, 2018. Participation in the school year program is restricted due to the volume of students who contact the hospital to volunteer. ***Some weekend opportunities during the school year may be offered to Summer participants at the information desk. **Some weeknight opportunities during the school year may be offered to Summer participants at the information desk.*
 - *Note:* A junior volunteer must first complete the summer program before requesting completion of school forms by the volunteer office.

Please retain this fact sheet for future reference.

Remember: The goal is not to present yourself as the
“exception to the rule”. Strive to be “Exceptional”

Your cooperation is appreciated.

Dear Parent or Guardian:

It is the policy of Robert Wood Johnson University Hospital Hamilton that all volunteers be tested for exposure to tuberculosis. All new volunteers receive a two-step tuberculosis skin test, which will be administered to your child at no cost to you. 2-step means that your child will actually receive the tuberculosis test twice.

Your child will receive their 1st Tuberculosis test and reading during general hospital orientation. Arrangements will need to be made for your child to have the 2nd Tuberculosis test performed immediately following the orientation.

- *Please advise the volunteer office if your child has had a Tuberculosis test performed in the last year. You will be required to provide a copy of that TB test(s) for our records.*
- *Please advise the volunteer office if your child is not permitted to receive a Tuberculosis test due to a positive TB test in the past. A copy of the positive TB test is required along with a copy of a recent chest x-ray.*

In addition, it is the policy of Robert Wood Johnson University Hospital Hamilton that all volunteers receive Tuberculosis testing on an annual basis. Only a single TB skin test will be required annually.

Junior volunteers age 18 and under must have this signed consent from their parent or legal guardian in order to be tested.

Thank you for your cooperation.

CONSENT FOR MINORS

_____ has my permission to receive the two-step tuberculosis skin test and annual TB testing in the Occupational Health Department of Robert Wood Johnson University Hospital Hamilton.

Parent / Guardian Signature

Parent / Guardian name (Print)

Date

Robert Wood Johnson University Hospital Hamilton Junior Volunteer Standards of Performance

The Standards of Performance for junior volunteers are:

- The 2017 junior volunteer summer program begins on Wednesday, July 5, 2017 and ends on Friday, August 25, 2017. Excellent attendance and cooperation with the rules and regulations of the junior program are mandatory. Please be aware that excessive lateness and/or absenteeism may prevent the junior volunteer from participating in future summer programs. Your child should report for duty at 8:15 am.
- Please provide written notice in advance as much as possible if you are going to be away on vacation. Please call the volunteer office in advance as much as possible in the event of sickness at 609-631-6981.
- Be in uniform **at all times** while in the hospital. Tan slacks are required with uniform shirts tucked in neatly. No jeans, no shorts, no capris. The junior volunteer identification badge must be worn and displayed at all times while in the hospital. Comfortable walking shoes or clean sneakers must be worn with socks or stockings. No sandals, clogs or backless shoes! As a representative of the volunteer program, you are to be neat and clean at all times. No unusual hair colors. First offense failure to comply with the dress code will result in a warning. Second offense failure to comply with the dress code will result in your parents being notified and may result in your suspension from the program.
- Professional conduct is expected at all times. Parents will be notified if your child engages in negative conduct such as falling asleep on the job, excessive complaining, being disrespectful or leaving their assignment without the permission of the Volunteer Services office. If the behavior continues, the junior volunteer may be suspended from the program and may prevent them from participating in future summer programs. Please make sure your child has the proper rest prior to their scheduled volunteer days.
- Please limit personal items or valuables brought to the hospital. Junior volunteers are **not** permitted to carry cell phones to their assignments. Cell phones must be left in the volunteer office and may be collected at the end of the volunteer day. During office hours, your family members may call the Volunteer Services office at 609-631-6981.
- A junior volunteer **may not** under any circumstances give out any personal contact information to other volunteers, patients or staff such as personal telephone numbers, cell phone numbers, e-mail addresses or home address. First offense may result in your termination from the program.
- **Do not** chew gum while volunteering.

- You may not leave the hospital building without permission from the Volunteer Services office. First offense may result in termination from the program.
- RWJ Hamilton is a smoke free facility. Smoking is prohibited in the hospital and on the hospital grounds. First offense will result in termination from the program.
- **Do not** discuss personal problems with members of the medical staff. You should never discuss any patient information with a member of the staff (unless relevant to the patient's care), volunteer or visitor. Respect the privacy of our patients. Failure to do so may result in termination from the volunteer program.

If I am selected as a RWJ Hamilton summer junior volunteer, I agree to adhere to the established guidelines, rules and regulations of the junior volunteer program. I understand that if am in violation of any program rules, my parents will be notified and I may subject myself to suspension or termination from the program.

Signature of Junior Applicant

Date

Should my child be selected as an RWJ Hamilton summer junior volunteer, I agree to adhere to the established guidelines, rules and regulations of the junior volunteer program. I will support the Standards of Performance by assuring my child is well rested, appropriately dressed, arrives by 8:15 am on their scheduled day and that the Volunteer Services office is notified in writing of any planned absences. I understand that if I am contacted regarding the behavior of my child, I will immediately address those issues with them. I have read, understand and fully intend to support the RWJ Hamilton Junior Volunteer Standards of Performance.

Signature of Parent or Legal Guardian

Date

VOLUNTEER SERVICES – Reference Form

_____ has expressed a desire to become a junior volunteer at Robert Wood
Applicant's Name (please print your name clearly)

Johnson University Hospital Hamilton. As a prerequisite to acceptance into our program, we require a recommendation from a reliable source who knows the applicant very well **and is not a relative**. Your response to the following questions and any other remarks would be most helpful in determining whether this applicant is an appropriate candidate for our program.

Applicants cannot be considered for service until references are submitted. Please return this form to the applicant as soon as possible. If you have any questions, or would like to discuss the applicant further, please contact Kathryn Gabel, Volunteer Manager, at 609-631-6981. If you would like this form to be confidential, please place it in an envelope, seal it and place your signature at the seal.

I give the applicant the following evaluation: *(please circle the most appropriate selection):*
5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor

- | | | |
|----|---|-----------|
| 1. | Cooperation:
Ability to get along with others, accept authority and follow instructions, adaptability, tactfulness, and flexibility | 1 2 3 4 5 |
| 2. | Character:
Loyalty, integrity, sincerity, and concern for others | 1 2 3 4 5 |
| 3. | Industry:
Willingness to work, perseverance, work habits, attention | 1 2 3 4 5 |
| 4. | Initiative:
Motivation, intellectual curiosity, willingness to attempt new things and resourcefulness | 1 2 3 4 5 |
| 5. | Reliability:
Dependability, good judgment, honesty and ability to function with minimal supervision | 1 2 3 4 5 |
| 6. | Emotional control:
Maturity, poise, stability and self-confidence | 1 2 3 4 5 |
| 7. | Leadership:
Objectivity, patience and ability to accept responsibility | 1 2 3 4 5 |

How long have you known the applicant? _____ In what relationship? _____

Can you point to any special strengths or weaknesses which would make a difference in this person's ability to do a good job as a volunteer? ... and/or other remarks _____

Overall recommendation: a) Highly recommend _____ b) Recommend with confidence _____
 c) Recommended with reservation _____ d) Not recommended _____

Signature: _____ Date _____

Print Name: _____ Phone Number: _____

VOLUNTEER SERVICES – Reference Form

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Objectivity, patience and ability to accept responsibility | 1 2 3 4 5 |

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Can you point to any special strengths or weaknesses which would make a difference in this person's ability to do a good job as a volunteer? ... and/or other remarks _____

Overall recommendation: a) Highly recommend _____ b) Recommend with confidence _____
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Signature: _____ Date _____

Print Name: _____ Phone Number: _____

VOLUNTEER SERVICES – Reference Form

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Overall recommendation: a) Highly recommend _____ b) Recommend with confidence _____
 c) Recommended with reservation _____ d) Not recommended _____

Signature: _____ Date _____

Print Name: _____ Phone Number: _____