

Novant Health Brunswick Medical Center

Dear Junior Volunteer Applicant:

Thank you for your interest in Novant Health Brunswick Medical Center's Junior Volunteer Program. Our Program will not only provide you with an excellent opportunity to learn the value of community service, but also experiences that will sharpen your communication, leadership, teamwork and decision-making skills. In addition, you will be able to observe a variety of career fields within our healthcare setting.

To be considered as a Junior Volunteer, you must:

- Be a mature, 16-year old or will be 16 within three months of the program start date,
- Commit to volunteer a minimum of **4 hours each week during the summer and 10 hours per month during the school year**,
- Have reliable transportation to ensure that you arrive and leave on time,
- Complete the Annual Mandatory Education and submit your completed and signed forms,
- Submit a completed volunteer application packet to the **Guest Services Desk located in the Main Lobby of the hospital or return by email to n.clark@novanthealth.org**.

The application should include the following:

- Junior Volunteer Application with your parent or guardian's written consent,
- Personal Statement, minimum of 250 words,
- Two Letters of Recommendation from your teachers, in a sealed and signed envelope,
- Copy of your current immunization record, and a signed Health Screening Consent Form
- Your signed forms that are generated after completing the Annual Mandatory Education.

Incomplete application packets will not be considered.

Given the popularity of our program and the limited number of volunteer positions, we are unable to accept everyone. We will notify you by email regarding your acceptance into the program two-three weeks prior to the required orientation.

If accepted, you will need to complete the following:

- Schedule a Health Screening with the Employee Health Nurse (910-721-1440); Note: she is available for appointments Monday – Thursday 7:30 a.m. - 2:30 p.m.
- Attend a **mandatory orientation** (the meeting time is **3:30-6:00 p.m.**)
- Begin to assemble your uniform which includes:
 - Full length black, charcoal gray or white slacks (no jeans).
 - Polo shirt/vest (\$15) or jacket (\$20), uniforms are available at orientation. We accept cash or checks payable to "Novant Health Brunswick Medical Center".
 - Soft-soled, close-toed shoes. Sandals are not acceptable.
- We will provide your ID badge. The cost to replace a lost badge is \$15.

Thank you again for considering the Novant Health Brunswick Medical Center's Junior Volunteer Program for your volunteer opportunity. If you have any questions, please do not hesitate to contact Natalie Clark, Volunteer Programs Coordinator at n.clark@novanthealth.org. We look forward to meeting you.

Sincerely,



Deborah Rochelle
Manager, Patient Relations and Volunteers

Novant Health Brunswick Medical Center Junior Volunteer Application

Circle one: Fall Summer		Date
Last Name		First Name
		Middle
Street Address		Last 4 digits of SSN:
City	State	Zipcode
Home Phone	Your Cell Phone	
Your E-mail Address		
School Name	Grade	Date of Birth
In case of emergency, contact		Relationship
Home Phone#:	Work Phone #:	Cell Phone #:
Person responsible for transportation		Relationship
Home Phone#:	Work Phone #:	Cell Phone #:
Please list your hobbies, skills or special interests:		
Please list any clubs or organizations to which you belong:		
Please list any fluent languages other than English		
How did you learn about the Junior Volunteer Program?		

Please mail all completed application materials to:
Volunteer Services, Novant Health Brunswick Medical Center
240 Hospital Drive NE
Bolivia, NC 28422

Or
Hand carry to the Guest Services Desk in the Main Lobby
Attn: Junior Volunteer Program

(Office use only)

Date Received: _____

- Application w/parent/guardian consent,
- Personal Statement
- Two Letters of Recommendation
- Signed Health Screening Consent Form
- Current immunization record
- Signed Annual Online Training forms
- Photo Permission Form

NOTICE TO ALL JUNIOR VOLUNTEER APPLICANTS

NOVANT HEALTH BRUNSWICK MEDICAL CENTER CONFIDENTIALITY AND SECURITY AGREEMENT:

I understand that Novant Health Brunswick Medical Center (the "Company") for whom I volunteer or provide services, or with whom the entity (e.g., physician practice) for which I volunteer has a relationship (contractual or otherwise) involving the exchange of health information (the "Company"), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with patient identification of health information, "Confidential Information").

In the course of my volunteer services at Novant Health Brunswick Medical Center, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company's Privacy and Security Policies, which are available on the Company intranet. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will comply with HIPAA and not disclose any confidential information with anyone who does not have a need to know. This includes discussions where others can overhear the conversation even if the patient's name is not used.
2. I will not in any way divulge copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized.
3. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
4. I agree that my obligations under this Agreement will continue after termination of my volunteer service with the Company.
5. Upon conclusion of the volunteer session, I will immediately return my Novant Heath ID badge and any documents or media containing confidential information to the Company.
6. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.
7. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
8. I understand that violation of the Agreement may result in disciplinary action including termination of my volunteer services.
9. I will not administer any type of clinical care, and
10. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.

COMMITMENT: I understand that by participating in the Junior Volunteer program, I am expected to exhibit the qualities necessary for a successful volunteer experience (i.e. arriving on time, staying for my entire shift, completing my assignment to the best of my ability and staying current with my training). If it becomes necessary for me to be absent, I understand that I am expected to make up the hours as soon as possible. Failure to comply with any of these requirements may result in my termination from the program.

TRAINING/HEALTH: A hospital orientation and annual mandatory education are prerequisites for placement. In addition, a health screen must be completed. Documented proof of current immunizations will be submitted with the application. Seasonal flu shots are required for all volunteers each fall.

Signing this document, I certify that the information in this application is true and complete for all practical purpose. It may be verified by the facility or any affiliate. Should it later be found that the information is significantly untrue, incomplete or misrepresented I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to volunteer services, and that I am subject to immediate discharge without recourse. I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated herein.

SIGNATURE OF JUNIOR VOLUNTEER

DATE

I hereby permit my child to participate in the junior volunteer summer program at Novant Health Brunswick Medical Center.

SIGNATURE OF PARENT/GUARDIAN

DATE

**Novant Health Brunswick Medical Center
Junior Volunteer Personal Statement**

Your Name:	Date:
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What do you hope to gain from your experience as a Junior Volunteer? *in 250 words*

In what area(s) of the hospital do you think you might like to volunteer?

Please list the preferred days and times that you would like to volunteer?

Please list any dates that you know you will not be available (vacation, camps, etc.)

I have completed the following:

- Junior Volunteer Application with parent/guardian's signature,
- Personal Statement,
- Two Letters of Recommendation placed in sealed envelopes with signatures across the seal,
- Copy of current Immunization Record,
- Health Screening Consent Form with parent/guardian's signature, and
- Annual Medical Education and printed and signed the required forms.

Novant Health Brunswick Medical Center
Junior Volunteer Health Screening Consent Form
Parental Consent for Testing

To: EMPLOYEE OCCUPATIONAL HEALTH DEPARTMENT

Date: _____

I give my permission for _____ to have a pre-employment health screening which will/could include any of the following: having blood drawn, a drug screen, a TB skin test, a chest x-ray, immunizations and/or post offer testing.

Printed Name of Junior Volunteer

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Today's Date

Please contact the Employee Health Nurse 910-721-1440 (Fax: 910-721-1439) to schedule an appointment to review your health and immunization records. This appointment takes approximately 30 minutes to complete.

Please bring this completed consent for along with documentation of immunizations (shots) including

Hepatitis B

MMR (measles, mumps and rubella)

Two Varicella (chicken pox)

Tetanus (Tdap or Td)

This information should be documented on your immunization record, from your doctor's office and/or your school health records.

If you have had a positive TB skin test in the past, please bring any related documentation. Proof of a current flu shot will also be required if the Junior Volunteer plans to volunteer between October 1st and March 31st.

If you are unable to provide the documentation requested, blood will be drawn to check your immunity status.

Thank you.

Novant Health Brunswick Medical Center Junior Volunteer Applicant's Recommendation Form

TO THE JUNIOR VOLUNTEER APPLICANT:

Please ask two of your teachers to recommend you for the Junior Volunteer Program. Provide each of them with a copy of this Form with your name, grade, signature and date filled in and a plain envelope. Please give them several days to complete their recommendation then arrange a time to pick up their sealed, signed envelope. Submit the envelopes with your volunteer application packet.

TO HIS/HER TEACHER:

Thank you for taking the time to recommend this student for the Junior Volunteer Program at Novant Health Brunswick Medical Center. We appreciate you sharing your insight into his/her level of maturity, responsibility and dependability for our program. When you complete your recommendation, please place it in the attached envelope, seal it and sign your name across the seal. Thank you!

JUNIOR VOLUNTEER APPLICANT'S NAME (Printed):					Grade:
<i>I hereby give my permission for you to release the following confidential information to Novant Health Brunswick Medical Center Volunteer Services.</i>					
JUNIOR VOLUNTEER APPLICANT'S SIGNATURE:					Date:
Characteristics	Poor	Fair	Average	Above Average	Excellent
MATURITY LEVEL – emotional control, poised, confident around both adult and peers					
RELIABILITY – Dependable, uses good judgment, able to complete assigned tasks with minimal supervision					
COOPERATION – Gets along with others, accepts authority, follows instructions, adaptability, flexible					
CHARACTER – Loyal, honest, has integrity, sincere, concern for others					
INDUSTRY – Willing to serve, perseveres, good work habits, pays attention					
INITIATIVE – Intellectually curious, willing to attempt new things, resourceful, seeks activities					
LEADERSHIP – objective, able to accept personal responsibility					
Highly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> <i>(Please check one)</i>					
Additional Remarks:					
TEACHER'S NAME (Printed):			PHONE NUMBER:		
How long have you known this student?		Years	Months		

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INITIATIVE – Intellectually curious, willing to attempt new things, resourceful, seeks activities					
LEADERSHIP – objective, able to accept personal responsibility					
Highly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> <i>(Please check one)</i>					
Additional Remarks:					
TEACHER'S NAME (Printed):			PHONE NUMBER:		
How long have you known this student?		Years	Months		

