

## JUNIOR VOLUNTEER SUMMER PROGRAM

Each Summer, the East Cooper Volunteer Service Organization and East Cooper Medical Center provides high school students with the opportunity to help make a difference and learn about hospitals and healthcare. Our junior volunteers will learn new skills, meet new people, observe patient care and other healthcare professionals.

This summer our junior volunteers will have the opportunity to be hosted in many areas including:

- Patient Access/Registration
- Women's Services
- Rehabilitation Services
- Day Surgery
- Other Patient Care and non-Patient Care Areas

### **Application Requirements:**

To be considered for the summer program, applicants must meet the following criteria:

- Must be a high school student
- Must be available to volunteer at least one 4 hour shift per week for the duration of the 8 week program
- Must have a desire to assist patients/family/staff and work well within a team
- Must be able to attend short orientation session in late May

### **How to Apply:**

If you are interested in participating in the program, please complete the forms below:

- Application (See Page 2)
- PPD Consent (See Page 3)
- If Accepted as a Hospital Volunteer (See Page 4)

Upon completion of the application, PPD and if accepted as a hospital volunteer consent forms, please email them to [thomas1.hayden@tenethealth.com](mailto:thomas1.hayden@tenethealth.com).

### **Key Dates:**

- ECMC will accept applications from April 8 thru April 30, 2024 on first come first served basis
- Selection Status shared via email by May 6, 2024
- Short Orientation/Onboarding will take place between May 28 and May 31, 2024
  - Junior Volunteers will complete their health screenings at this time
- Program Duration
  - June 5 thru July 31

**Thank you for your interest in our Summer Junior Volunteer Program.**

We look forward to having you join us.

### **Contact Us:**

For more information, please email [thomas1.hayden@tenethealth.com](mailto:thomas1.hayden@tenethealth.com) or call **843-416-6273**.

## JUNIOR VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

**In Case of Emergency (if parents cannot be reached):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

**VOLUNTEER/EMPLOYMENT RECORD**

*(Please include any employment or volunteer positions you have held beginning with the most recent)*

Date(s)	Company	Location	Position	Supervisor

Name of school: \_\_\_\_\_ Grade you will be entering in the fall: \_\_\_\_\_

**Check days preferred:**  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Check time preferred:**  Morning  Afternoon  Evening

**Check the top TWO service areas you prefer:**

- Administration  Day Surgery  Emergency Department  Medical Surgical
- Rehabilitation Services  Nursery  Women's Services

Date Received: \_\_\_\_\_

East Cooper Medical Center, 2000 Hospital Drive, Mt Pleasant, SC 29464 | 843-881-0100



**PPD PERMISSION FORM**

I give East Cooper Medical Center permission to administer a PPD skin test to my child,  
\_\_\_\_\_, for the purpose of being a Junior Volunteer.

I understand that he/she must return to the hospital two days after the test is given  
for authorized personnel to interpret the results on his/her arm.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*Dates and time that I am not available to work: (vacation, camp, jobs, etc.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT

- 1.** I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel and not seek to obtain confidential information from a patient, physician or staff member.
- 2.** My services are donated to the hospital without compensation or contemplation of future employment and are given for humanitarian, religious or charitable reasons.
- 3.** I shall submit to examinations and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my doctor(s) to furnish the hospital information concerning my health. I also authorize the person(s) making the tests or X-ray to report the results to the hospital.
- 4.** I shall conform to all rules and regulations of the Volunteer Services Organization and East Cooper Medical Center, including wearing the appropriate uniform. Volunteers are asked to return smocks/jackets, shirts and identification badges should they resign their position.
- 5.** I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
- 6.** I shall attempt to resolve any problems related to my volunteer activities with my supervisor.
- 7.** I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
- 8.** I shall at all times uphold the image, philosophy and standards of the hospital at work and in public.
- 9.** I understand that the Volunteer Services Organization reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the volunteer board would make my continued service as a volunteer contrary to the best interest of the hospital.

**I have read each of the above conditions and I agree to be bound by them.**

\_\_\_\_\_  
Junior Volunteer Signature

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_