



# Saint Vincent Hospital

March 5, 2014

Dear Student,

Thank you for expressing an interest in the high school Junior Volunteer Program at Saint Vincent Health Center. As a volunteer, you will be part of a group of students assisting with providing important services. At Saint Vincent, we are devoted to patient care, teaching, and community service. Your role will fulfill a special need by providing many extra services that support our essential functions. Unlike the past, limited Junior Volunteers will be accepted for Summer 2014.

To apply for a Junior Volunteer position, please fill out the Junior Volunteer application, and include completed forms below:

- Health history information form
- Parent/Guardian signature form
- Two letters of recommendation (may be from teacher/counselor, employer or family friend)
- Return completed application to Judy Stear – HR & Volunteer Resources or drop off at Saint Vincent Info Desk

Upon prequalification approval, you will be contacted to schedule an interview with the **2014 Junior Volunteer Coordinator(s)**.

**Important dates to remember:**

**May 2 – Deadline to submit application**

**May 5 – May 9 – Interviews conducted from 2:00pm-7:00pm – SV Hospital Café Roses – Main Lobby**

**May 12 – May 16 – Interviews conducted from 2:00pm-7:00pm – SV Hospital Café Roses – Main Lobby**

May 20 – Health History, PPD, Photo ID, & Uniform Distribution from 2:00pm-5:00pm – SV Associate Health

**May 22 – Mandatory Junior Volunteer Orientation** from 4:00pm-7:30pm – SV McGarvey Learning Center

June 3 – First day of the Junior Volunteer Program – SV Hospital

**August 22 –Mandatory Jr. Volunteer Wrap Up Meeting** – SV McGarvey- 4 p.m. – 5 p.m. (turn in Photo ID)

August 29 – Last day of the Junior Volunteer Program

I am very pleased that you are willing to share your valuable time and service with us! I you will benefit from your volunteer experience by meeting new people, building new friendships, and learning about the career opportunities in health care.

If you have any questions concerning the Junior Volunteer program, please feel free to contact me directly. Thank you for your interest!

Sincerely,

Judy Stear, HR & Volunteer Resources  
Allegheny Health Network  
Saint Vincent Hospital  
232 West 25<sup>th</sup> Street  
Erie, PA 16544  
814.452.5646 Office  
814.452.7987 Fax  
[jstear@svhs.org](mailto:jstear@svhs.org)

# Saint Vincent Junior Volunteer Application Cover Sheet

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

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

**I have attached the following information to my Junior Volunteer Application**

**Please check the boxes:**

- Health history information form
- Parent/Guardian signature form
  
- Two letters of recommendation  
(may be from teacher/counselor, employer or family friend)
  
- Return completed application to Judy Stear (address below)  
(or drop off at Main Lobby Information Desk—asking it to be brought to my attention)

Judy Stear, Human Resources  
Programs & Volunteer Coordinator  
Saint Vincent Hospital  
Allegheny Health Network  
Tel 814.452.5646  
Fax 814.452.7987  
Email address [jstear@svhs.org](mailto:jstear@svhs.org)



Saint Vincent Hospital  
232 West 25<sup>th</sup> Street  
Erie, PA 16544

Judy Stear, HR & Volunteer Resources (814) 452-5646

## Junior Volunteer Application

Please accept my application for the high school Junior Volunteer Program at Saint Vincent. I understand there is a minimum commitment of three (4) volunteer hours a week, which may also count toward my required community service. I understand that the importance of confidentiality in the health care setting will be fully explained to me at the time of my orientation. I agree that I will keep confidential all information, written, verbal, or otherwise, regarding any patient or associate.

I agree to attend all scheduled events related to the Junior Volunteer Program.

**Deadline for Application Submission: May 2, 2014**

Please print

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

I have participated in the following Saint Vincent programs (please indicate year):

Previous Summer Jr. Volunteer \_\_\_\_\_  Explorer Program \_\_\_\_\_  Physician Career Interest Night \_\_\_\_\_

I wish to participate in the Junior Volunteer program because...  
(please express in 50-250 words or less. Use additional paper if necessary)

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Shirt Size: XS S M L XL XXL

**Availability:** I would like to volunteer \_\_\_\_\_ hours a week. (Minimum commitment is three (3) hours a week.

Weekday(s) available: Monday Tuesday Wednesday Thursday Friday

Hours: Morning (From \_\_\_\_\_ To \_\_\_\_\_ ) Afternoon (From \_\_\_\_\_ To \_\_\_\_\_ ) Evening (From \_\_\_\_\_ To \_\_\_\_\_ )

Weekend(s) available: Saturday Sunday

Hours: Morning (From \_\_\_\_\_ To \_\_\_\_\_ ) Afternoon (From \_\_\_\_\_ To \_\_\_\_\_ ) Evening (From \_\_\_\_\_ To \_\_\_\_\_ )

**Background Verification:**

1. Have you ever been convicted of a felony which has not been annulled, expunged or sealed by a court?

Yes No \*Note: Criminal record check will be conducted on all volunteers.

2. I have attached two letters of recommendation from my teacher/counselor, workplace, or personal reference:

Yes No

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Permission:** As parent, legal guardian or next-of-kin I hereby give permission for my daughter/son to volunteer at Saint Vincent Health Center. While the risk of illness or infection to my child while he/she is volunteering at Saint Vincent is minimal, I accept that risk. I authorize Saint Vincent to administer to my child, at my expense, any emergency care Saint Vincent regards as necessary in the event of illness or injury. I intend to be legally bound by the statements made in this document. I understand the work to be done at Saint Vincent will include only non-professional duties. I declare she/he is in good health and has no physical restrictions to be aware of. My daughter/son has permission to receive a Tuberculosis mantoux skin test before she/he starts and must be read by Associate Health Services at Saint Vincent 48 hours after the skin test is administered.

**Please complete health history information on reverse**

Name of Parent/Guardian: Please Print: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**For Office Use Only**

Saint Vincent Health History completed

Two reference letters attached

House-wide Junior Volunteer orientation completed

Department Orientation completed

Department Assigned: \_\_\_\_\_ Contact: \_\_\_\_\_ Ext. \_\_\_\_\_



# Junior Volunteer Health History Information

To be completed by parent/legal guardian

The following is information concerning my son/daughter who will be participating in the Saint Vincent Junior Volunteer program.

My high school student's name is:

Birth Date: \_\_\_\_\_

Copies of vaccine documentation and/or lab work must be attached to this form.

### Copies of vaccine documentation and/or lab work must be attached to this form.

1. **Varicella Zoster (Chicken Pox)**

Serologic Titer Results: \_\_\_\_\_.

Date of Vaccine: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_

2. **Rubella (German Measles)**

Date of Vaccine: \_\_\_\_\_

All students must have one dose of rubella vaccine or 2 MMR vaccines or titer showing immunity.

History of disease will **not** be accepted.

Serologic titer results: \_\_\_\_\_

3. **Rubeola (Measles)**

Date of Vaccine: Dose 1 \_\_\_\_\_ Dose 2 (if needed) \_\_\_\_\_

All students must have 2 MMR or titer showing positive immunity. History of disease will **not** be accepted. Serologic titer results: \_\_\_\_\_

4. **Mumps**

Date of vaccine: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_

All students must have two doses of the mumps vaccine or 2 MMR or titer showing positive immunity.

Serologic titer results: \_\_\_\_\_

5. **Hepatitis B**

Date of Vaccine Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_

All students must have three doses of Hepatitis B or serologic titer results \_\_\_\_\_

6. **Mantoux (Tuberculin Skin Test)**. Must be done yearly. Tine test is not acceptable.

Most recent date: \_\_\_\_\_ Negative \_\_\_\_\_ Positive (results mm)

If positive, what follow-up was initiated? \_\_\_\_\_

7. **Influenza** Date of vaccine: \_\_\_\_\_

This health history is mandatory for those who wish to volunteer at Saint Vincent. This information is required by OSHA and Saint Vincent Infection Control policies. These are the same requirements for Saint Vincent associates. All information will be held in the strictest confidence.

For questions concerning health history information, please contact:

Associate Health Services

Saint Vincent Health System

232 West 25<sup>th</sup> Street

Phone: (814) 452-7608; Fax: (814) 452-5684