



Mercy Hospital Jefferson  
Volunteer Services Department  
1400 Hwy 61 S.  
Festus, MO 63028  
636-933-1684

## Mercy Junior Volunteer Application Process

1. **Call the Volunteer Services Department** at 636-933-1684 to schedule an interview.
2. Complete and return the **Junior Volunteer Program Application** as quickly as possible in person to the Volunteer Services Department at Mercy Hospital Jefferson or by mail to Volunteer Services; P.O. Box 350, Crystal City, MO 63019. The **APPLICATION DEADLINE is May 1, 2019**.
3. **Provide a letter of recommendation** from your school counselor, teacher or person of similar authority. If your letter of recommendation is not ready by the application deadline, turn in the application on time. The letter of recommendation may be submitted at a later date.
4. **Provide a copy of your most recent report card.** If you do not have access to a copy machine, a copy can be made when you arrive for your interview.
5. Complete the **Summer Scheduling Worksheet and the three-month calendar forms.** The information will be used to determine assignments and your schedule. *Volunteers should be able to complete 40 hours of service in three months.*
6. Parents or legal guardians for students under the age of 18 must sign **ALL** consent areas on each form where it is required, including the Volunteer Application form.
7. A two-step Tuberculosis Skin Test and a Drug Screening Test is required. Mercy will provide the tests at no charge at our Festus Urgent Care location. Instructions will be given to you during the interview process.
8. Student uniforms consist of a Mercy Hospital Jefferson volunteer polo shirt, khaki pants and closed -toed shoes. Polo shirts must be ordered prior to Orientation. Your size will be recorded at the time of your interview.
9. **Orientation is required and is tentatively set for Friday May 31, 2019.** Further instructions will be sent to you.

We are hoping to have a large number of students applying to volunteer for the summer so please **call Volunteer Services at 636-933-1684** to schedule an interview as soon as possible.



**Mercy Junior Volunteer Program\***  
**Application for Volunteer Services**

*\*To be a Junior Volunteer, student must be at least 14 years old.*

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

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_ Social Security # \_\_\_\_\_  
(mm/dd/yyyy)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell number (\_\_\_\_\_) \_\_\_\_\_

*To be completed by Volunteer Office:*

*Date application received* \_\_\_\_\_

*Date of Interview* \_\_\_\_\_

*Date of Orientation* \_\_\_\_\_

*Date completed (2) PPD* \_\_\_\_\_

*Completed Drug Screening* \_\_\_\_\_

*Start date* \_\_\_\_\_

*Area Assigned* \_\_\_\_\_

*Days/Time* \_\_\_\_\_

*Letter of recommendation* \_\_\_\_ yes \_\_\_\_ no

*Summer Scheduling Worksheet* \_\_\_\_\_

*Shirt size* \_\_\_\_\_

*Report Card* \_\_ yes \_\_ no

*Forms Signed* \_\_ yes \_\_ no

*Badge Received* \_\_\_\_\_

*Badge Returned* \_\_\_\_\_

*Department Orientation Returned* \_\_\_\_\_

**Student Volunteer Emergency Contact Information**

Contact Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Home telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_

How did you become interested in our volunteer program? \_\_\_\_\_

Did someone refer you to our program? \_\_\_\_\_ If yes, who? \_\_\_\_\_

What are your reasons for volunteering? \_\_\_\_\_

Name of school: \_\_\_\_\_

Are you seeking to complete a school requirement for volunteer service? \_\_\_\_ yes \_\_\_\_ no

If yes, total hours required by school \_\_\_\_\_

Date of deadline for completion of required service hours: \_\_\_\_\_



**Mercy Junior Volunteer Program\***  
**Application for Volunteer Services**

Page 2

Have you volunteered at Mercy Hospital Jefferson in the past? \_\_\_\_ yes \_\_\_\_ no  
If yes, when? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Are you involved in other volunteer activities? \_\_\_\_ yes \_\_\_\_ no  
For which organization(s)? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense other than traffic violations? \_\_\_\_ yes \_\_\_\_ no  
If so, indicate city, state, date and reason \_\_\_\_\_  
\_\_\_\_\_

**JUNIOR VOLUNTEER COMMITMENT AGREEMENT**  
As a Junior Volunteer at Mercy Hospital Jefferson, I agree to:

- \* Be punctual and conscientious in the fulfillment of assigned duties and accept supervision graciously.
- \* Conduct myself with dignity and consideration for others.
- \* Consider as confidential all information which I may hear directly or indirectly concerning the hospital, patients, physicians, other professional staff, employees or any other volunteers, and will not seek confidential information in regard to the same.
- \* Observe the Hospital standards of safety and infection control.
- \* Endeavor to make my work of the highest quality.
- \* Uphold the traditions, standards and core values of the Hospital which includes:  
Dignity Justice Service Excellence Stewardship

Student's Initials

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental / Guardian Consent for Student to Volunteer**

Students under 18 years of age

If accepted into the program, I hereby authorize consent for my child \_\_\_\_\_  
(print name of child)

to participate as a Junior volunteer at Mercy Hospital Jefferson. He/She is \_\_\_\_\_ years of age and has completed the \_\_\_\_\_ grade.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



Parental Consent for Junior Volunteer  
Picture Release

Print names in the blanks and sign at the bottom of the box.

I, \_\_\_\_\_, parent of \_\_\_\_\_, hereby acknowledge that I consent and give permission to you and anyone acting under your authority to make and use text, films, videotapes, photographs, drawings and other reproductions or depictions of my name, likeness, voice, words, actions and biography for any project, program, advertising, publicity or promotion for use in theatrical exhibition, television, radio, home video, educational videos, books, newspapers, magazines, electronic media and any other medium you may choose throughout the world.

I waive the opportunity and right to inspect or approve any text, films, videotapes, photographs, drawings, and other reproductions or depictions of my name, likeness, voice, words, actions and biography or any use to which they may be put.

I release you and your members, officers, directors, employees, agents and representatives, and those acting under your authority, from all debts, claims or liabilities of any kind arising out of or in connection with the making or use of such text, films, videotapes, photographs, drawings and other reproductions or depictions of my name, likeness, voice, works actions and biography.

I hereby certify that as the parent/legal guardian I read this document and will sign below and I have read this document and understand its contents.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



### Mercy Junior Volunteer Program Summer Scheduling Worksheet

Department assignments are determined based on a department's needs and the interests and availability of student volunteers. Department assignment and schedules will be distributed at Orientation. All Junior Volunteers are asked to commit to at least 40 hours of their time this summer to the Hospital.

Volunteer's name \_\_\_\_\_ Age \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of school you attend: \_\_\_\_\_ Your grade level in September 2018 \_\_\_\_\_

#### Part 1: Availability

Your last day of school this year is: \_\_\_\_\_ Your first day of school next year will be: \_\_\_\_\_

**Please use the calendar on the back to indicate days you know you cannot be at the Hospital to volunteer. Include summer jobs, baby-sitting, vacations, sports, lessons, camps, no transportation, etc.**

How many days do you prefer to volunteer per week? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Check which days you are available:

- Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

List any additional comments regarding your availability. (Example: ride availability)

#### Part 2: Assignment Information

Are you thinking of pursuing a career in healthcare? If so, what areas are you interested in: \_\_\_\_\_

Clubs, organizations, work experience, hobbies: \_\_\_\_\_

Skills you have and like to use. List level of experience (example: Yearbook layout 1 year)

- Computer – what software programs have you used: \_\_\_\_\_  
 Cashier \_\_\_\_\_  Other \_\_\_\_\_  
 Cooking \_\_\_\_\_

#### Part 3: Choose a Volunteer Area

There are a variety of volunteer opportunities available throughout the Hospital. Every effort is made to place volunteers in positions that match their skill levels and interests. Please rate the items below as 1 (first choice), 2 (second choice), 3 (third choice), 4 (forth choice) as they match your level of interest.

Choice \_\_\_\_\_ Clerical/Office/Supplies: Paperwork, filing, assemble packets, copy materials, greet people, run errands, answer phones, deliver mail or work in the supply room.

Choice \_\_\_\_\_ Patient Areas: Run errands, deliver meal trays, make beds, clean equipment, visit patients, assemble charts, file, restock patient cabinets, stock linens, assist patients.

Choice \_\_\_\_\_ Working with public, some patient contact: Reception, meet and greet people, give directions, answer phones, escort patients, take program registrations.

Choice \_\_\_\_\_ Physically active area: general housekeeping, shuttle driver, stock supplies in warehouse; work food lines in the cafeteria, kitchen, dish room; maintenance/grounds, or deliver mail.



Cross out ["X" out] days you CANNOT Volunteer **June 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

**July 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**August 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



Student Name \_\_\_\_\_

Age \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

As a co-worker, physician, volunteer or other healthcare provider of Mercy, you may have access to confidential information including patient, financial or business information obtained through your association with Mercy. The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information is valuable and sensitive and is protected by law and by strict Mercy policies. The intent of these laws and policies is to assure that confidential information will remain confidential; that is, it will be used only as necessary to accomplish Mercy's mission. Your responsibilities for protecting confidential information are outlined below.

Accordingly, as a condition of and in consideration of my access to confidential information, I promise the following:

1. I will not access confidential information for which I have no legitimate need to know.
2. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my association with Mercy.
3. I will not reveal my computer access code to anyone else for any reason, nor will I utilize another user's password in order to access any system. I accept responsibility for all activities occurring under my password.
4. If I observe or have knowledge of unauthorized access or divulging of confidential information, I will report it immediately to my supervisor.
5. I will not seek personal benefit or permit others to benefit personally by any confidential information or use of equipment available through my work assignment.
6. I will respect the ownership of proprietary software and not operate any non-licensed software on any computer.
7. I understand that all electronic communication systems and all information transmitted by, received from or stored in these systems is the property of Mercy and should not be used inappropriately or for personal gain. I also understand that all electronic communication may be monitored and is subject to audit.
8. I understand that my failure to comply with this agreement may result in disciplinary action, which might include, but is not limited to, termination of employment and/or loss of my privileges within Mercy.
9. I will not discuss or disclose to anyone other than my immediate supervisor or the Human Resources Department my compensation, performance reviews, disciplinary actions or any other circumstance of my employment with Mercy. Violation of this trust will result in disciplinary action up to and including termination.
10. **System Security**  
I understand that if given access to the MERCYNet or other Mercy computer systems, I am responsible to use the system only for work related functions for which I am directly responsible or requested to do by my superior(s). I may not share my system password with another person; leave the password in an unsecured place, nor sign on to the system for an unauthorized person's use. I may only use the single valid system I.D. that has been assigned to me.

**Corporate Responsibility**

I understand that Mercy has established a Corporate Responsibility Program to ensure ethical business practices and compliance with applicable laws and regulations. As a member of Mercy's workforce, I agree to comply with the organizations policies and procedures and Code of Conduct.

If questions arise regarding the existence, interpretation or application of any law, such questions should be directed to Mercy's Director of Corporate Compliance at 314-364-3388 or the Corporate Responsibility and Compliance Hotline at 1-800-605-1337.

Print Name	Signature	Date