

Please print in ink. Please fill out the application, attach the certificate of wellness form and the TB skin test and return by May 18, 2012. Thank you.

Date _____

NAME OF APPLICANT _____

ADDRESS _____ City _____ Zip Code _____

HOME PHONE NO. _____ CELL PHONE NO. _____ e-mail address _____

DATE OF BIRTH ____/____/____ AGE ____ (Must be 14 by June 1, 2012)

NAME OF SCHOOL _____ CURRENT GRADE _____

REQUIREMENTS FOR TEEN VOLUNTEERS

- A. Two written references from unrelated adults. One must be from a teacher, the other from someone such as a minister, employer, etc. (Please attach letters.)
- B. Wellness form from your doctor (attached to this form)
- C. TB Test (attached to this form)
- D. **Mandatory Orientation Session—Thursday, May 31, from 9:00 a.m. to 1:00 p.m. at Gibson General Hospital's 5th floor Conference Room.**

Please mail your signed application to Darla Lewis, 706 E Vine Street, Fort Branch, IN 47648.

Do not forget wellness and TB information attached to this form.

If you have any questions, please call Darla Lewis at (812) 753-4177 or (812) 457-4683. We are looking forward to working with you. Thank you.

FOR TEEN VOLUNTEER APPLICANT:

I agree to abide by the policies of Gibson General Hospital and Volunteer Auxiliary and realize violations may warrant dismissal from the Teen Volunteer program.

Signature of Teen Volunteer applicant _____

FOR PARENTS OR GUARDIAN:

I hereby give permission for my daughter/son to become a teen volunteer at Gibson General Hospital and certify that the above birth date is correct. I affirm that she/he is in good health and will be able to participate in the Teen Volunteer program with restrictions or with limitations noted below. I understand that failure to comply with standards, rules, and regulations of Gibson General Hospital and Volunteer Auxiliary may result in her/his dismissal from the program.

Signature of parent or guardian

Emergency Phone Other Than Home

FOR HOSPITAL USE ONLY – PLEASE DO NOT WRITE BELOW!

Received _____

Teen is interested in _____

Teen has has not volunteered at Gibson General Hospital before.

Teen has been assigned to work _____ . Supervisor is _____

Day(s) and Time(s) to work: _____

Gibson General

H O S P I T A L

Dear Teen Volunteer:

Please take the following form to your doctor and have it signed. A TB test is required and can be obtained from the Business Health Department at no charge. You must call the Business Health Department at (812) 385-9397 and have the results attached to this form when turning it in. If applicant is under the age of 18, a parent/guardian's written permission must be given for the TB test.

Application, Wellness form, and TB test are due on May 18, 2012 or before.

Thank you.

Detach, Complete and Return

Teen Volunteer Name: _____

CERTIFICATE OF WELLNESS
FOR
GIBSON GENERAL HOSPITAL AUXILIARY TEEN VOLUNTEER PROGRAM

Please have this form completed by your family Physician and return as soon as possible.

I hereby certify that _____ has had childhood immunizations, is free from contagious and infectious disease, and, to the best of my knowledge, is physically and mentally able to function as a member of the Gibson General Hospital Auxiliary Teen Volunteer Summer Program.

Date: _____

Name of Physician _____
(Print) (Signature)

Gibson General

H O S P I T A L

Confidentiality Agreement

I, _____, a Teen Volunteer at Gibson General Hospital, realize that I have an obligation to the patients, employees, and the hospital. The information that I learn or observe while shadowing here is confidential.

I understand and agree that under no circumstances shall I discuss, share, or otherwise relay patient, employee, and/or hospital information in areas not suitable for such discussion or dissemination, or with the employees or other individuals who do not have a need to know such information. This information also encompasses data relative to the hospital information network and applicable passwords.

I acknowledge that this confidentiality may be protected by state or federal law, and that if I discuss or disclose information in an inappropriate manner that I may be subject to immediate dismissal.

My signature below attests to my understanding that this Confidentiality Agreement is binding-whether while actively volunteering in our facility or after completion of my volunteering - and represents continuity of any Confidentiality Agreements which I may have signed at an earlier date.

Date: _____ Student's Signature _____

Date: _____ Parent/Guardian's Signature _____
(Required for anyone under the age of 18)

Date: _____ Supervisor's Signature _____

Teen – please check your preference in position(s), writing “1” or “2” for your first and second choices in positions available. Be sure to include the day(s) and time(s) you prefer to work. If you are not sure, leave blank. We can go over the specific positions at the orientation session! Thanks!

☐ COMMUNITY & PUBLIC RELATIONS (1 TEEN PER SESSION-LIMITED TO 1 TEEN PER WEEK)

Will be assisting with various public relations events, including the Gibson County Fair. Also may help with scrapbooks and sorting photos. Some writing & graphics involved. Computer experience a plus. Prefer someone who wants Public Relations/Marketing background.

Hours & Days: Monday through Friday, 1:00 to 4:00 p.m. Supervisor: Jeff Jones

I prefer to work _____ (day or days)

☐ SKILLED NURSING FACILITY-ACTIVITIES DEPARTMENT (1 TEEN PER SESSION-UP TO 3 TEENS PER WEEK)

Will be assisting the Activity Director, helping with activities such as Bingo, tea parties, exercise class, playing cards, reading to residents, etc.

Hours & Days: PREFERRED HOURS – Monday through Friday, 1:00 p.m. - 3:00 p.m.; might take morning hours.

Supervisor: Activity Director Cindy Hillyard & Administrator

I prefer to work _____ (day or days) and _____ (hours)

☐ INFORMATION DESK FIRST FLOOR (1 TEEN PER SESSION-UP TO 6 TEENS PER WEEK)

Would prefer teen that is able to work independently. Requires someone to sit at Information Desk, sometimes alone, sometimes with adult volunteer, and offer information to patients, visitors, and/or family members. Teen must be able to physically take patient, visitor, family member to various areas of the hospital, if need be. Other duties may include – sorting, stuffing envelopes, etc.

Hours & Days: Monday through Sunday, Noon to 4 p.m.; 4 to 6 p.m. Supervisor: (to be named)

I prefer to work _____ (day or days) and _____ (hours)

☐ MATERIALS MANAGEMENT (1 TEEN PER SESSION-UP TO 1 TEEN PER WEEK)

Prefer someone with computer experience. This individual could be revising forms and/or developing forms on the computer. May also print forms, build patient charts, help put stickers on stock items (Tuesday afternoons) as well as help with computer stocking and management of storeroom items.

Hours & Days: Monday through Friday, 7 a.m. to 11 a.m. or 11 a.m. to 3 p.m.

Supervisor: Janet Graves, Director of Materials Management; and Sharon Huebner, Materials Management

I prefer to work _____ (day or days) and _____ (hours)

☐ RADIOLOGY (1 TEEN PER SESSION-UP TO 1 TEEN PER WEEK)

Will help file, observe patient procedures, fax requests, fax reports, process images, etc.

Hours & Days: EVENINGS ONLY! Monday through Friday, 3 p.m. to 5 p.m. or 5 p.m. to 7 p.m. Supervisor: Megan Deffendall

I prefer to work _____ (day or days) and _____ (hours)

☐ BUSINESS OFFICE (1-2 TEENS PER SESSION-UP TO 2 TEENS PER WEEK)

Provide clerical/office assistance. May work on the computer. Prefer someone with computer experience.

Hours & Days: Monday through Friday, 8 a.m. to 4 p.m. Supervisors: Dawn Michel and Debbie Shultz, Business Office.

I prefer to work _____ (day or days) and _____ (hours)

☐ 4TH FLOOR NURSING (1-2 TEENS PER SESSION-UP TO 5 TEENS PER WEEK)

Prefer teens interested in a career in nursing.

Hours & Days: Monday through Friday, 8 a.m. to 4 p.m. Supervisor: Angie Brewer, Nursing Manager

I prefer to work _____ (day or days) and _____ (hours)

☐ ECU NURSING (1-2 TEENS PER SESSION-UP TO 5 TEENS PER WEEK)

Prefer teens interested in a career in nursing.

Hours & Days: Monday through Friday, 8 a.m. to 4 p.m. Supervisor: Penny Culp, Nursing Manager

I prefer to work _____ (day or days) and _____ (hours)

Teen – please check your preference in position(s), writing “1” or “2” for your first and second choices in positions available. Be sure to include the day(s) and time(s) you prefer to work. If you are not sure, leave blank. We can go over the specific positions at the orientation session! Thanks!

☐ LABORATORY (1 TEEN PER SESSION-UP TO 1 TEEN PER WEEK)

Will help with specimen processing. Prefer student who is interested in laboratory.

Hours & Days: Monday through Friday, 8 a.m. to 5 p.m. Supervisor: Tonda Welch

I prefer to work _____ (day or days) and _____ (hours)

☐ STAR*ONE REHAB (1 TEEN PER SESSION AND LIMIT IT TO 1 TEEN PER WEEK)

Would prefer someone who is interested in physical, occupational, and/or speech therapy so that they could observe some treatments and gain some valuable knowledge that may assist them in future career endeavors. Will assist with such things as cleaning of department, stocking laundry, putting equipment/supplies away, filing/organizing, observing patient treatments, etc.

Hours & Days: PREFERRED HOURS – Monday, Wednesday, and Friday 1 p.m. – 3 p.m. Supervisor(s): JD Stock and Daniel Underwood

I prefer to work _____ (day or days) and _____ (hours)