

**Junior Volunteer Program  
Summer 2019**

Please read the following information carefully. Should you have any questions about this program, please contact Volunteer Services at 830-258-7630.

**Requirements for those accepted:**

- The program begins on June 17, 2019 and ends on July 26, 2019.
- Not be absent more than 1 week during the program
- Attendance at the four hour **mandatory** orientation on Thursday, June 13, 2019. The session is 8:00 a.m. – 12:00 p.m.
- A time commitment for a minimum of 28 hours, including orientation.
- Volunteer a minimum of one 4 hour shift weekly. You may work more than one shift per week, if you choose, but only one shift is required.
- The shifts are 8:00 am – 12:00 p.m. or 12:00 p.m. – 4:00 p.m. Monday – Friday. Some exceptions may apply. No shifts are available on weekends.

**Application Process:**

A fully completed application, consisting of:

- 1) Your signature and a parent or guardian's signature
- 2) Signed parental authorization
- 3) A copy of your student ID, if available
- 4) A copy of your current immunization record
- 5) A recommendation letter

Uniform:

- A Peterson T-Shirt will be provided
- White long pants or white crop pants
- Closed toed white shoes.

The deadline for submitting an application is **May 6, 2019**. All completed applications will be considered.

**Please retain this letter for your records.**



JUNIOR VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age:\* \_\_\_\_\_ (Minimum age is 14) Birth Date: \_\_/\_\_/\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Do you have any health problems? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

Service areas that interest you  Patient Area  Guest Services

Please indicate your availability:  Monday  Tuesday  Wednesday  Thursday  Friday  AM OR  PM

Interests/Hobbies/Talents/Extracurricular Activities: \_\_\_\_\_

School Information

Name of school you attend: \_\_\_\_\_

Recommendation letter from a Teacher/Guidance Counselor/Pastor/Hospital Employee (Not a family member).

Goals for volunteering (100 words or less handwritten on back): \_\_\_\_\_

Circle T-Shirt Size X-Small Small Medium Large X-Large

Attach to this application a copy of your student ID, a recommendation letter. The volunteer office needs to receive your completed application with all attachments no later than **May 6, 2019**, to be considered for this program.

I approve of my son/daughter \_\_\_\_\_ volunteering his/her time at Peterson Health and give my permission to participate in the junior volunteer program. I understand that the Junior Volunteer Program begins with a mandatory Orientation in June and continues through the summer months requiring one four hour volunteer shift per week.

Mail completed application to:
Volunteer Services
Peterson Health
551 Hill Country Drive
Kerrville, TX 78028
830-258-7630

Signature of Parent/Guardian
Daytime Phone
Address
City/State/ZIP Code
Signature of Junior Volunteer

Incomplete Applications will not be accepted.





**Parental Authorization for Junior Volunteer Program**

**Photographs or Videos**

I hereby authorize Peterson Health and such assistants, photographers and technicians as may be engaged for the purpose of media publications, or electronic broadcasts, to interview me for stories and take such photographs or videos of me as may be necessary and to permit such stories, photographs or videos to be published or broadcast, for the purpose of general publicity for Peterson Health.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**TB Skin Test**

Proof of a TB Skin Test, performed within the last 6 months is required and I agree to provide proof of that test. If my son/daughter has not had a TB Skin Test since January 2018, I authorize a TB Skin Test to be performed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Drug Free**

I attest that my child is drug free and has no criminal background.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## VOLUNTEER CODE OF ETHICS

Believing that the hospital has a real need of my services as a volunteer worker:

- I will be punctual and conscientious in the fulfillment of my duties as I understand that dependability is vital to my service;
- I will conduct myself with dignity, courtesy and consideration, always modeling the values, **“CALLING”**  
**Caring, Accountability, Leadership, Learning, Integrity, Nurturing, Going the extra mile.**
- I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any personnel and will not seek information regarding a patient or read charts, records or reports under any circumstances;
- I will take my problems, criticisms or suggestions to the Volunteer Coordinator and will never discuss these concerns in front of or with patients, visitors or hospital staff;
- I will endeavor to be cheerful and pleasant at all times, to accept supervision graciously and to make my work of the highest quality;
- I understand that all hospital policies, procedures and guidelines are designed with a great deal of thought and reason and I will uphold these standards and interpret them favorably to the community at large;
- I will fulfill my commitment of service for the duration of the program and assume responsibility for my daily attendance.

I have read and understand the Code of Ethics and I will follow the guidelines to the best of my ability. I understand that a violation of any of the above commitments may result in termination of my service in the program.

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Applicant's Signature

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Date