

JUNIOR VOLUNTEER APPLICATION

NHRMC Volunteer Services Department

P.O. Box 9000 • 2131 S. 17th Street
Wilmington, NC 28402
(910) 343-7704

Junior/College Volunteer Programs: Michelle Hern: 343-7704

FOR OFFICE USE ONLY:

Volunteer name: _____ ID number: _____

Interview date: _____

Orientation date: _____

TB 1/Date: _____ TB 2/Date: _____

Placement area(s): _____

Comments: _____

Processed by: _____

Junior Volunteer Application

Please print (Blue or Black Ink)

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City / State / Zip

Telephone #: (Home) _____

Cell #: (if applicable) _____ E-mail Address: _____

Present school: _____ School Phone #: _____

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

School planning to attend next year? _____

Have you ever been suspended from school? _____

How did you hear about the junior volunteer programs?

In order to participate in the New Hanover Regional Medical Center's Junior Volunteer Program, you must be 14. No exceptions!

Are you between the ages of 14 and 18 years old? Yes No

IN CASE OF AN EMERGENCY NOTIFY: *List two contacts*

Name: _____ Telephone #: _____
(Parent/Guardian)

Address: _____ Relationship: _____

Name: _____ Telephone #: _____
(Parent/Guardian)

Address: _____ Relationship: _____

Junior Volunteer Application

REFERENCES: (Note: References must be at least 18 years of age and not a relative).

Please provide full mailing address and phone numbers. This section must be completed with the accurate information.

Name: _____ Phone: _____

Address: _____ Occupation: _____ Yrs. Known: ____

Name: _____ Phone: _____

Address: _____ Occupation: _____ Yrs. Known: ____

Please write a 50-word or more paragraphs stating the reasons you would like to join the junior volunteer program(s) at the medical center? Include aspects of your personality, educational background and hopes for the future. Interests and hobbies may also be included.

EDUCATION/HEALTHCARE INTERESTS:

Do you plan a career in health care? _____ If so, what area(s) of interest? _____

What are your two favorite subjects? _____

What is your least favorite subject? _____ Why? _____

What are your hobbies and special interest(s) (include any clubs or organization, volunteer experiences to which you have or currently participate). – (You may attach an additional sheet).

Junior Volunteer Application

Do you have any relatives or close acquaintances who work with New Hanover Regional Medical Center? _____ if yes, list their names, relationships, and the departments where they work.

How did you hear about our Junior Volunteer Program? _____

When did you first become interested in being a Junior Volunteer?

Experience and Skills:

List your previous experience and duties as a volunteer.

List your previous experience and duties as a paid employee.

Do you type? _____ Do you have computer experience? _____ if yes, list the computer software applications with which you are familiar.

Check other clerical skills: Filing _____ Answering phones _____ Shredding _____
Alphabetizing _____ Copying/Collating _____ Others _____
(Please list) _____

Have you ever been a Teachers' Assistant? _____ Office Assistant? _____
Library Assistant _____ Science Lab Assistant? _____ Computer Lab Assistant? _____
Other: _____

Volunteer Availability:

SERVICE AREA and TIME PREFERENCE: *(Schedules will be discussed in more detail during the interview sessions)*

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|-----------------|---------|--------------------|----------|-------------------------|----------|
| Do you prefer: | MORNINGS (9-1) | | AFTERNOONS (1-4) | | | |
| Would you prefer: | Patient contact | | No patient contact | | Limited patient contact | |
| | Office Work | | Special Projects | | Other | |

Uniform and Dress Code:

NHRMC adheres by a professional dress code and the uniform consists of white or khaki chino style slacks and a teal NHRMC screen printed logo golf shirt. The teal golf shirt will be the only expense to the junior volunteer.

Indicate your shirt size (S, M, L, XL, and XXL) shirts are adult sizes and tend to run large. They are purchased at the time of interview session for \$20.00 -Cash or check only. Checks can be addressed to the NHRMC Auxiliary, Inc. (Refer to the Junior Volunteer Agreement form and volunteer handbook for more information on dress code policy).

-Is there anything else you would like to include in this junior application packet? –Optional- (I.e. awards/certificates, school activities, hobbies, etc.) (Use the space below or attach extra pages with the junior volunteer application).

Please Note: A few reminders!

~ **The TB/PPD screening confirmation form is required before you can begin your volunteer assignment and training sessions.**

~ **Please bring a photograph (*school ID card, recent photo or submit a digital print, etc*) to the interview.**

It is required for identification purposes and will only remain in your application files.

~ **Please bring \$20 for the purchase of a NHRMC Junior Volunteer Polo-Shirt/Uniform.**

~ **Please bring an advanced schedule or monthly calendar to the interview session.**

Junior Volunteer Pledge:

- I will accept supervision graciously
- I will be punctual and conscientious in the fulfillment of my duties
- I will communicate in truthfulness at all times
- I will adhere to HIPAA and confidential policies if information that I may hear directly or indirectly concerning a patient, doctor, volunteer or staff member. I will not seek information in regard to a patient unless it is my role as a volunteer.
- I will commit to volunteering for a 50 hours and a 6 month timeframe and support the Saturday Auxiliary program with 4-6 hours each month.

JUNIOR VOLUNTEER APPLICATION

APPLICANT, PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

- I certify that the information contained in this application is correct and complete to the best of my knowledge. Final placement is contingent upon satisfactory completion of all pre-placement procedures including interview, verification of references, criminal background investigation, orientation and tuberculosis screening.
- I realize that any misrepresentation of facts will be cause for rejection of this application. I agree to abide by the policies of New Hanover Regional Medical Center.
- I authorize New Hanover Regional Medical Center to thoroughly investigate the information provided on this application. NHRMC can conduct a Criminal Background Investigation for applicants over the age of 18. I will hold no person liable for giving or receiving information in this investigation.
- Your response to any security questions will not automatically disqualify you from volunteering. However, if you answer "no" and a criminal history is found or if you answer "yes" but did not include all convictions you will be disqualified from consideration.

I, _____ understand that upon my successful completion of the volunteer placement processes required and the receipt of approval for service, by Volunteer Services Management, I will become a "volunteer". As a volunteer I acknowledge that I will not receive compensation for services and I will not be required to work.

I acknowledge that I will receive a placement description to specify the department(s) I will be volunteering in prior to my placement(s). A signed copy of that (those) placement description(s) will be in my volunteer personnel file.

Signature of Applicant: _____ Date: _____

Volunteer Services Personnel: _____ Date: _____

PARENTAL/GUARDIAN CONSENT:

My son/daughter may serve as a volunteer at New Hanover Regional Medical Center. Final placement is contingent upon satisfactory completion of all pre-placement procedures including interview, verification of references and orientation. I realize that misrepresentation of facts is cause for rejection of this application. I understand as a parent, I will assume financial liability in the event that my son/daughter should require medical attention while on duty.

Signature: _____ Date: _____

Volunteer Services Competency Form

Name: _____

Date: _____

1. The most important job of the volunteer is to:
 - a. Help the medical staff with their jobs.
 - b. Be friendly to patients and visitors, and make them as comfortable as possible.
 - c. Take the place of regular employees when they cannot be at work.

2. If a patient asks you to do something that you are not trained to do, you should:
 - a. Refuse and walk away.
 - b. Do what the patient asked you to do.
 - c. Tell the patient that you are not trained, but will find someone to help them.

3. If a patient's family member or visitor is angry with you for enforcing rules, you should:
 - a. Remain calm, explain the rules again, and let them talk to a hospital employee if necessary.
 - b. Get angry too, forcefully repeat the rules, and then walk away.
 - c. Ignore the person and hope that someone else will handle the problem.

4. If a visitor asks for directions within the hospital and you do not know how to get there, you should:
 - a. Tell the person you don't know the directions and walk away.
 - b. Tell the person you don't know and bring them to the information desk or to a staff member for help.
 - c. Ignore the person and hope they ask someone else.

5. To safely transport a wheelchair patient down the hall, you should:
 - a. Look in mirrors when crossing intersections.
 - b. Walk down the right side of the hallway.
 - c. Push the patient at a reasonable, steady pace.
 - d. All of the above.

6. When should you lock the breaks on a wheelchair?
 - a. Only before the patient gets in the chair.
 - b. Before the patients gets in the chair and before the patient gets out of the chair.
 - c. If you have to leave the patient unattended
 - d. Both b and c.

7. When entering an elevator doorway with a wheelchair patient, you should:
 - a. Back the chair through the doors.
 - b. Continue to push the chair forward through the doors.
 - c. Hold the doors open and have the patient wheel himself through the doors.

Age-Specific Questionnaire

Name: _____

Date: _____

PLEASE CIRCLE THE CORRECT ANSWER:

1. The major development for a Toddler/Pre-school Age child is/are:
 - a. Potty Training
 - b. Play
 - c. Responding to parent's means of disciplining
 - d. A and C

2. A safety issue for a Toddler/Preschooler is:
 - a. Protecting him/her from getting lost
 - b. Protecting him/her from small objects that can be swallowed
 - c. Protecting him/her from injury while moving around
 - d. All of the above

3. It is okay to lie to a toddler/preschooler because he/she is not old enough to understand trust issues. True False

4. Kindergartners/school-aged children need which of the following in development of their sense of "adequacy":
 - a. Lots of encouragement
 - b. Lots of explanations
 - c. Lots of punishment
 - d. A and B

5. Privacy is of the utmost importance to an adolescent: True False

6. Adult learners:
 - a. Are self-directed
 - b. Are concerned about time constraints
 - c. Prefer a friendly, informal environment
 - d. All of the above

7. People in late adulthood experience normal aging changes in the following ways:
 - a. Skin becomes wrinkled if cream is not used regularly
 - b. Become prone to more infection because the immune system does not work as well
 - c. Certain sounds may not be heard well, especially those in the higher pitch range
 - d. B and C only
 - e. A and B only

**VOLUNTEER SERVICES DEPARTMENT
JUNIOR VOLUNTEER PROGRAM
CHECK LIST**

I HEREBY VERIFY THAT: (Please initial items as they apply)

___ I have attended an interview and orientation session for the junior volunteer program.

___ I have completed the application packet & all forms to become a volunteer.

___ I have completed the tb/ppd screening and returned the confirmation form.

___ I have been instructed and understand my responsibilities on the following policies; infection control, fire safety, emergency procedures, and the HIPPA confidentiality training, and corporate compliance training.

___ I realize the importance of the ongoing, educational in-service programs and will attend at least two recommended programs. - *Summer months only*

___ I have reviewed the position description and understand my volunteer duties.

___ I have purchased the volunteer shirt (\$20) and understand the NHRMC dress code policy.

___ I have completed and signed the parent/volunteer agreement forms.

___ I have submitted a copy of a recent photo for my application files (*note-Photos are only accepted at the interview session*).

___ I have completed all steps to participate in the junior volunteer program at the hospital.

___ I have had an opportunity to ask additional questions about the Junior Volunteer Program, expectations, training, and any other aspects of the program and they have been answered to my satisfaction and understanding.

Signature: _____ Date: _____

Volunteer Services Signature: _____ Date: _____

Volunteer Services Age Specific Guidelines

Our visitors and patients represent a wide range of age groups. Experts generally agree that people grow and develop in stages that are related to their age and share certain qualities with each stage. Understanding these age-specific stages is important in our daily interaction with patients and visitors within the hospital.

INFANT (Birth to 1 Year)

Tasks and Issues

- Move toward independence from mother
- Parents are the infant's "world"
- Infant loves being the center of attention
- Needs to develop trust with caregiver

Safety

- Because infant is rolling, crawling, and walking, must be protected and constantly monitored
- Because infant puts things in his mouth to learn, nothing smaller than the inside of a toilet paper roll should be available
- Look for sharp edges, corners
- Parents are encouraged to stay with child and be involved in care

TODDLER/PRESCHOOLER (1 to 3 years)

Tasks and Issues

- Child is learning to assert him/herself
- Working on mastering toilet skills
- Child is also getting more active, thus getting more restraints placed by caregivers
- May begin to have nightmares
- By age 3 ½ may recognize colors, follow simple instructions, and button own buttons.

Safety

- This child is very mobile, and thus, must be watched closely
- They may continue to put small things in their mouth – watch for choking
- Protect from getting lost
- In the healthcare setting, may use coping behavior typical of their age group: crying, temper tantrums, holding their breath
- Sense of trust is promoted by being truthful and supportive, "The injection will hurt, but I will stay with you and hold you."
- Use play, fantasy, or affection to divert their attention from something unpleasant

KINDERGARTEN and SCHOOL AGE (5-12 years)

Tasks and Issues

- Physical development focused on strengthening muscles
- By age of 10-12, the fine motor skills will closely resemble those of an adult
- Developing a sense of right and wrong
- Need lots of encouragement and explanation because they are developing a sense of adequacy in their abilities
- Coping skills usually involve nail biting, dependence, humor, and fantasy
- Under stress will frequently develop stomach aches

Safety

- Safety problems will usually stem from their growing sense of independence
- To help through a health care encounter, show equipment, explain, let them handle things or “play” with the equipment

Critical Behaviors for Staff and Volunteers

- Define and reinforce behavior limits
- Involve parent(s) in planning
- Use language appropriate to child’s age and developmental level

ADOLESCENCE (13 to 18 Years)

Tasks and Issues

- Rapid growth spurts with onset of puberty
- May experience emotional swings
- Developing a sense of individuality, but greatly influenced by others
- Peer pressure is intense

Safety

- May begin experimentation with drugs, alcohol, sexual behaviors
- Information about these issues will be important to avoid serious consequences
- Teen may need help coping with emotional swings and issues facing him/her
- To cope, teen may use humor, defensive behavior, or socialization

Critical Behaviors for Staff and Volunteers

- Speak directly to the guest/patient in simple terms
- Allow the guest/patient to take control and make some decisions independently
- Respond in a non-defensive manner if adolescent demonstrates resistance

LATE ADOLESCENCE (16 to 18 Years)

Tasks and Issues

- At this time reaches physical and sexual development consistent with adulthood
- He/she is extremely aware of physical appearance and is concerned with body image
- Privacy remains a critical concern
- Able to use abstract thinking, but remains oriented to the present
- Continues to experience strong peer pressure
- Important not to treat as a child

Critical Behaviors for Staff and Volunteers

- Speak directly to the guest/patient in simple terms
- Allow the guest/patient to take control and make some decisions independently
- Respond in a non-defensive manner if adolescent demonstrates resistance

YOUNG ADULthood (19 to 29 years)

Tasks and Issues

- Beginning to accept self and develop a self-concept and body image
- Developing personal identity and achieving independence from parents
- Establishing a career, home, and intimate relationships outside of family and origin
- Always explain reason and be aware that learning is best accomplished in friendly, informal environment

Safety

- Major health problems related to accidents
- May struggle with anxiety or depression related to pressures of independence, competition in the workplace, and acceptance by peers
- May use humor, anger, drugs, alcohol, music, meditation, TV, and social contacts as coping skills

MIDDLE ADULTHOOD (30 to 65 years)

Tasks and Issues

- Continues to develop own homes and careers
- Continues to balance various roles of work and home
- As children grow and parents age, may be caught in the middle
- Need to deal with physical changes related to aging process

Safety

- Focus on prevention of chronic illness: hypertension, heart disease, diabetes, etc.
- Safety closely related to lifestyle habits, human sexuality, family planning, and substance abuse
- Cardiovascular disease is a major threat to this group

LATE ADULTHOOD (65 and beyond)

Tasks and Issues

- Continues to experience significant effects of the normal aging process which may contribute toward some disease states
- Visual acuity may be decreased: night vision decreased
- High pitched sounds may be difficult to hear (sirens, horns, some voice ranges)
- Gastrointestinal tract tone is decreased, leading to digestive problems
- Muscles which are not used will atrophy or decrease in size and ability to do work – may lead to walking problems if leg muscles involved
- Skin wrinkles and is more prone to injury
- Reaction time slowed
- May not respond in their usual way when in hospital environment

Safety

- Face the person you are speaking to, using formal name
- Ask the person if they are able to hear you
- Check to see if the person wears eyeglasses or hearing aid
- Watch how the person responds to you: do they seem to hear you? Do they respond in non-verbal way to you, such as by smiling or nodding?

Critical Behaviors for Staff and Volunteers

- Focus light directly on objects due to decreased visual acuity
- Speak about one item or issue at a time
- Provide guest/patient the necessary amount of time for decision-making, verbal expression, and activities requiring movement
- Address patient using last name (Mr./Mrs. Jones) or patient preference