

## **HonorHealth Scottsdale Campuses Teen Volunteer Program**

HonorHealth Scottsdale Osborn, Shea and Thompson Peak Department of Volunteer Services will be offering an opportunity for high school students to volunteer and learn about professions in the health care environment. The 8-week summer program is designed to provide an overview of the hospital environment while volunteering. Each student will be required to become a HonorHealth Scottsdale Osborn, Shea or Thompson Peak volunteer and will be trained to work in an assigned hospital department. Each week, a health care professional will meet with students, and have a lecture and open discussion regarding the medical professions. This is a very competitive program and requires a completed application and successful interview in order for acceptance into the program.

The program is open to high school students finishing their 9<sup>th</sup> or freshman year through 11<sup>th</sup> grade or entering senior year. All students must commit to the 8-week program, June - August 2015. Each student must attend the mandatory teen orientation on May 6, 2015 at 6 pm with one parent or guardian and must be available to provide 4-hours of service once a week (e.g. every Wednesday 12-4pm). The mandatory orientation will be held at the HonorHealth Scottsdale Shea hospital, Brady Conference Center. In order to maximize this educational opportunity, the student must be available for eight weeks of volunteer service, which must be outlined as part of your application. Two absences from the program will result in immediate withdrawal from the program and ineligibility from participating in the HonorHealth Scottsdale Teen Volunteer Program. Due to the limited number of teen applicants accepted into this program, no exceptions can be made to the volunteer requirements.

The HonorHealth Teen Volunteer Program requires each student submit an Application Packet to the HonorHealth Volunteer Department at Scottsdale Osborn, Shea or Thompson Peak due Friday, May 1, 2015 by 3:00 pm.

The application must include:

- High school transcript
- Student statement: Why you are interested in participating in this program?
- Resume with an appropriate photo of yourself
- Online Teen Volunteer Application
- Submit signed Volunteer Contract with 8-week calendar of availability (available online at <http://www.HonorHealth/volunteer>)
- Two letters of recommendation (may not be from a family member)
- Copy of immunization card with vaccination of Measles, Mumps and Rubella (MMR) and Tdap
- History of varicella/chicken pox

Each teen applicant will be interviewed before being considered for a position in our teen program. Since each campus will only accept a limited number of participants, candidates are encouraged to interview at more than one campus to increase possibility of participation. Each selected participant will receive a letter of invitation upon acceptance into the program. Upon completion of the Honor Health Scottsdale Campus Summer Teen Program, each volunteer will receive a certificate of verification of community service hours and participation in the HonorHealth Scottsdale Campus Teen Career Exploration Program and eligible for scholarships offered by the SHC Auxiliary.

HonorHealth is committed to providing quality healthcare to our community, and our excellence is consistent throughout outreach and educational programs.

For questions regarding the HonorHealth Teen Career Exploration Program, please contact Felicia Prostrollo at [fprostrollo@slhn.org](mailto:fprostrollo@slhn.org)

Sincerely,  
Felicia A. Prostrollo  
Director, Volunteer Services

## VOLUNTEER CONTRACT

### To perform my duties as a HonorHealth volunteer:

1. I will review and abide by the policies and procedures stated in both the HonorHealth Volunteer Handbook and the Service Description and Procedure document specific to my service area assignment.
2. I will consider my volunteer assignment as a **commitment**. If I am unable to do my volunteer shift, I will contact the supervisor of Volunteer Services, and will do so 24-hours in advance of my shift if possible.
3. I will hold all information as **confidential** concerning patients, families, staff members, physicians and volunteers.
4. I will make my service professional in all ways, and conduct myself with dignity, courtesy and consideration for others.
5. I will not make or receive personal phone calls (landline or cellular), engage in text messaging, or have visitors while on duty. This behavior is inappropriate in a hospital setting and will not be tolerated.
6. I understand that only patients are to be seated and/or transported in the hospital wheelchairs.
7. I understand that I must be in compliance with the dress code as stated in the HonorHealth Volunteer Handbook; I understand that my uniform golf shirt must be worn tucked in and that I must wear my HonorHealth ID badge at all times while on duty.
8. I will take any concerns or suggestions directly to the Volunteer Services supervisor or director.

### PARENT/GUARDIAN AGREEMENT FOR TEEN VOLUNTEER COMMITMENT TO VOLUNTEER

1. I understand that HonorHealth reserves the right to dismiss my daughter/son's services as a volunteer if the action is in the interests of the hospital. Dismissal could result from failure to comply with hospital rules and regulations or inappropriate personal conduct, attitude or appearance.
2. I give my consent for HonorHealth to administer to my daughter/son and monitor:  
Two (2) tuberculin skin tests and a chest x-ray in the event of a positive skin test reading, during the volunteer application process and prior to training or an annual TB skin test, and a chest x-ray in the event of a positive skin test reading.
3. I give my permission to HonorHealth to administer emergency medical treatment to my daughter/son if necessary....
4. HonorHealth is a drug-free work environment, and drug screening of employees and volunteers may occur with cause. In such event, I give my consent for HonorHealth to administer an evidential breath test and urine drug screen to my daughter/son.

My child, \_\_\_\_\_, has my permission to become a HonorHealth volunteer.

Telephones: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell  
(\_\_\_\_) \_\_\_\_\_

### SIGNATURES: I have read and support the above Volunteer Contract.

#### ■ 1) PARENT/GUARDIAN OF TEEN APPLICANT: I agree to support a minimum 8-week volunteer commitment.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Signature)

Date \_\_\_/\_\_\_/2015

#### 2) TEEN APPLICANT:

I agree to complete a minimum of 8-weeks of volunteer service as outline on the attached calendar.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Signature)

Date \_\_\_/\_\_\_/2015

## VOLUNTEER CALENDAR

**Students:** The HonorHealth summer teen volunteer program requires 8-weeks of volunteer service. Please use the calendars below to indicate the 8-weeks you will be available to provide service.

June						
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				

July						
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	

August						
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
23/30	24/31	25	26	27	28	29