

Commitment Statement

Volunteering can be a fun activity and very rewarding, but it is also a very serious commitment. Volunteering requires that you be willing to learn, work hard, and be responsible and open to new experiences.

Participants in the program volunteer weekly over an eight week period. They volunteer 4 hours per week (one half day per week). There is a commitment of volunteering 28 hours for the program, with 1 excused absence. We will not be able to accommodate students who need to take extended vacations.

Please consider carefully whether this time commitment will fit your schedule or other life commitments. You must have the willingness and ability to make a commitment to your volunteer assignment. The department in which you volunteer depends on you. You will be permitted no more than one absence in order to satisfactorily complete the program. We will not be able to verify hours if program is not completed.

I understand the commitment responsibility:

Jr. Volunteer Signature

Date

Name (Please Print)

Parents/Guardian – I understand my child’s commitment responsibility for the program:

Parent/Guardian Signature

Date

Name (Please Print)

Volunteer Services



Jackson-Madison County
General Hospital™

An affiliate of West Tennessee Healthcare

Junior Volunteer Information

Application Process:

You must be at least 14 years of age by June 1 of the year you are applying, have completed the 8th grade and no more than 18 years of age. Include with your application: completed application form, a copy of your last report card, (must have a 3.0 grade point average) two completed reference forms from teachers, and a 250 word, printed or typed, essay explaining your specific interest in healthcare. A commitment form signed by parents or guardian must be turned in with packet.

Deadline for completed application packets: March 15th. It is to be received in the Volunteer Services Office of the hospital, by 4:30 pm of the deadline date. If the deadline falls on a weekend, it is to be turned in on the following Monday. If it is mailed, it needs to be posted marked by 4:30 pm on the deadline date. Please note there are no exceptions to the requirements above. Incomplete or late applications will not be considered.

Areas of service include but are not limited to: Nursing Areas, Gift Shop, Waiting Areas, and Deliveries.

Hours of shifts: 8 am -12 noon, 12 noon – 4 pm and 4 pm – 8 pm. The program is approximately 8 weeks beginning the first week in June. A minimum of 28 hours is required with 1 excused absence. We cannot accommodate students who need to be out for than 1 week.

Commitment Form: Parents are to sign a commitment form after reviewing it with the student. Volunteering can be a fun and rewarding activity, but it is also a very serious commitment.

Mandatory Orientation required: You will be sent orientation information if you are accepted into the program. Orientation will be scheduled on a Saturday in May (usually 2nd or 3rd Saturday). Attendance is mandatory and no makeup will be given.

Please complete the attached application and return along with the required forms to:

Jackson-Madison County General Hospital
Volunteer Services Office
620 Skyline Drive
Jackson, TN 38301

The Junior Volunteer Program is a program of the Guest Resources Department. We appreciate your interest in volunteering at Jackson-Madison County General Hospital. If you have any questions, contact the Volunteer Services Office at (731) 541-6153. Fax: (731) 541-5168.





Junior Volunteer Application

Please Print

Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Home Phone Number _____

Cell Number _____ Date of Birth _____

School _____ Grade _____

During the summer months, you may volunteer in four-hour shifts from 8 a.m. until 8 p.m.

List three choices of days and hours you are available to volunteer (number your choices in order of preference).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 a.m.-12 noon							
12-4 p.m.							
4-8 p.m.							

Please check your area of interest. Check at least three choices and mark which is first, second, and third:

____ Nursing Areas ____ Waiting Areas ____ Office Areas ____ Deliveries

____ Gift Shop ____ General (willing to work any area needed)

What are your hobbies? _____

What special skills/training do you have? _____

Are you interested in a health career? _____

If so, what is your career goal? _____

What is your adult T-shirt size? SM M L XL XXL XXXL

Do you have transportation to the hospital or other volunteer site? Yes No

Do you know anyone who works or volunteers at this hospital? _____

If yes, what is your relationship to them? _____

Do you have office/data entry or computer experience?(please describe) _____

Do you need Volunteer/Community Service hours as part of your high school graduation requirement? If so, how many? _____

Please list any planned trips, camps or other extra-curricular activities (with dates) you have scheduled for the period of May through August. _____

Parent/Guardian's Consent

I/we authorize my child, a minor, to participate in such volunteer activities at Jackson-Madison County General Hospital as may be prescribed. I/we understand the child's services are donated to the hospital without contemplation of compensation or future employment. I/we acknowledge the child's date of birth is accurate.

I/we authorize the hospital to perform a Tuberculosis Skin Test and to review a brief health questionnaire. I will provide documentation of immunization shots for Rubella, Measles, and Varicella (Chicken Pox) for my child at orientation.

(Parent's Signature)

(Date)

Telephone in case of emergency: _____

Deadline for completed application packet is March 15 for all information to be turned into the Volunteer Services Office.

Completed Application Packet includes:

- Completed Junior Volunteer Application form
- Two (2) completed reference forms from teachers
- A copy of your last report card (must have at least a 3.0 grade point average)
- A 250-word, printed or typed essay explaining your specific interest in healthcare
- Parent/Guardian Consent form
- Signed Commitment Statement

Jackson-Madison County General Hospital
Attn: Volunteer Services Office
620 Skyline Drive
Jackson, TN 38301



****Acceptance into the program will be based on the above guidelines and an interview. Incomplete application packets will not be considered. Must be able to attend orientation (date to be announced). No make up will be given.**

Parent/Guardian Consent Form

Your son or daughter has requested to be a Junior Volunteer at Jackson-Madison County General Hospital. He or she will be assigned to be a specific area, date and time to volunteer. In order for your child to participate, this form must be completed and returned to the Volunteer Services Office with the application packet.

Permission to Participate in the Junior Volunteer Program

My son/daughter, _____, may participate in the Junior Volunteer Program with Jackson-Madison County General Hospital.

Yes _____ No _____

Confidentiality of Patients

My son/daughter, _____, understands that patients in the hospital are entitled to privacy. My son/daughter understands that he/she may recognize some patients, but the fact that they are patients should not be discussed with anyone. We, myself as well as my son/daughter, understand that we may be held personally liable and can be fined if a patient's confidentiality is violated.

Waiver and Release

I recognize that my son's/daughter's participation in the Junior Volunteer Program may expose my son/daughter to risks associated with physical activity and other matters, which risks include, but are not limited to, serious personal injury. I and my son/daughter hereby voluntarily assume all risks of loss, damage, or personal injury that may be sustained by my son/daughter during his/her participation in the Program. I (for myself, my heirs, executors, and personal representatives) agree to release, discharge, hold harmless and indemnify the Hospital and its employees and agents from and against any and all liability, claims or demands arising out of or related to any loss, damage, or injury that my son/daughter may sustain that occurs as a result of or that relates to his/her participation in the program.

Photo Release

I understand that being a Junior Volunteer may attract attention from the Hospital Media Department. There is a possibility that your child may be photographed during their time as a Junior Volunteer. I grant permission to photograph my son/daughter, _____.

Signature of Parent or Guardian

Signature _____ Date _____

Name (Please Print) _____