

Our mission is to heal. Our passion is to care.

271 Carew Street
P.O. Box 9012
Springfield, MA 01102-9012
413-748-9074
mercycares.com

Dear Prospective Junior Volunteer:

Thank you for your interest in the Junior Volunteer program at Mercy Medical Center. Joining the dedicated team of young men and women volunteers can be a richly rewarding experience for you. Through volunteering, you will find challenging, enjoyable activities that will be satisfying to you while you perform valuable service to others.

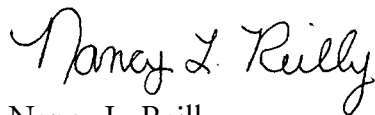
Enclosed you will find the application form to assist us in making the best possible use of your talents. All volunteers are required to complete the following before beginning their service:

- Junior Volunteer Application
- 2 References filled out by someone who has known you for at least one year (not a relative). One must be filled out by a Guidance Counselor, Principal or Internship Coordinator (Academic Reference Form)
- Parent/Guardian Permission Form signed and returned
- Health Clearance form signed by your doctor
- CORI (Criminal Offender Record Information) – filled out when you come in for an interview
- Interview with Volunteer Director
- TB test – done at Mercy Medical Center for free
- Volunteer Orientation

On the application form, please be sure to list two references along with their address and telephone number. No references will be accepted from a family member, and references will be checked by the Volunteer Services Department. Upon receipt of the completed forms and references, we will contact you to arrange a convenient time for a personal interview. If you have any questions regarding the application process please call the Volunteer Office at 748-9074.

I look forward to meeting with you and pursuing your interest in volunteering.

Sincerely,



Nancy L. Reilly
Director of Volunteer Services
Mercy Medical Center
Nancy.Reilly@sphs.com
413-748-9074

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JUNIOR VOLUNTEER APPLICATION

This application is for Junior Volunteers ages 14-17. If you are 18 or older, please fill out the Adult Volunteer Application. Please print clearly and return to Volunteer Services along with completed Reference forms, Parental Permission form, and Health Clearance form. The Director of Volunteer Services will then contact you to set up an appointment to discuss volunteer opportunities at Mercy Medical Center.

Today's Date: _____ / _____ / _____ Date of Birth: _____ / _____ / _____ (month/day/year)

Name: _____
 (First) (Middle) (Last)

Mailing Address: _____
 (Street)

 (City) (State) (Zip)

Telephone Number: Home () _____ Work or Cell () _____

E-mail Address: _____

How did you hear about the Mercy Medical Center Volunteer Program?

EDUCATION

School Name: _____ City: _____

Academic Year: Freshman Sophomore Junior Senior College Freshman

What other classes, workshops, or special training have you had? _____

Are you fulfilling a community service requirement for your school (or other organization) Yes No

If yes, how many hours do you need to complete? _____

Are you fulfilling a prerequisite for a degree program? Yes No

If yes, how many hours and type of contact do you need to complete? _____

EMPLOYMENT/VOLUNTEER EXPERIENCE

Have you had a job or other volunteer experience? Yes No

If yes, employer or organization name: _____ Job Title: _____

Are you interested in a career in a medical field? Yes No

If yes, which careers are of interest to you? _____

Are you interested in shadowing or meeting with a professional in this career? Yes No

PERSONAL REFERENCES

(list 2; references cannot be a relative or an individual with whom you reside; one MUST be a guidance counselor or internship coordinator/teacher)

Reference Name	Address	Phone	Relationship
1.			
2.			

SERVICE AND TIME PREFERENCE:

Day(s): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you prefer to volunteer on:

Mornings

Between 8am-12pm

Afternoons

Between 12pm-4pm

Evenings

Between 4pm-8pm

Would you prefer:

Patient interaction:

Directly interfacing with patients

Office Assistance:

Clerical duties with minimal patient interaction

Both

Is there a specific department you would like to volunteer in? _____

Languages (other than English) _____ Speak Read Write

_____ Speak Read Write

EMERGENCY NOTIFICATION

In case of an emergency, whom do you wish to be notified?

Name _____ Relationship _____

Home Telephone _____ Work or Cell Telephone _____

Primary Physician _____ Telephone Number _____

PERSONAL STATEMENT

Please tell us what you hope to gain from volunteering at Mercy Medical Center. You may also describe any skills and/or experiences you possess and would be willing to utilize in volunteering at Mercy Medical Center (i.e. computer knowledge, customer service skills, food service experience, office skills).

Final volunteer placement is contingent upon satisfactory completion of all pre-volunteer procedures including an interview, criminal background investigation, health clearance and orientation. I realize that misrepresentation of facts will be cause for rejection of this application. I agree to abide by the policies of Mercy Medical Center and the Volunteer Services Department.

Volunteer Applicant _____
Signature Date

For Internal Use Only

- References received
- CORI received
- Interview completed
- CORI reviewed
- TB test completed
- Orientation scheduled
- Orientation completed
- Department interview

Assignment _____ Day: _____ Time: _____

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Junior Volunteer

The Commonwealth of Massachusetts requires that parental permission be obtained before any Junior Volunteer begins providing volunteer services in the hospital. The hospital also requires that both an academic reference from the Junior Volunteer's Guidance Counselor and a health reference from the Junior Volunteer's physician be obtained.

Health Reference

_____ has applied to serve as a Junior Volunteer at Mercy Medical Center. Because the Junior Volunteer may be assigned to work directly with patients, it is important that the hospital know if there are any medical limitations pertaining to this person.

Any physical or medical disabilities relevant to the services that the Junior Volunteer may be assigned? Yes No

If yes, explain: _____

Has the Junior Volunteer been immunized against rubella or had a rubella titer?

Yes No If yes, when: _____

Has the Junior Volunteer had chicken pox, shingles or a varicella titer? Yes No

If yes, describe: _____

Any other health concerns that should be noted: _____

Medications (if any): _____

Physician's Signature

Date

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JUNIOR ACADEMIC REFERENCE FORM

Must be filled out by a Guidance Counselor, Internship Coordinator or Principal.

Student's Name: _____ Grade: _____

Student Release/Signature: _____ Date: _____

The student named above has applied to Mercy Medical Center for a Junior Volunteer position and has given your name as a reference. As a volunteer they may work directly with our patients, therefore we need assurance that they are qualified to do so. The student must understand and honor the hospital's policy on patient privacy and must keep confidential all information concerning patients and the hospital.

Please evaluate the student's:

CATEGORY	EXCELLENT	VERY GOOD	GOOD / AVERAGE	FAIR	POOR
Attendance at School					
Scholastic Record					
Dependability					
Courtesy					
Initiative					
Problem-solving Skills					
Ability to Maintain Confidentiality					
Ability to Communicate					
Response to Change					
Decision Making Skills					

Could volunteering in any way negatively affect this student's scholastic performance?

What type of volunteer position do you recommend this applicant for?

- Patient interaction: Directly working with patients
 Office Assistance: Clerical duties w/ minimal patient interaction
 Combination of both

Please explain: _____

Name of Reference: _____	Phone (_____) _____
Signature _____	Date _____
Relationship to Applicant: _____	

Return to Volunteer Applicant in a sealed envelope or mail to: **Mercy Medical Center**
 ATTN: Volunteer Services
 271 Carew Street
 Springfield, MA 01102

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JUNIOR VOLUNTEER PARENT / GUARDIAN PERMISSION

The Commonwealth of Massachusetts requires that parental permission be obtained before any Junior Volunteer begins providing volunteer services in the hospital. The hospital also requires that an Academic Reference, Personal Reference and a Health Clearance from the Junior Volunteer's physician be obtained.

Your son or daughter has applied to become a Mercy Medical Center Volunteer. We are looking for teen volunteers who honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate, and honest.

In return, we can provide:

- The opportunity to work with a variety of interesting people.
- Experience in doing different kinds of work.
- A chance to learn responsibility and show leadership.
- A chance to explore some health care careers.

For most of our Junior Volunteers, the commitment they make to us is also a commitment for you. They count on their parents/guardians to:

- Provide transportation to get to and from the hospital.
- Help ensure their timely arrival.
- Expect them to do their best in jobs assigned.
- Not schedule family events or duties at the time they are scheduled to work.
- Help make sure they arrive at Mercy Medical Center in a clean and complete volunteer uniform.

We understand there will be times when your son or daughter can't come, such as illness, emergencies, or vacations. We ask that volunteers call us when they are ill or have an emergency, and give as much notice as possible about vacation plans. If we don't receive a call, we will be counting on him/her to be here.

For teenagers, school should be of major importance and concern. Volunteering should not interfere with schoolwork. If grades go down, please have your child call, and we'll put him or her on a leave of absence. When the grades improve, volunteers can be easily reinstated in the program.

- I hereby give permission for my child, _____, to perform volunteer services at Mercy Medical Center under the direction of the Volunteer Services Department.
- I grant the hospital permission to administer to my daughter/son a tuberculin skin test before providing volunteer services in the hospital, if subsequently exposed to a patient with active tuberculosis, and on an annual basis while serving as a Junior Volunteer.
- I grant the hospital permission to provide emergency treatment to my child in the event he/she becomes ill or sustains an injury while serving as a Junior Volunteer.
- I grant the hospital permission to conduct a criminal record check (CORI) before my child begins volunteering.

Parent / Guardian signature

Date

Parent / Guardian signature

Date