

CDH TEEN VOLUNTEER APPLICATION

COMP# _____

ENT: _____

Please Print

Miss Mr NAME _____ GRADE _____
Last First Middle

HOME ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ PHONE _____

SCHOOL _____ BIRTHDATE _____

EMERGENCY CONTACT INFORMATION

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

ALTERNATE ADULT _____ PHONE _____

EXPERIENCE & INTERESTS

VOLUNTEER EXPERIENCE _____

WORK EXPERIENCE _____

HOBBIES, SPECIAL INTERESTS _____

Are you interested in a health-related career? _____

REFERENCES

School: NAME _____ TITLE _____ PHONE _____

Personal: NAME _____ PHONE _____

ESSAY

Briefly explain why you wish to volunteer at Central DuPage Hospital.

For office use only

Service Assigned _____ Interviewed by: _____ Date: _____

Parental Permission

Please read the following information thoroughly and sign each section. Your son/daughter may not be interviewed to volunteer without your approval.

1. Permission is granted for my son/daughter _____ to join the Volunteer Program at Central DuPage Hospital and to work in an approved hospital volunteer service. I understand that neither Central DuPage Hospital nor the Auxiliary of Central DuPage Hospital will assume any responsibility for the above named volunteer prior to his/her signing in for duty or following his/her signing off volunteer duty. I also understand that I will be responsible for his/her transportation to and from the hospital.

SIGNATURE _____ **DATE** _____

2. I understand and give my permission for my son/daughter to have Tuberculosis Skin Testing and Blood Testing as deemed necessary by the polices of Central DuPage Hospital and the Employee Health Department prior to beginning to volunteer. The Tuberculosis test is a two step PPD skin test. One PPD test and reading must be completed PRIOR to beginning to volunteer. The second PPD test must be completed 7 to 21 days after the first test was administered. Testing is performed at the Central DuPage Hospital Employee Health department. All lab tests are at no charge to the volunteer. Failure to complete the health screenings deemed necessary will result in dismissal from the CDH Teen Volunteer Program.

SIGNATURE _____ **DATE** _____

3. I understand that the decision to volunteer is a serious one. Therefore, I will support my son/daughter in his/her volunteer commitment. I will encourage him/her to use this volunteer experience as an opportunity to learn and grow. I will facilitate my son's/daughter's volunteer experience but realize that students are *strongly* encouraged to be *personally* responsible for their volunteer schedules, appointments and commitments. Repeated absences without notification will result in dismissal from the CDH Teen Volunteer Program

SIGNATURE _____ **DATE** _____

TEEN Volunteer Pledge

Believing that the hospital has a real need for my services:

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously. If I am unable to volunteer I will notify the Volunteer Office promptly.

I will conduct myself with dignity, courtesy, consideration and maturity. I will observe the CDH uniform code.

I will consider confidential all information that I may hear directly or indirectly concerning a patient, doctor or any members of the staff and will not seek information in regard to a patient except as it pertains to my volunteer assignment.

I will take any problems, criticisms or suggestions to the Volunteer Services Manager.

I will endeavor to make my work of the highest quality.

I will uphold the traditions and standards of Central DuPage Hospital and will safeguard its reputation while maintaining the highest standards of confidentiality.

I pledge to serve in the capacity of a volunteer for at least ONE SESSION.

I promise to observe hospital ethics and the hospital's regulations.

I have read the above Hospital Volunteer Pledge and understand the importance of maintaining confidentiality in my work as a Volunteer at Central DuPage Hospital.

SIGNATURE _____ **DATE** _____

Dear Prospective Teen Volunteer:

Thank you for your interest in Central DuPage Hospital's Teen Volunteer Program! Volunteering is a great way to gain experience and knowledge that will enhance your skills, as well as contribute to the everyday running of our hospital.

The State of Illinois as well as Hospital policy govern the rules that apply to your volunteer position. Please read the following information carefully.

AGE: 14-18 years old and in High School.

UNIFORM: (CDH Volunteer vest Your contribution to the cost is \$10.00.

HEALTH RECORDS: *REQUIRED.* You must include a copy of a current physical (within the past 12 months) and proof of immunizations with your application. Upon your acceptance into the Teen Program, you will be required to complete a 2-step PPD (tuberculosis) test *PRIOR* to training. If you do not submit adequate immunization records, further testing will be required.

TEEN SCHEDULE:

- Required *minimum* commitment - one session.

Our Teen Volunteer Year is divided into three sessions that mirror most school terms.

Session 1: Beginning of school year - December 31.

Session 2: January 2 - End of school year

Session 3: Summer Vacation

- School Days: maximum of 3 hours of volunteer service.
- Weekends: maximum of 8 hours of volunteer service per day.

DO NOT MAIL your application. Once you have completed the paperwork and are available to begin volunteering, call the volunteer office at 630.933.6207 between 9am and 5pm Monday - Friday to sign up for the next available Orientation/Interview. They are held several times during the year to coincide with the volunteer sessions. Please make this call *YOURSELF.* *You* will be volunteering, not your parents! This introductory session lasts about 2 hours.

I look forward to meeting you and welcoming you as a Teen Volunteer.

Best regards,

MaryElise Cervelli
Manager, Volunteer Services

CDH TEEN VOLUNTEER
APPLICATION CHECKLIST

	Yes!
CDH Teen Volunteer Application completed	
Parental Permission page signed	
Teen Volunteer Pledge signed	
Current Copy of Your Physical attached	
Copy of your immunization records attached	
\$10.00 cash or check for your uniform	
Knowledge of specific days and times you are available to volunteer	
A smiling face and willingness to meet new friends, and help people!	
Called and scheduled orientation/interview session 630.933.6207	

My Orientation Date and Time:	
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Bring ALL (not some) of the required paperwork to your orientation!
If you do not have ALL necessary items, you will not be allowed to participate in the orientation. NO exceptions!

