

2012

# North Cypress Medical Center Junior Volunteer Packet

Must be a High School Student  
Between 14-18 years old

Deadline for **completed packet**  
to be returned **April 6<sup>th</sup>.**  
None will be accepted  
after this date.

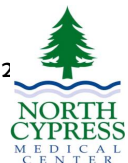
*Glenda Salter, Volunteer Coordinator*

832-912-3842

[glenda.salter@ncmc-hospital.com](mailto:glenda.salter@ncmc-hospital.com)

**THIS PACKET IS *NOT* FOR COLLEGE/COLLEGE BOUND STUDENTS**

**2012**



## TO THE PARENTS OF A JUNIOR VOLUNTEER APPLICANT

Your teen has applied to become a Junior Volunteer for North Cypress Medical Center. Teens applying to the program are asked to commit to a **3-week summer program**. This program is for high school students only between the ages of 14-18. *The Junior Volunteer program is designed to give students the opportunity to volunteer in a hospital environment and learn the communication, interaction, and life skills needed to succeed in the workplace, as well as offering them the opportunity to acquire volunteer hours that many colleges require for admission. Although we would like to be able to offer those interested in the healthcare field more in-depth observations, patient contact, or the ability to shadow physicians or nurses, we are unable to do so at this time.* Teens are required to work one shift per day, but can work multiple days. Shifts will be from 9-1 or 1-5 Monday through Friday. After completion of the program, certification letters and certificates will be available. We are looking for Junior Volunteers who honor their commitments, value confidentiality and are enthusiastic.

In return, we can provide the opportunity to:

- Work with a variety of interesting people
- Gain experience in the work place
- Learn responsibility and show leadership
- Observe various aspects of health care

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

- Provide transportation to and from the hospital
- Help ensure their timely arrival
- Expect them to do their best in their job assignment although it may not be of their choosing
- **Not schedule vacations, family events or doctor's appointments during their volunteer commitment time**

We understand there will be times when your teen cannot attend due to illness or emergency. We ask that you or your Junior Volunteer call the Volunteer Office at 832-912-3842 when this occurs. If we do not receive a phone call we will be counting on him/her to be here.

We are scheduling **TWO 3-WEEK SESSIONS AND WILL ONLY BE ACCEPTING 30 JUNIOR VOLUNTEER FOR EACH SESSION. THIS IS THE MAXIMUM OUR PROGRAM CAN HANDLE AND WILL ENSURE THAT YOUR STUDENT RECEIVES THE BEST PLACEMENT.**

**Session One: June 11<sup>th</sup> – June 29<sup>th</sup>      Session Two: July 9<sup>th</sup> – July 27<sup>th</sup>**

**NOT ALL QUALIFIED APPLICANTS WILL BE ACCEPTED. APPLICANTS WILL BE ACCEPTED BASED ON THEIR COMPLETED APPLICATION, TEACHER RECOMMENDATIONS, ESSAY AND PERSONAL INTERVIEW. THEIR PERSONAL INTERVIEW WILL BE THE MOST IMPORTANT PART OF THE APPLICATION PROCESS. WE ARE LOOKING FOR STUDENTS WHO ARE OUTGOING AND CAN COMMUNICATE WITH ADULTS ON A COMFORTABLE LEVEL, AS THEY WILL BE WORKING WITH PATIENTS, STAFF, AND VISITORS. THE INTERVIEWS WILL BE CONDUCTED BY A COMMITTEE COMPOSED OF NORTH CYPRESS ADULT VOLUNTEERS.**

Please sign below if you agree to support your teen's involvement in this program:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**2012**  
**JUNIOR VOLUNTEER**  
**DATES TO REMEMBER**

**APRIL 6<sup>th</sup>**

**Last Day Completed Packet Will Be Accepted**

**April 24<sup>th</sup> and April 25<sup>th</sup>.**

**Interview Sessions**

- Those requesting Session I will be interviewed Tuesday the 24<sup>th</sup> from 3-6 in the hospital cafeteria.
- Those requesting Session II will be interviewed Wednesday, the 25<sup>th</sup> from 3-6 in the hospital cafeteria.

**June 4<sup>th</sup>**

**MANDATORY Orientation**

**Students for both Sessions **MUST** attend**

**Orientation time is 9:00am until noon for**  
**both sessions**

**Session I – June 11<sup>th</sup> – June 29<sup>th</sup>**

**Session II – July 9<sup>th</sup> – July 27<sup>st</sup>**

*Additional Questions? Email: [glenda.salter@ncmc-hospital.com](mailto:glenda.salter@ncmc-hospital.com)*

**ALL MEDICAL FORMS INCLUDED IN THIS PACKET MUST BE COMPLETED AND RETURNED WITH PACKET OR APPLICATION WILL BE REJECTED**



## North Cypress Medical Center Junior Volunteer Application - 2012

Please print and clearly fill in all blanks. This application must be completed in its entirety for processing

Social Security Number (must include) \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**THIS MUST BE AN EMAIL YOU READ DAILY**

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mother- North Cypress Medical Center Employee/Doctor (Circle one) Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Father-North Cypress Medical Center Employee/Doctor (Circle one) Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Session I – June 11<sup>th</sup> – June 29<sup>ST</sup>

Session II – July 9<sup>th</sup> – July 27<sup>th</sup>

**Circle your choice –if not circled your application WILL NOT be processed**

**Hours available are:**

**9-1 and 1-5 (PLEASE CIRCLE SHIFT REQUESTED)**

**Day/Days you wish to volunteer are: (PLEASE CIRCLE)**

**Monday Tuesday Wednesday Thursday Friday**

**ONCE YOU SELECT A DAY AND SHIFT YOU CAN NOT CHANGE YOUR SELECTION**

Application – Page 2

Is volunteering a school requirement (circle) Yes No

Are you interested in a medical career? (circle) Yes No

Other languages spoken: \_\_\_\_\_

Special talents, hobbies, or skills: \_\_\_\_\_

Do you have a friend or relative who works/volunteers in the hospital? Yes No (Circle)

Name of the friend of relative. \_\_\_\_\_

Have you volunteered here before? When/what department

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Junior Volunteer Applicant*

I have read my student's application and verify the information to be correct as written.

\_\_\_\_\_  
*Parent/Guardian Signature*

*The hospital is an equal opportunity employer. Our policies prohibit discrimination because of race, religion national origin, sex and handicap. All inquiries are made in good faith and non-discriminatory purposes.*

**Please direct inquiries to Glenda Salter, 832-912-3842**

**Or email to [glenda.salter@ncmc-hospital.com](mailto:glenda.salter@ncmc-hospital.com)**

*Thank you so much for your interest in serving as a  
North Cypress Medical Center  
Junior Volunteer*

*North Cypress Medical Center  
Attn: Glenda Salter – Volunteer Services*





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2012

Parent/Guardian Consent and Medical Authorization

I, \_\_\_\_\_, the parent/guardian of

\_\_\_\_\_

Give my consent to North Cypress Medical Center and to its medical and nursing staff to examine or treat my son/daughter in the event of accident or illness that may occur in the course of performing duties as a Junior Volunteer at North Cypress Medical Center.

I also give my consent to North Cypress Medical Center to perform health assessment/screenings as required by hospital policy.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Date





2012

## Junior Volunteer Parent/Guardian Consent for Drug Screen

**Drug screens will only be administered to those students who are accepted into the program. This will be after the interview process.**

If your student is younger than 18, the law requires that the parent/guardian must give consent for a drug test to be administered. Drug screening is hospital policy for the North Cypress Medical Center Junior Volunteer Program as well as adult volunteers and employees.

I, \_\_\_\_\_, parent/guardian, do consent for my child, \_\_\_\_\_, to undergo a drug test as requested by North Cypress Medical Center, and I also consent to the release of the results of the test to North Cypress Medical Center. I am consenting to the collection of a urine sample from my child by the testing representative, which is sent to a laboratory selected by North Cypress. I understand that this laboratory conducts screening test on the urine sample to detect the presence of illegal narcotics, including marijuana and other drugs, as well as signs of abuse of legal drugs. I understand that all samples are subject to careful testing procedures with mandatory confirmation of any preliminary positive results.

I understand that a positive result on a drug test can result in revocation of my acceptance in the North Cypress Medical Center Junior Volunteer Program. I agree to release, and discharge North Cypress Medical Center and any of its designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability arising out of or related to this test that I have been asked to undergo by North Cypress Medical Center.

I also hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against North Cypress Medical Center, any of its affiliates, employees, representatives, or agents arising out of their activities or actions performed in connection with this test.

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Parent/Guardian Signature

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Date:



2012

North Cypress Medical Center  
Junior Volunteer  
Health Screen Requirements

It is required that you provide a current copy of all immunizations and a copy of your TB test if one has been performed in the last year. If you have not had a current TB test, you will be required to have one prior to enrolling in the Junior Volunteer Program. Once you have been notified of your acceptance into the program, if you need a TB test our Employee Health Nurse can provide you with one at no cost.

Please check off below to ensure you have completed health screening requirement:

I will need to have a TB test done by the Employee Health Nurse

I have enclosed a copy of my current TB test results

**I have enclosed a copy of my current immunization record (required)**

If the applicant will require a new TB test by our Employee Health Nurse, parental authorization is required.

Yes, I consent for my child, \_\_\_\_\_ to have a TB test conducted by the North Cypress Medical Center Employee Health Nurse.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*You must complete all medical forms included in this packet for the application to be considered.*



2012

## North Cypress Medical Center Junior Volunteer Dress and Conduct Code

1. Dress in your Junior Volunteer shirts (distributed by hospital), khaki pants (Girls must be full length), socks and sneakers. Shirts must be tucked in.
2. NO shorts or skirts.
3. Minimal jewelry is permitted. No large earrings or necklaces.
4. No visible body piercing allowed.
5. Any visible tattoos MUST be covered.
6. **Cell phones are allowed for EMERGENCY CALL ONLY to your PARENTS.**
7. **CELL PHONES MUST BE KEPT ON VIBRATE AT ALL TIMES. You are allowed to use the hospital phones for emergency calls, but must ask permission from your supervisor. Personal calls from any phone during your assigned time are STRICTLY prohibited.**
8. **No texting while on your assignment.**
9. **NO IPODS ARE ALLOWED OR ANY EAR PIECES OF ANY KIND FOR MUSIC, ETC.**
10. No foul language or cursing will be tolerated.
11. All patients and visitors will be treated with respect in a caring manner.
12. It is expected that you treat your assigned Department Directors or Supervisors with respect and assist with any tasks assigned to you.

Any violation of these will constitute a dismissal from the program.

**Signature of Student:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



2012

## North Cypress Medical Center Junior Volunteer Teacher Recommendation Form

*To help us evaluate the potential of the applicant, we would appreciate you completing this form and returning by mail in the stamped addressed envelope furnished to you by the student. The student's application cannot be processed until this information is received.  
Thank you.*

\_\_\_\_\_ has applied to become a Junior Volunteer at North Cypress Medical Center. Please reflect on your experiences with this student and share any information which will help us in our consideration of him/her for our summer volunteer program.

Our Junior Volunteers must possess a genuine concern for people, be self-motivated and show maturity, as they may be exposed to stressful situations while at the hospital. Your help in assessing these and other characteristics is vital.

**ALL INFORMATION YOU PROVIDE WILL BE REGARDED AS CONFIDENTIAL**

How long have you know the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

Please describe the character and personality of the applicant. \_\_\_\_\_

Please describe the applicant's reliability and willingness to make a weekly commitment to the volunteer position. \_\_\_\_\_

How strongly would you recommend this student to work in a hospital setting? (Please Circle)

With great confidence

With confidence

With some confidence

With reservation

I do not recommend (please explain below)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Phone

Volunteer Services can be contacted directly by calling **Glenda Salter, Volunteer Coordinator – 832-912-3842**

**Please complete reference form by April 16th**

**Glenda Salter  
Volunteer Coordinator  
North Cypress Medical Center  
21214 Northwest Freeway  
Cypress, TX 77429**



STUDENT'S NAME: \_\_\_\_\_

Please evaluate the above named student by circling on a 1 to 5 scale, according to the recommendation criteria given below:

YOUR RESPONSES WILL BE HELD IN THE STRICTEST CONFIDENCE.

- 1. Cooperation – includes ability to get along with others, accepts authority, and follows instruction, adaptable.  
1                      2                      3                      4                      5
- 2. Character – includes loyalty, integrity, sincerity, concern for other.  
1                      2                      3                      4                      5
- 3. Work Habits – includes willingness to work, perseverance, work habits, attention.  
1                      2                      3                      4                      5
- 4. Initiative – includes intellectual curiosity, willingness to attempt new things, resourcefulness.  
1                      2                      3                      4                      5
- 5. Reliability – includes dependability, good judgment, honesty, ability to function with minimal supervision.  
1                      2                      3                      4                      5
- 6. Emotional Control – includes maturity, poise, stability, self confidence.  
1                      2                      3                      4                      5
- 7. Leadership Ability – includes objectivity, patience, and ability to accept responsibility.  
1                      2                      3                      4                      5
- 8. Academic Standing – the student is in good standing  
1                      2                      3                      4                      5
- 9. In your general opinion, is this student mature enough as well as capable of assuming the responsibilities required in a healthcare setting?  
1                      2                      3                      4                      5

Recommendation:

- 1 – Not Recommended
- 2 Recommended with Reservations
- 3 Recommended
- 4 Highly Recommended
- 5 EXCEPTIONAL

Remarks:

\_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_



## Junior Volunteer Quick Reminders - 2012

**APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**

**Summer application deadline for BOTH SESSIONS IS APRIL 6 TH.**

**You may drop your application packet off at the Hospital Front Desk in the Lobby or mail to the address listed below.**

**Interviews will be held after school on April 24<sup>th</sup> and 25<sup>th</sup>.**

- **Students requesting Session I will be interviewed Tuesday, April 24<sup>th</sup> from 3-6 in the hospital cafeteria**
- **Students requesting Session II will be interviewed Wednesday, the 25<sup>th</sup> from 3-6 in the hospital cafeteria**
- 

**Mandatory Orientation will be held June 4<sup>th</sup> at the hospital. Students for both sessions must attend. Your orientation will be from 9:00am until noon.**

**Your teacher reference sheets should also be mailed to the same address. If the reference sheets are returned to you, they MUST be initialed by the teacher across the sealed envelope flap.**

**North Cypress Junior Volunteer Program  
Glenda Salter  
Volunteer Coordinator  
21214 Northwest Freeway  
Cypress, TX 7749**

**CHECK TO MAKE SURE ALL FORMS ARE INCLUDED IN YOUR PACKET BEFORE MAILING OF DROPPING OFF AT HOSPITAL.**

- **Application (2) pages**
- **Dress/Conduct Code(1) page**
- **Essay(1) page**
- **Parent Commitment Letter(1) page**
- **Consent Form/Release School Information(1) page**
- **Consent Form/Medical Authorization(1) page**
- **Consent for Drug Screen(1)page**
- **All Medical Forms**