



## HERITAGE VALLEY HEALTH SYSTEM Student/Teen Volunteer Application

**Today's Date:** \_\_\_\_\_

**Campus:**  Beaver  Kennedy  Sewickley

**Gender:** \_\_\_\_\_

**Birthdate:** \_\_\_/\_\_\_/\_\_\_

**Last grade completed:** \_\_\_\_\_

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Middle Initial

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Apt. Number

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Email Address

I was referred by:  Volunteer  Employee  Physician  Friend  Hospital Publication  Self  Other

**Please list current school.**

\_\_\_\_\_  
 Name of school district

\_\_\_\_\_  
 Name of school I attend

\_\_\_\_\_  
 School address

\_\_\_\_\_  
 School phone #

\_\_\_\_\_  
 Name of guidance counselor or adviser

**Education**

\_\_\_\_\_  
 High School Graduation Year

\_\_\_\_\_  
 Current GPA

\_\_\_\_\_  
 Favorite class(es)

\_\_\_\_\_  
 School activities

\_\_\_\_\_  
 Extracurricular activities (Scouts, church, community group, volunteer experience, etc.)

\_\_\_\_\_  
 Future career interests

\_\_\_\_\_  
 What I hope to do after high school (college, trade school, work, etc.)

Is English your primary language?  YES  NO What other language do you speak? \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO \_\_\_\_\_

Have you ever been arrested or involved with the juvenile justice system?  YES  NO If yes, please explain: \_\_\_\_\_

Do you have any relatives currently employed by Heritage Valley Health System?  YES  NO

If yes, please identify: \_\_\_\_\_  
Name Relationship (Relative/Friend, etc.) Department in which he/she works

**Reference: List 2 people, other than a friend or relative, who know your work ethic/character.**

\_\_\_\_\_  
Name Title Phone

\_\_\_\_\_  
Address Relationship to you

\_\_\_\_\_  
Name Title Phone

\_\_\_\_\_  
Address Relationship to you

**In case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

**What type of volunteer work are you looking for?** \_\_\_\_\_

**When are you available to volunteer? Please check boxes below.**

	M	TU	W	TH	F	S	SU
Morning							
Afternoon							
Evening							

My signature below is Heritage Valley Health System's authorization to check the accuracy of the information I have provided above. It also indicates that I am offering my services to Heritage Valley Health System willingly and without pay, and that if accepted as a volunteer, I understand the need for regular attendance and punctuality in service.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Today's Date

My signature below indicates that I give my child permission to be a volunteer at Heritage Valley Health System.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Today's Date

*All information requested on this application including dates, addresses and phone numbers must be completed in full prior to formal processing. Please be aware that your reference and/or employer may be contacted to verify your information.*

## **Becoming a Heritage Valley Volunteer**

### **EQUAL OPPORTUNITY**

Volunteer Services believes that all persons are entitled to equal opportunities, and does not discriminate against applicants for volunteer service because of race, creed, color, religion, national origin, age, or sex. The hospital policy of non-discrimination prevails throughout all aspects of the volunteer relationship.

### **SMOKE FREE**

Heritage Valley Health System is a smoke-free organization. By being smoke-free, Heritage Valley is creating a healthier environment for everyone who comes here to receive care, visit a patient, volunteer, or work. Heritage Valley Health System's smoke-free environment includes all buildings (owned and leased, inside and out), all properties, and all vehicles. Buildings include, but are not limited to, the three hospitals (Beaver, Kennedy and Sewickley), all satellite sites and all physician practices. The environment includes the parking garages and parking lots. By joining the volunteer program, you are agreeing to uphold the smoke-free environment policy.

### **CONFIDENTIALITY**

Heritage Valley Health System has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health and social information. Additionally, Heritage Valley Health System must ensure the confidentiality of its human resources, payroll, fiscal, computer systems, management, and other non-public information.

“Confidential information” includes but is not limited to all previously listed information. In the course of your professional association with Heritage Valley, you will come in contact with confidential information. In order to volunteer within Heritage Valley Health System, you will receive a copy of the Confidentiality Agreement at the interview session and will be asked to sign and comply with all of its terms.

### **ORIENTATION/ANNUAL EDUCATION**

Prior to placement, all volunteers will be invited to a volunteer orientation. This session will offer all of the general information needed in order to be sufficiently aware of the policies and procedures of the health system and volunteer services. Upon completion of the orientation session, volunteers must complete a test on the information learned. After this session, you will receive your volunteer badge (and uniform if applicable) and report to the Volunteer Coordinator. After that, you will report directly to your assigned position. Depending on where you volunteer, competencies may be required. The director will inform the volunteer which competencies are required. All volunteers must complete an annual education update.

### **UNIFORMS/IDENTIFICATION BADGE**

All volunteers will receive a picture identification badge that must be worn at all times while volunteering. Depending on your volunteer area, you may be issued a uniform. Upon permanent departure from the program, the identification badge must be returned.

**(OVER)**

**FOR OFFICE USE ONLY**

INTERVIEW DATE: \_\_\_\_\_

TERMINATION DATE: \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

ORIENTATION DATE: \_\_\_\_\_

DISCIPLINE ACTION: DATE/REASON

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEALTH DOCUMENTATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TRAINING: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCE 1 CHECKED: DATE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

REFERENCE 2 CHECKED: DATE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

ANNUAL EDUCATION UPDATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPETENCIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_