

Columbus Community Hospital VolunTEEN Program Overview & Expectations

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY!

Application Process

All prospective VolunTEENs must be between 14 and 18 years of age and attending school. Consideration is given to students who have completed, signed, and submitted the attached application packet. The Volunteer Services Coordinator arranges appointments for interviews, orientation, and training.

Service Commitment Requirements

After successful completion of orientation materials, VolunTEENs are assigned to a specific department. VolunTEENs are required to serve a minimum of two shifts per month and must commit to a minimum 1-year obligation. An annual commitment of at least 50 hours is expected.

Service Hours / Attendance

- VolunTEENs record their attendance for service hour reports. Individual reports can be provided upon request for school community service requirements and scholarship applications.
- Commitment and accountability are of utmost importance. If you cannot fulfill your scheduled shift, you are expected to call the department for which you volunteer and also notify the Volunteer Services Coordinator.
- A three-strike rule is enforced. Should there be three instances where the VolunTEEN was a no-call, no-show for his or her scheduled shift will result in immediate termination from the VolunTEEN program. Upon termination, the VolunTEEN logo polo shirt and photo ID name badge must be returned.
- A three-month no activity rule is enforced. Should a VolunTEEN have three consecutive months with no volunteer service, it will be assumed that the VolunTEEN is no longer interested in the VolunTEEN program and he or she will be dismissed from the VolunTEEN program. Upon dismissal, the VolunTEEN logo polo shirt and photo ID name badge must be returned.

Uniform / Personal Appearance

- VolunTEEN logo polo shirt and black or khaki pants must be kept clean and pressed. You are responsible to launder your own uniform.
- Hospital-issued photo ID name badge.
- Closed-toe shoes that are clean, comfortable, and quiet, worn with nylons or socks that cover the entire foot.
- Hair must be neatly groomed.
- No heavy make-up or perfume.
- No visible tattoos or body piercings (other than ears).
- Hair must be of a natural color.
- Finger nails must be kept to ¼" or shorter.
- Columbus Community Hospital is a tobacco-free facility and property. Tobacco products are not allowed anywhere on hospital property.

Upon termination, the VolunTEEN logo polo shirt and photo ID name badge must be returned to the Volunteer Services Coordinator.

Attitude

A VolunTEEN –

- Is an informed volunteer, reliable, on time and remains on duty until his or her assignment is complete.
- Notifies the department for which he or she volunteers and the Volunteer Services Coordinator when unable to fill a scheduled shift.
- Signs in and out, indicating when and where he or she is volunteering.
- Reports immediately to the Emergency Department for any injury or accident occurring while on duty.
- Brings an open-minded spirit, interest, attention to detail and an attitude of service to his or her assigned duties.
- Is cheerful and maintains a good sense of humor.
- Graciously accepts supervision or guidance.
- Reports immediately to his or her assigned duties.
- Follows all hospital policies and procedures, including safety, infection control, confidentiality and privacy (HIPAA).
- Portrays a positive image to the community about the hospital and the VolunTEEN program.
- Provides service in such a way as to exemplify the Mission, Vision and Values of Columbus Community Hospital.

Standards of Conduct

As a VolunTEEN, you are subject to the same standards of conduct as the professional staff. It is necessary that you:

- Do not discuss patients' illness, his or her family, or his or her problems outside the hospital.
- Be understanding and kind without being curious.
- Refrain from giving advice.
- Do not attempt to change established procedure.
- Bring questions, problems, comments or suggestions to the Director of the department for which you volunteer or to the Volunteer Services Coordinator.
- Do not give answers, when in doubt. Check with the staff of the department for which you are volunteering regarding matters involving patients. Check with the Volunteer Services Coordinator on matters involving volunteer policy.
- Are loyal to the patients and staff of Columbus Community Hospital.
- Show respect to the staff of Columbus Community Hospital by calling the department for which you volunteer when not able to fill your scheduled shift.

Health Screening

Tuberculosis (TB) Screening – Each VolunTEEN must have an initial tuberculosis (TB) screening and interpretation completed by Occupational Health Services. The initial screening is provided at no cost to the VolunTEEN.

Annual Influenza Vaccine (Flu Shot) – Columbus Community Hospital is committed to ensuring the health and safety of every patient, staff and volunteer. Each VolunTEEN is eligible to receive an annual influenza vaccine through Occupational Health Services. Receipt of the influenza vaccine or a statement declining to get the annual influenza vaccine must be received by the Volunteer Services Coordinator by October 31.

Cost

If you are accepted into the VolunTEEN program, you will be required to wear the VolunTEEN uniform consisting of the VolunTEEN logo polo shirt. The initial VolunTEEN logo polo shirt will be provided to you at no cost. Additional polo shirts may be purchased at full price. An initial photo ID name badge is provided to you at no

cost. However, if the photo ID name badge is intentionally damaged or lost, the VolunTEEN will be charged a \$7.00 replacement cost.

Columbus Community Hospital VolunTEEN Application

Name _____ Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

School _____ Grade _____

Legal Guardian's Name _____

Legal Guardian's Employer _____ Work Phone Number _____

Person to be contacted in case of illness or injury:

Name _____

Relationship _____ Phone Number _____

How did you learn about the VolunTEEN program? _____

Why do you want to volunteer? _____

What skills or strengths make you an ideal VolunTEEN candidate? _____

School or community activities _____

Previous volunteer or work experience _____

Please indicate which department(s) that you have interest in volunteering:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Acute Care Unit | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Clinical Education | <input type="checkbox"/> Emergency | <input type="checkbox"/> Diabetes Education |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> OB | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Otolaryngology Clinic | <input type="checkbox"/> Orthopedic Clinic | <input type="checkbox"/> Premier PT |
| <input type="checkbox"/> Quality | <input type="checkbox"/> Rehab Services | <input type="checkbox"/> Skilled Nursing / Swing Bed | <input type="checkbox"/> Social Work | <input type="checkbox"/> Wound Healing Services |

Signature _____ Date _____

**Columbus Community Hospital – VolunTEEN Program
VolunTEEN Pledge**

Desiring to be of service at Columbus Community Hospital as a VolunTEEN,

I WILL be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I WILL conduct myself with dignity, courtesy and consideration.

I WILL consider all information which I may see or hear directly or indirectly concerning a patient, patient's family, doctor, hospital, staff or volunteers as confidential and I will not unnecessarily seek information in regard to a patient.

I WILL take any problems, criticisms or suggestions to the Director of the department for which I am volunteering or to the Volunteer Services Coordinator.

I WILL uphold the policies and procedures of Columbus Community Hospital.

Signature _____

Date _____

**Columbus Community Hospital – VolunTEEN Program
Acknowledgement of Status & Confidentiality**

I acknowledge that I wish to donate my services to Columbus Community Hospital as a VolunTEEN and understand that there is no payment for services rendered under the VolunTEEN program of Columbus Community Hospital. I agree to abide by the rules, regulations, and policies of the Hospital. I shall work under the guidance and direction of the Volunteer Services Coordinator and the department for which I am volunteering.

I further understand that confidentiality must be maintained concerning patient and family information at all times. I understand that if I do not abide by the rules, regulations, and policies of the Hospital, I will be terminated from the VolunTEEN program.

Signature _____ Date _____

**Columbus Community Hospital – VolunTEEN Program
Parent or Guardian Permission**

I hereby give consent for my son / daughter _____ to participate in the VolunTEEN program of Columbus Community Hospital.

I have read the VolunTEEN program information and understand the commitment my child is making.

To remain in the VolunTEEN program, I understand that he / she:

- Must regularly fulfill the minimum service requirement of two shifts per month
- Must commit to a minimum of one year of service
- Will commit to a minimum of 50 hours of volunteer service annually

Signature _____ Date _____

**Columbus Community Hospital – VolunTEEN Program
Personal Reference Form**

Reference #1:

I recommend _____ the VolunTEEN program at Columbus Community Hospital.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship with the above perspective VolunTEEN is _____

Signature _____ Date _____

**Columbus Community Hospital – VolunTEEN Program
Personal Reference Form**

Reference #2:

I recommend _____ the VolunTEEN program at Columbus Community Hospital.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship with the above perspective VolunTEEN is _____

Signature _____ Date _____

**Columbus Community Hospital – VolunTEEN Program
High School Counselor Checklist**

VolunTEEN Applicant _____

- 1. Grade Point Average _____
- 2. Attendance Record Poor Satisfactory Good Outstanding
- 3. Work Habits Poor Satisfactory Good Outstanding
- 4. Cooperation Poor Satisfactory Good Outstanding

Would you recommend this student as a Columbus Community Hospital VolunTEEN? Yes No

Comments _____

Counselor's Signature _____ Date _____

Counselor's Name (please print) _____

Phone Number _____

High School _____

School Seal Here: