



Dear Volunteer,

Welcome & thank you for your interest in becoming a Volunteer at University Medical Center of El Paso (UMC). The Junior Volunteer Program consists of volunteer's ages 14 – 17 and runs from June – August. We look forward to your energy and enthusiasm that volunteers, such as you, add to the service we provide to our patients.

Like any new undertaking, there are some details that need to be accomplished before starting as a volunteer. Please take the time to read this letter thoroughly – it will make the process easier for you. The following requirements must be met before beginning your volunteer assignment:

- Fill out a Junior Volunteer Services Application and return it to the Volunteer Services Office.
 - Application can be filled out via internet at www.umcelpaso.org or in person.
- If your application is chosen you will be contacted for an Interview with the Volunteer Services Supervisor or Secretary.
- If you are under 18 years of age your parents must sign a form authorizing a TB test and lab work to be performed.
- Two recommendation forms (attached) or can also be downloaded via internet from the above webpage. These may be provided by professors, supervisors, family friends etc. Do not include forms filled out by family members.
- TB test and lab work (These procedures will be done at UMC at no charge to you)
 - TB tests are done in Occupational Health located on the second floor of the Annex. If you have not had a TB test in more than one year they will perform the test on you twice. The first one wakes up your system and the second one actually tests for tuberculosis.
 - Three days after the test is performed you must go back to Occupational Health and have the test read.
 - Lab work including test for Rubella, Rubeola and Varicella and Titers will be performed in the Outpatient Laboratory located behind the Annex. Tell the nurses you are a volunteer and need a TB Test done and lab work.
- Please bring a copy of your shot record when you have your TB Test done.
- Hospital Orientation
- Must commit to a minimum of 60 hours of service within the two and a half-month period. Junior Volunteers are expected to stay from June through August even if you have completed your minimum 60 hour commitment before August, unless school begins before this date.
- As a volunteer, your accumulated hours for service, does not translate into internship or externship hours.



VOLUNTEER APPLICATION

Process Timeline:

Begin accepting applications	March 1
All applications and reference forms must be turned in to the Volunteer Services office on or before	March 31 no later than 5:00p.m.
Interview dates	April 2-20 4:30-6:00p.m.
Students will be contacted via mail and/or telephone regarding acceptance into Junior Volunteer Program (45 students will be accepted)	April 27
TB tests and processing	
- First TB Test	May 01 4:00 -5:30 p.m. in Occupational Health
- TB Test Reading	May 03 4:00 - 5:30 p.m. in Occupational Health
- Second TB Test	May 08 4:00 - 5:30 p.m. in Occupational Health
- TB Test Reading	May 10 4:00 - 5:30 p.m. in Occupational Health
Hospital Orientation (must attend to Orientation in order to volunteer)	May 05 8:00 -2:30 p.m. (Be on time)
lab work	May 05 2:30p.m. -5:00p.m.
ID Badge picture day	May 16, 17, 23 and 24 9:30-10:30a.m. and from 3:30- 4:30 p.m.
Clearance Appointments	May 16- June 4
Begin Volunteer Assignment	June 6
Last day of Volunteer Assignment	August 19

Orientation, TB Tests and Lab work are mandatory in order to volunteer.

Orientation

Orientation will be held in the 3rd Floor of the Annex Bldg from 9:00 a.m. to 4:00 p.m. Please bring a pen and paper. You may park in the garage located in front of the hospital.

Clearance Appointments

During your interview a clearance appointment will be scheduled to receive your identification badge. Your identification badge that must be worn at all times while volunteering on the hospital premises.

Uniforms

Junior Volunteers wear khaki pants and a white polo shirt with the Junior Volunteer Logo. The uniform shirt may be purchased for \$10 at Uniforms of Texas located at 6601 Montana, Suite D (771-6601). Please do not purchase uniform until after you have received an acceptance letter. Tennis shoes may be worn, but they must be white and clean. Uniforms must be clean and neatly pressed at all times.

Please feel free to contact me at 521-7648 if you have any questions. I'm looking forward to working with you and helping you enjoy your time with us. Again, Thank you for making us your choice for your summer volunteer experience!

Cristina C. Ramirez



UNIVERSITY MEDICAL CENTER
OF EL PASO

Junior

VOLUNTEER APPLICATION

We are sincerely interested in your qualifications to serve our staff, patients and their families. Please take the time to read through the application and fill out as much information as possible:

Date: _____ Are you between 14-17 years old? Yes No

Last Name: _____ First Name: _____

Address: _____
(Street) (City/State) (Zip Code)

Home Telephone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Name of Parent / Guardian: _____

Have you ever volunteered or been employed at UMC? ____ if yes, provide us with dates: _____

Educational Information

Name of School: _____

Grade You Will Be Entering Next Year: _____

Expected Date of Graduation from High School: _____ Grade Point Average: _____

Employment Information (if applicable)

Employer: _____

Telephone: (____) _____

Name of Supervisor: _____ Your Job Title: _____

Job Duties: _____ Work Hours: _____

List any additional training received that may be helpful in volunteering:



Emergency Information

During Emergency, notify:

(First Name)

(Relationship)

(Telephone Number)

Personal Reference

List two adults that know you well, excluding family members. Please bring in the attached reference forms from these individuals.

(First and Last Name)

(Telephone Number)

(First and Last Name)

(Telephone Number)

Please list any friends or relatives associated with University Medical Center (UMC):

Community Involvement

Please list organizations in which you are currently involved (church, school, community, etc.):

Volunteer Information

Have you had previous experience in volunteer work? _____

If yes, where and when? _____

Job duties: _____

How did you hear of UMC's Volunteer program?



UNIVERSITY MEDICAL CENTER
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VOLUNTEER APPLICATION

Indicate your area (s) of interest within UMC:

Wherever needed within hospital _____

Patient visitation/interaction _____

Check age group (s): Children _____ Adults _____

Clerical/Office Work _____

Specific department/area, if any _____

Would you be willing to assist on special projects (such as, hospital tours, health/career fairs, weekend or evening projects)? _____

Please Indicate the times and dates you are available:

DAY OF THE WEEK	MORNING (8 A.M. – 12 P.M.)	AFTERNOON (12 - 4 P.M.)	EVENING (4 - 8 P.M.)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT I AM PROVIDING SERVICES STRICTLY ON A VOLUNTARY BASIS AND THAT I HAVE NO EXPECTATION OF COMPENSATION.

IF PLACED IN A VOLUNTEER POSITION, I WILL COMMIT TO A MINIMUM OF 60 HOURS OF SERVICE FROM JUNE – AUGUST.

SIGNATURE _____ DATE _____



Volunteer Ethics Guidelines Agreement

If accepted as a hospital volunteer, I agree that:

1. Being a hospital volunteer carries the responsibility of being loyal to the hospital. I understand that hospital affairs are strictly confidential and I am subjected to the same code of ethics which governs the hospital staff. I am expected to comply with the policies and procedures of University Medical Center of El Paso (UMC) and the Guest Service Department.
2. My services are donated to the hospital without contemplation of compensation or future employment. I also understand that solicitation for employment while serving as a volunteer is against the hospital. My services are given with humanitarian, religious, or charitable reasons.
3. As a Volunteer, I agree to stay the entire summer for a minimum of 60 hours of service. I understand I am expected to stay from June – August even after completing a minimum of 60 hours before August, unless school begins before August. I understand that my accumulated hours of service will not translate into internship or externship hours.
4. Upon arrival to the hospital, I will clock-in using my ID badge. When leaving the hospital I will clock-out. I understand that if I forget to clock in or out I must inform the Supervisor of Volunteer Services with-in 24 hours or I will not receive credit for the hours volunteered that day.
5. I am required to provide the history of my past immunizations before the start of my volunteer service. I may be asked to receive a tuberculosis skin test and provide a sample of blood (to check my immunity to chickenpox and measles). Any tests required by the University Medical Center will be provided at no cost to me.
6. I must attend an orientation before beginning my volunteer service. The information provided (including the confidentiality and substance abuse testing policies) during this orientation must be presented to all staff members, including volunteers. I will be required to review this information on a yearly basis. I will also be required to update my tuberculosis skin test annually in order to remain active as a volunteer.
7. I am required to wear a uniform while volunteering. The Supervisor of Volunteer Services will provide dress code information during the orientation. Volunteers are not permitted to wear scrubs.



VOLUNTEER APPLICATION

8. I will report to my volunteer assignment on time and in appropriate attitude. I will be issued an identification badge, which will be used to record my time on the Electronic Time Collection System. This badge must be worn at all times while I am volunteering. It is against hospital policy to use this badge in any manner which it is not intended. I understand that I must return my uniform and badge when I have completed my service.
9. I understand that I am authorized to charge a maximum of \$5.80 per day in the cafeteria before or after a four-hour shift on the days I volunteer. If I go over I am responsible for the difference.
10. If I am not able to report at my scheduled time, I will call the department to which I am assigned as far in advance as possible.
11. I shall not sell or attempt to sell goods or service, request contributions or solicit person to sign or distribute literature of any kind on the hospital premises unless I receive the express authorization of the Supervisor of Volunteer Services to engage in these activities.
12. There shall be no loitering in any part of the hospital at any time. I shall not visit friends, patients, or other volunteers except in the line of duty. I will not come to the hospital unless I am volunteering and in uniform. The only exceptions are, of course, if I am a patient or visiting a patient.
13. Any accident, injury or unusual occurrence in which I may be involved while volunteering must be reported to the Guest Services Department Office immediately.
14. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and, if unsuccessful, attempt to resolve such problems with the Supervisor of Volunteer Services.
15. I will not ask the staff for professional advice for myself or my family while I am on duty. The privilege of being a volunteer does not include free medical service or a reduction in hospital rates.



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16. I will not give medications, take vital signs, provide any type of direct patient care or leave the hospital to run errands for patients or associates. I understand that the person in charge of my department or floor is responsible for the section, and I am under his or her supervision. When in doubt as to any procedure, I will consult the supervisor and let him or her take the responsibility.
17. I understand that the following places are off-limits to volunteers: Isolation Rooms, Operating Rooms, Delivery Rooms and the Morgue.
18. By agreeing to become a volunteer, I have made a commitment to provide a service of both my time and ability. I shall fulfill my commitment to volunteer from June- August for a minimum of 60 hours at The University Medical Center of El Paso by completing all assignments I accept.
19. As a volunteer, I am eligible to receive a permit to park my vehicle in the employee garage at no cost. This permit is the property of the University Medical Center of El Paso and may be revoked at any time if abuses of this privilege are reported to the Supervisor of Volunteer Services.
20. As a volunteer, I may be subject to drug and alcohol testing when a Supervisor or other observers reasonably suspect the individual under the influence.
21. I understand the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
 - a. Failure to comply with the policies and procedures of the hospital.
 - b. Absence without prior notification.
 - c. Unsatisfactory attitude, work or appearance; or
 - d. Any other circumstances which, in the judgment of the Supervisor of Volunteer Services, would make my continued service as a volunteer contrary to the best interest of the hospital.

I have read the above guidelines, understand their importance, and will abide by them.

Signature

Date



Consent for Minor to Participate in Volunteer Activities

I (parent/legally authorized representative) _____ authorize _____, a minor, to participate in volunteer activities at University Medical Center of El Paso(UMC), as from time to time may be assigned by the Supervisor of Volunteer Services or the designated representative. I understand that the services of the minor named above are donated to the agency without exceptions of compensation or future employment, and given for humanitarian, religious or charitable reasons.

I release UMC and its employees from any claim or liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the agency, while participating in such volunteer activities.

This authorization is given pursuant to the provisions of Chapter 51 of the Texas Labor Law and shall remain effective for the period of time my son or daughter is a volunteer at University Medical Center of El Paso.

Printed Name of Parent or Legally Authorized Representative

If legally authorized representative,
Relationship to minor

Signature of Parent or Legally Authorized Representative

Date

Consent to Perform a Pre-Placement Physical Assessment

I, _____, as parent and/or legally authorized representative of
(print name of parent/ legal guardian)

_____ authorize University Medical Center of El Paso to perform the following
procedures
(print name of volunteer under 18 yrs. of age)

for purposes of volunteer work:

- 1.) Laboratory titers
- 2.) Tuberculosis skin test, if needed
- 3.) Radiology referral, if needed
- 4.) Immunizations, if needed

I understand that volunteer work is contingent on the successful completion of a pre-placement physical assessment. There is no charge for these services and they will become part of the UMC Volunteer Health Records.

Printed Name of Parent or Legally Authorized Representative

Signature of Parent or Legally Authorized Representative

Date



Reference Form

The mission of the Volunteer Program is to support and enhance the services provided to patients, visitors, staff, and the community by University Medical Center of El Paso (UMC). Our volunteers play a large role in delivering quality services by providing a variety of volunteer services. Our volunteers must possess self-motivation and maturity. We appreciate your completing this form so that we may make a decision on the applicant's ability to fulfill the responsibilities involved in our volunteer program.

Applicant's Name _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please evaluate the applicant in the following areas:

	Outstanding	Good	Fair	Needs Improvement
1. Displays courtesy, tact, patience	[]	[]	[]	[]
2. Works well with a diverse population	[]	[]	[]	[]
3. Exhibits interest and enthusiasm for a Volunteer position.	[]	[]	[]	[]
4. Accepts supervision in a positive way	[]	[]	[]	[]
5. Seeks opportunity to improve and advance	[]	[]	[]	[]
6. Accepts responsibility and commitment	[]	[]	[]	[]
7. Is dependable and punctual	[]	[]	[]	[]

Additional comments may be written on the back.

Signature _____ Date _____

Printed name _____ Phone _____

After completing this form please fax it to 915-521-7975 or mail it directly to the following address:

University Medical Center of El Paso
Volunteer Services
4815 Alameda
El Paso, Texas 79905

If phone reference, Supervisor of Volunteer Services or Volunteer Services Secretary must sign here:

Name _____ Date _____



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