



Madera Community Hospital

Junior Volunteer Program

Dear Prospective Member,

Thank you for your interest in junior volunteer services with Madera Community Hospital. The purpose of the Junior Volunteer program is to provide requested, non-clinical, support services and assistance to Madera Community Hospital Patients, Visitors, Guests and Employees.

You have taken the first step toward entering into an interesting, satisfying and valuable volunteer endeavor - where you can be of service to others. Following this cover memo is our New Member Application. Please fill it out completely, have your parent or guardian sign it and return the form via email or US Mail. The return address is provided on the application. Once received, your application will be reviewed by Human Resources, and based on need, you will be notified of the next scheduled orientation. During orientation, you will meet with the Volunteer Coordinator, receive detailed information about the League of Volunteers and the area of service and responsibilities where you are most needed.

Applicant must:

1. Be a full-time student in the 8th grade or above and be at least 13 years of age.
2. Attend Orientation.
3. Be able and willing to volunteer a minimum 4 hour shifts, twice a month if space is available or a minimum of 40 hours per year.

Must Submit:

1. Completed and legible application. Using ink or fillable PDF.
2. Proof of minimum grade point average of 2.5 in all academic classes.
3. Two (2) letters of recommendation, one of which must be from an Academic Teacher, the other from someone within the local community. Neither may be a parent or under age 21.

The League of Volunteers expects you to:

1. Follow the Madera Community Hospital Behavior Standards.
2. Be prompt and dependable, honest and cooperative – work well with others.
3. Comply with all Madera Community Hospital Policies and Procedures.
4. Accept supervision and coaching gracefully.
5. Serve as an Ambassador for Madera Community Hospital.
6. Attend monthly Junior Volunteer meetings.

Madera Community Hospital League of Volunteers

The League of Volunteers, organized in 1968, is a group of committed community members who volunteer their time in support of Madera Community Hospital. Volunteers have an essential role in providing the excellent care and service to patients, visitors, guests and our employee colleagues.

In addition to the Hospital services listed below, the Junior Volunteers also conduct and assist in the Children's Visitor Center, Kids Camp and Book Fairs. The proceeds from these activities are invested in advancing the care at Madera Community Hospital.

Volunteers Provide the Hospital with the Following Services:

Hospital Related Services

Objective: To provide a combination of patient/visitor support and staff support.

Essential Duties:

- Assist Hospital Staff by delivering specimens to the Lab, paperwork to designated departments and performing other necessary errands throughout the Hospital.
- Provide limited clerical assistance as requested by Administration.
- Welcome and escort outpatients to registration, treatment areas, or surgery.
- Transfer, via wheelchair, patients entering or leaving Hospital or going to treatment areas.
- Delivers flowers, cards, magazines, food, drink, etc. to patients after being logged accurately and permission given by Nursing Supervisor.

Hours:

- Monday thru Friday (Except Holiday Schedule) 9:00a.m.to 1:00p.m., 1:00p.m. to 5:00p.m. and 5:00p.m. to 8:00p.m. Weekends Sat. & Sun. 11:00a.m. to 3:00p.m.

Reception Desk Services

Objective: In collaboration with the patient, the family, and/or the health care team, and with assistance from Hospital Related Volunteers, the Reception Desk Volunteer shall provide information and location services.

Essential Duties:

- Assure that all visitors, patients, staff and administration are pleasantly greeted, have their questions answered or are escorted or directed to an appropriate area of the Hospital.
- Answer on-site phone by identifying oneself and your location. Clearly and concisely convey directive to Hospital Related Services Volunteer regarding room/department where service is needed.
- Give only accurate and appropriate information to incoming guests, phone callers, or visitors.
- Keep current patient room list so as to easily and quickly locate Hospital inpatients.

Hours:

- Monday thru Friday (Except Holiday Schedule) 9:00a.m.to 1:00p.m. –or- 1:00p.m. to 5:00p.m. 5:00p.m. to 8:00p.m. Weekends Sat. & Sun. 11:00a.m. to 3:00p.m.



Madera Community Hospital

Junior Volunteers Membership Application

Name:

Last

First

Middle

Address:

Number

Street

Apt.

City

State

Zip Code

E-mail: _____

Telephone: (____) _____

Parent or Guardians Name:

Parent or Guardians Name:

Telephone: (____) _____

Telephone: (____) _____

Are you 13 years or older? _____

Have you worked or volunteered at Madera Community hospital before? Yes No

If yes, when did you volunteer/work at MCH? _____ In what Position? _____

Do you have family who works for Madera Community Hospital? Yes No

Please list two (2) references: Prefer employer or school counselor/teacher
DO NOT include friends or relatives.

Name Relationship Contact Information

Name Relationship Contact Information

Academic Background: Required minimum grade point average 2.5

School	Current Grade	Current GPA
Counselor(s)		

Schedule: Write the time(s) when you are available to do volunteer work

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Transportation: Do you have reliable transportation to and from the hospital?

YES

NO

Extracurricular activities/experience: List the activities you are participating in and indicate the day and time you are involved

Sports: _____

School Clubs: _____

Community Services: _____

Youth Group: _____

Part-Time Job: _____

Other than English, list any additional languages spoken: _____

Special Skills: _____

Hobbies: _____

Other: _____

Can you perform the essential duties of a junior volunteer according to the description provided above?

Yes

No

Emergency Contacts - Provide 2:

Name Phone Number (____)

Name Phone Number (____)

Note: A TB (Tuberculin Test) or chest x-ray (if previously positive) is required before starting work in any service. This test will need to be done by your Primary Care provider. Proof of this test must be on file with the League before you start working, as required by law. This test must be repeated annually as long as you actively volunteer in the hospital.

Consent for program participation

I give permission for my child _____ to participate in the Junior Volunteer Program.

Signature of Parent or Guardian Date

Signature of Junior Volunteer Applicant Date

VOLUNTEER AGREEMENT

I understand my service as a volunteer is for charitable, humanitarian reasons, and without promise or expectation of receipt of compensation or employee type benefits. I freely offer my services without direct or indirect pressure or coercion.

I am interested in becoming a Volunteer at Madera Community Hospital. If accepted, I will serve at the times agreed upon. If unable to work, I will provide my own substitute, if possible, or will contact my chairperson to assist me in obtaining a substitute.

I agree to abide at all times by the Code of Ethics and the Regulations of the Madera Community Hospital League. I will wear my uniform with dignity and conduct myself at all time in a manner of credit to the League and the Hospital.

I understand I will have a training period of 3 shifts before a regular work schedule will be assigned to me.

Signature of Applicant

Date

The Madera Community Hospital League does not discriminate in its membership decisions or volunteer assignments on the basis of sex, race, color, religion, ancestry, national origin or disability. All decisions will comply with all applicable laws prohibiting discrimination in employment, including: Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, California Fair Employment and Housing Act of the 1991 American Disabilities Act.

If referred by a League Member, Name: _____

Mail completed application, pages 3 – 6, to:

Madera Community Hospital League / Chairman of Volunteers
1250 E. Almond Ave.
Madera, CA 93637

-Or-

WeCare@MaderaHospital.org