

TEEN VOLUNTEER APPLICATION

Centennial Hills Hospital
MEDICAL CENTER

6900 North Durango Drive
Las Vegas, NV 89149
(702) 835-9861


DESERT SPRINGS HOSPITAL
MEDICAL CENTER
A Member of The Valley Health System

2075 E. Flamingo Road
Las Vegas, NV 89119
(702) 369-7782


SPRING VALLEY HOSPITAL
MEDICAL CENTER

5400 Rainbow Boulevard
Las Vegas, NV 89118
(702) 853-3059


SUMMERLIN HOSPITAL
MEDICAL CENTER_{LLC}

657 Town Center Drive
Las Vegas, NV 89144
(702) 233-7532


Valley
Hospital Medical Center

A Member of The Valley Health System
620 Shadow Lane
Las Vegas, NV 89106
(702) 388-4668

V aluable for all you are and all you do.
O pen to trying new things.
L oyal and reliable day after day.
U ntiring in your willingness to help.
N ice to be around.
T houghtful in so many caring ways.
E ager to share your talents and skills.
E nergetic in every task you take on.
R eady with a smile to brighten another's day.
S pecial. That's what volunteers are!

Which hospital(s) are you volunteering for?
Spring Valley Hospital

Centennial Hills Hospital
Summerlin Hospital

Desert Springs Hospital
Valley Hospital

VALLEY HEALTH SYSTEM – TEEN VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY Date: _____ Social Security #: _____

Name: _____ Mr. Miss
Last First Middle (circle one)

Address: _____
Number & Street City State Zip

Home Phone: _____ Cell Phone: _____ Birthdate: _____ Age: _____

Email Address: _____

Parent or Guardian's Name and Cell Phone #: _____

Name of School: _____ Graduation Year: _____ GPA: _____ Grade: _____

Address of School: _____
Number & Street City State Zip

Career Planned: _____ Are you now employed? Yes No

Name of Employer: _____ Phone: _____ Position: _____

Extra curricular activities/hobbies: _____

Why do you want to be a volunteer? _____

What does customer service mean to you? _____

Previous/current volunteer experience: _____
Agency or Company Name Position

_____ Agency or Company name Position

How much time can you give?	Days per week _____	Hours per day _____		
Check the day that you are able to volunteer:	Monday	Tuesday	Wednesday	Thursday
	Friday	Saturday	Sunday	
Times available:	Morning 8:00 a.m.-noon	Afternoon noon-4:00 p.m.	Evening 4:00-8:00 p.m.	

Who encouraged you to volunteer: _____

Have you ever been convicted of a felony? Yes No When? _____

If yes, describe: _____

PERSON TO BE CONTACTED IN AN EMERGENCY:

Name: _____ Relationship _____ Phone: _____

Address: _____ Cell: _____
Number & Street City State Zip

IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:

1. I shall hold as absolutely confidential, all information that I obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.
3. I shall submit to an annual tuberculin skin test and any other health examination which may be necessary as part of my volunteer service.
4. I understand that it is required I take safety and educational classes yearly.
5. I shall be punctual and conscientious, conduct myself with dignity, courtesy and with consideration of others, and endeavor to make my work professional in quality.
6. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
7. I shall at all times uphold the philosophy and standards of the hospital.
8. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued services as a volunteer, contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them as well as all hospital policies and procedures with The Valley Health System.

Volunteer Signature

Date

INSTRUCTIONS: Please have your parent/guardian complete page 4. Your guidance counselor or a current teacher must complete page 5 and return entire application to the Volunteer Services Department.

PARENT OR GUARDIAN CONSENT FORM

CONSENT TO VOLUNTEER:

If accepted, I _____ (parent/guardian name) agree to cooperate with him/her in complying with the Volunteer Services rules and regulations which include providing transportation, wearing the prescribed uniform, and ensuring that he/she faithfully maintains his/her weekly volunteer schedule.

I further concur that while on duty he/she is to remain on hospital property unless otherwise instructed by me. I understand that if the Teen Volunteer does not comply with policy, this may be grounds for immediate releasing of the volunteer from hospital service.

I understand that he/she must have the two step tuberculin skin test prior to volunteering and that The Valley Health System will administer this test at no cost to me. I further understand that the Teen Volunteer must attend an orientation and have the tuberculin skin test annually in order to continue volunteering.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Please Print



CONSENT TO RELEASE SCHOOL RECORDS:

Name of Student: _____

School: _____ School Phone: _____

I hereby:

- authorize a representative of the above school to complete the reverse side (School Guidance Counselor/Teacher Evaluation Form) in connection with the above student's application to participate in the Teen Volunteer Program at The Valley Health System.
- I understand the purpose of the form is to aid The Valley Health System in selecting qualified Teen Volunteers. All information provided by the school would remain confidential.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Please Print

SCHOOL GUIDANCE COUNSELOR/TEACHER CONFIDENTIAL EVALUATION

Student Name: _____ Birthday: _____

School: _____ Grade: _____

I would rate this student as follows:

1. Requires *less* *more* *about the same* amount of instruction as most students.
2. Requires *minimal* *occasional* *considerable* supervision or direction.
3. *Does* *Does not* follow through on assignments.
4. Gets along *not well* *well* *very well* with peers.
5. Gets along *not well* *well* *very well* with older persons.
6. *Has* *Has not* shown adequate emotional stability to work with hospital patients.
7. *Does* *Does not* exhibit general appearance of neatness.
8. *Is* *Is not* regular in school attendance.

If not regular, what is the cause of absence/tardiness? _____

I recommend this student be accepted as a Teen Volunteer with The Valley Health System.

I DO NOT recommend this student be accepted as a Teen Volunteer with The Valley Health System.

Comments: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____



Please return evaluation to the student or mail/fax to the Volunteer Services Department at:

Centennial Hills Hospital, 6900 North Durango Drive, Las Vegas, NV 89149 (702) 835-9861 (fax) 835-
Desert Springs Hospital, 2075 E. Flamingo Road, Las Vegas, NV 89119 (702) 369-7782 (fax) 369-7836
Spring Valley Hospital, 5400 Rainbow Boulevard, Las Vegas, NV 89118 (702) 853-3059 (fax) 853-8609
Summerlin Hospital, 657 Town Center Drive, Las Vegas, NV 89144 (702) 233-7532 (fax) 233-7599
Valley Hospital, 620 Shadow Lane, Las Vegas, NV 89106 (702) 388-4668 (fax) 388-4618

WANTED: HOSPITAL VOLUNTEERS

WHAT'S A HOSPITAL VOLUNTEER? They are a special, wonderful kind of person who offers his or her time, free of charge, to help others.

WHY ARE HOSPITAL VOLUNTEER IMPORTANT? Because they provide many EXTRA services that supplement the basic, essential functions of the staff...services that add to the comfort, care and happiness of the patient! Volunteer add to the quality of health care by helping the patients, their families, the staff and visitors.

BUT WHAT DOES THE VOLUNTEER GET OUT OF THIS? A chance to learn new skills, develop new interests, make new friends and most of all, a chance to enjoy that rare satisfaction that comes from helping others.

WHAT KIND OF PEOPLE ARE VOLUNTEERS? Men and women of all ages, all backgrounds, and all abilities. They may be students, housewives, working people or retired people.

WHAT QUALIFICATIONS ARE NEEDED?You need to be interested, have a good attitude, be dependable and be discreet.

PREPARATION FOR THE JOB? First we will interview you to match your interests, talents and schedule to the hospital's needs. We will then orientate you to the hospital and its goals, uniform requirements, policies and procedures, and your benefits. Once you have completed all our requirements (including a two-step tuberculosis screening), you will be introduced to your assignment and contact person. Then you will be ready to begin volunteering!

And many thanks to you for volunteering at our hospital!

To be completed by the Volunteer Services Department

Interviewed: _____ Orientation: _____ TB Test: _____

First day Scheduled: _____ Supervisor Notified: _____

Assignment: _____ Day/Time: _____

Assignment: _____ Day/Time: _____

Assignment: _____ Day/Time: _____

Comments: _____
