COLLEGE STUDENT VOLUNTEER APPLICATION:

Thank you for your interest in the College Student Volunteer Program at Memorial Hermann. We receive many applications and accept students based on their application, interview, placement availability, and other factors.

Criteria:

- Must currently be enrolled in a college or university
- Must provide copy of school issued picture ID.
- Must provide copy of college/university enrollment confirmation.
- Must complete College Student Volunteer Application and Volunteer Agreement Forms.
- Must undergo a mandatory background check.
- Must volunteer for the entire 12 weeks – missing no assignments during this 12 week period. At least 4 hours per week (one 4 hour shift) are required in order to complete a minimum of 48 hours for the program.
- Must be willing to work assigned shift: 8am-12pm, 12pm-4pm, or 4pm-8pm
- Must attend orientation and successfully complete a TB test and Flu Shot, if accepted into the program.

Applications will be accepted a month or earlier before the beginning of Spring Semester, Summer Semester, and Fall Semester

Email: volunteerservices@memorialhermann.org

Mail or Hand Delivered to:
Memorial Hermann Southwest Hospital
ATTN: Volunteer Department
7600 Beechnut St. Houston, TX 77074

(Rev.1, 12/2016)
To be completed by Volunteer Applicant (please print):

Name: ____________________________________________ (First) (MI) (Last)

Home Address: __________________________________________

City: ___________________________ Zip: ________________

Home Phone: ___________________________ Cell Phone: ___________________________

Email Address: __________________________________________

Are you under 18 years of age? ____ Yes  ____ No  If Yes, you must meet the minimum requirement of 15 years of age.

School Currently Attending: __________________________________________

Major: ___________________________ Year of Graduation: ____________

What classes have you taken that might prepare you for this experience? (i.e. Anatomy & Physiology, Medical Terminology, EMT, etc.)

_________________________________________________________________________

_________________________________________________________________________

List your extra-curricular school activities: __________________________________________

_________________________________________________________________________

List your future goals: __________________________________________

_________________________________________________________________________

List any hobbies, talents or special interests: __________________________________________

_________________________________________________________________________

List any other summer activities: (i.e. summer school, internship, job, etc.)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Returning
☐ New Volunteer

Office Use Only
Received By: ___________________________
Date Received: ____________/__________/__________
Complete_____ Incomplete _____
Interview Date: ____________
Accepted_____ Not Accepted _____
Attended Orientation:  Y  N

(Rev.1, 12/2016)
How did you hear about our College Student Volunteer Program?
__________________________________________________________________________________________________________________________________________________

Prior volunteer experience:
Where: __________________________________ How Long? ___________________
Where: __________________________________ How Long? ___________________
Where: __________________________________ How Long? ___________________
Where: __________________________________ How Long? ___________________

Why do you want to volunteer at Memorial Hermann? ________________________________________________________________
__________________________________________________________________________________________________________________________________________________

What do you hope to gain from your Volunteer experience? ________________________________________________________________
__________________________________________________________________________________________________________________________________________________

Are you volunteering to meet requirements for a specific reason? (i.e. community service hours, school requirements, etc.)  _____ Yes  _____ No

If yes, please explain: ________________________________________________________________

Do you have a family member who works or volunteers at Memorial Hermann?  _____Yes  _____No

If yes, please provide the following information:
Name: ________________________________________________________________
Relationship: ________________________________________________________________
Department: __________________________ Contact Number: __________________________

Emergency Contact Information
Name: __________________________________ Contact Number: __________________________
Relationship: ________________________________________________________________

Please provide one additional EMERGENCY contact if we are unable to reach the person listed above:
Name: __________________________________ Contact Number: __________________________
Relationship: ________________________________________________________________

(Rev.1, 12/2016)
Assignments

If accepted to be a College Student Volunteer Program, you MUST volunteer for the entire 12 weeks without missing any assignments during the 12-week period. At least four (4) hours per week are required in order to complete a minimum of 48 hours for the program. If you cannot commit to volunteering once a week for the entire 12 weeks, please do not submit an application.

Please SELECT/CIRCLE the days and times you are NOT available to volunteer for the duration of the 12 weeks:

<table>
<thead>
<tr>
<th>Days NOT Available</th>
<th>Shift 1</th>
<th>Shift 2</th>
<th>Shift 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays</td>
<td>8am–12pm</td>
<td>12pm–4pm</td>
<td>4pm–8pm</td>
</tr>
<tr>
<td>Tuesdays</td>
<td>8am–12pm</td>
<td>12pm–4pm</td>
<td>4pm–8pm</td>
</tr>
<tr>
<td>Wednesdays</td>
<td>8am–12pm</td>
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<td>4pm–8pm</td>
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<tr>
<td>Thursdays</td>
<td>8am–12pm</td>
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<tr>
<td>Fridays</td>
<td>8am–12pm</td>
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<td>Saturdays</td>
<td>8am–12pm</td>
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<tr>
<td>Sundays</td>
<td>8am–12pm</td>
<td>12pm–4pm</td>
<td>4pm–8pm</td>
</tr>
</tbody>
</table>

PLEASE CAREFULLY REVIEW THE FOLLOWING AND INITIAL

The following rules and regulations are MANDATORY:

- I am currently enrolled in a college or university
- I understand that I MUST volunteer for the entire 12 weeks without missing any assignments during this 12-week period. At least 4 hours per week is required in order to complete a minimum of 48 hours for the program.

Applicant’s Signature __________________________ Applicant’s Name (please print) __________________________

NOTE:
Completion of this application does not guarantee acceptance into the program. An incomplete application will NOT be considered. Please read all instructions and requirements and follow carefully.
Signed Commitment Agreement

If accepted as a Memorial Hermann Volunteer, I agree that:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.

2. My services are donated to Memorial Hermann without contemplation of compensation or future employment.

3. I understand that a TB PPD test is required prior to volunteering in any Memorial Hermann facility and must also be completed on an annual basis. I understand that I must adhere to the Memorial Hermann Flu Campaign guidelines while volunteering at any Memorial Hermann facility as well.

4. I understand that I am to wear an authorized Memorial Hermann volunteer uniform and name badge, closed toe shoes and socks while volunteering. No blue jeans or denim of any color, or shorts are allowed.

5. I shall not solicit any business for outside organizations, including attorneys or insurance companies, either on or off hospital property.

6. I shall report all known occurrences of solicitation for attorneys to the Director of Volunteer Services.

7. I understand that solicitation for charity, distribution of literature or distribution for sale of any type of goods, raffle tickets or the like, on Memorial Hermann owned or leased property will be prohibited at any time unless it is sponsored by the System.

8. I will not seek from Doctors or Nurses professional advice for myself or my family while on duty. The privilege of being a volunteer does "not" include medical service.

9. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

10. Should I have any problems related to my volunteer activities, I will contact the Director of Volunteer Services.

11. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.

12. I shall at all times uphold the Philosophy and Mission, and Behavioral Expectations of Memorial Hermann Health System.

13. I understand that the Volunteer Services Department reserves the right to dismiss my volunteer status as a result of: (a) failure to comply with hospital policies, rules and regulations; (b) failure to meet attendance commitment; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the hospital.

By my signature, I acknowledge that I have read, understand, and agree to adhere to the statements above.

Applicant Signature

Date
Applicant’s Checklist

Applicant’s Name *(Please Print)*

_____________________________________________ _____________________

All of the following must be completed and returned to apply for a College Student Volunteer position.

If any of the following is missing, your application will not be considered.

Please check off each item that you complete:

_____ 1. Copy of school issued picture ID

_____ 2. Copy of college/university enrollment confirmation (can be a print out of your semester registration confirmation from your online account)

_____ 3. Completed and signed College Student Volunteer Application *(pages 2-4)*

_____ 5. Signed College Student Volunteer Agreement *(page 5)*

(Rev.1, 12/2016)