HIGH SCHOOL STUDENT VOLUNTEER APPLICATION:

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

Criteria:

- Must currently be enrolled in a High School.
- Must provide copy of school issued picture ID.
- Must provide copy of High School enrollment confirmation
- Must complete High School Student Volunteer Application and Volunteer Agreement Forms.
- Must volunteer for a minimum of 100 hours (regular school year) or 48 hours (summer), missing no assignments during this period. At least 4 hours per week (one 4-hour shift) are required in order to complete a minimum of 100 hours or 48 hours for the program.
- Must be willing to work assigned shift
- Must attend orientation and successfully complete a TB test and Flu Shot, if accepted into the program.

Applications will be accepted in the beginning of the school year. Program runs from November to August.

Applications for the summer program will be accepted until end of May. Program runs from June to August.

Applications may be returned via:

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 At ____________________________ Year of Graduation: ____________

List your extra-curricular school activities: ______________________________________

_________________________________________________________________________

List your future goals: _______________________________________________________

_________________________________________________________________________

List any hobbies, talents or special interests: ______________________________________

_________________________________________________________________________

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

_________________________________________________________________________

How did you hear about our High School Student Volunteer Program?
_________________________________________________________________________

_________________________________________________________________________

Prior volunteer experience:

Where: ____________________________ How Long? ____________________________

Where: ____________________________ How Long? ____________________________

Where: ____________________________ How Long? ____________________________

(Rev.1, 12/2016)
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 High School Student Volunteer Program, you MUST volunteer for a minimum of 100 hours (regular school year) or 48 hours (summer) without missing any assignments during the volunteer period. At least 4 hours per week are required in order to complete a minimum of 100 or 48 hours for the program.

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>Regular School Year Shifts</th>
<th>Summer Shifts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shift 1</td>
<td>Shift 2</td>
</tr>
<tr>
<td>Mondays</td>
<td>2pm-6pm</td>
<td>3pm-7pm</td>
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<td>Tuesdays</td>
<td>2pm-6pm</td>
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<td>Wednesdays</td>
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<td>Thursdays</td>
<td>2pm-6pm</td>
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<td>Fridays</td>
<td>2pm-6pm</td>
<td>3pm-7pm</td>
</tr>
<tr>
<td>Saturdays</td>
<td>8am-12pm</td>
<td>12pm-4pm</td>
</tr>
<tr>
<td>Sundays</td>
<td>8am-12pm</td>
<td>12pm-4pm</td>
</tr>
</tbody>
</table>

The following rules and regulations are MANDATORY:

- I am currently enrolled in High School
- I understand that I MUST volunteer for a minimum of 100 hours (regular school year) or 48 hours (summer), without missing any assignments during the volunteer period. At least 4 hours per week is required in order to complete a minimum of 100 or 48 hours for the program.

__________________________________________  ________________________________
Applicant’s Signature                        Applicant’s Name (please print)
__________________________________________  ________________________________
Guardian’s Signature (If applicant is under age 18) Guardian’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

(Rev.1, 12/2016)
Applicant’s Checklist

Applicant’s Name *(Please Print)*  ______________________________________________

All of the following must be completed and returned to apply for a High School 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 High School enrollment confirmation

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

_____  4. Signed High School Student Volunteer Agreement *(page 5)*