

Application is due by April 30th.
Interviews conclude May 18th
Selections made May 31st
Program begins June 4th
Program concludes July 31st



JUNIOR VOLUNTEER SERVICE

Thank you for inquiring about the Junior Volunteer Program at Memorial Hermann Greater Heights Hospital. Our volunteers work in conjunction with the staff to provide the highest quality patient care. Although we are not medical personnel, our actions and talents enhance the patients and families experience as well as provide valuable assistance to the staff. As part of the largest not-for-profit healthcare organization in Texas, we are dedicated to serving our community.

The rewards of volunteering are numerous and everlasting. You will feel happy to know your volunteer participation directly and indirectly enhances the quality of care and services provided by the physicians, nurses and staff of the hospital. Most importantly, volunteering will provide you with a sense of personal satisfaction gained from knowing you are helping others during their time of need.

APPLICATION PROCESS:

- Please complete the application. The tuberculosis (PPD) skin test form and background check form require a parent or guardian's signature.
- The Volunteer Manager will review the application and email or call the prospective volunteer to verify receipt of the application.
- Applicants will be scheduled for interviews based on the needs of the volunteer program.
- Interviews are scheduled by date; in order the applications are received.
- The entire application process from interview to acceptance may take between three and five weeks depending upon various variables (i.e. background checks, TB screening and reference verifications).

INTERVIEW:

- During the volunteer interview, the applicant will learn about the policies, procedures, day-to-day duties of a hospital volunteer and what is expected of the applicant if accepted into the volunteer program. **Very Important: Attending an interview does not guarantee acceptance into the program.** The Volunteer Manager will contact the applicant after the interview to notify him/her of acceptance or denial for the program.

We appreciate your interest in volunteering and look forward to meeting you in the near future. If you have questions about the application please feel free to contact Cheryl Ivy at 713.867.4460. Please complete the attached application and return it by e-mail or in person.

Cheryl Ivy
Memorial Hermann Greater Heights Hospital
Junior Volunteer Service
1635 North Loop West
Houston, Texas 77008
Cheryl.Ivy@memorialhermann.org

Please Retain This Page for Your Reference

JUNIOR VOLUNTEER SERVICE APPLICATION

Name: _____
(First) (MI) (Last)

Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Father's Name: _____ Contact Number _____

Mother's Name: _____ Contact Number _____

Please provide one additional **EMERGENCY** contact if we are unable to reach your parents listed above: Name: _____ Phone: _____

High School Currently Attending: _____

Grade: _____ Year of High School Graduation: _____

Extracurricular Activities in School: _____

List Hobbies or Special Interests: _____

What are your future goals? _____

How did you hear about our Junior Volunteer program? _____

What do you hope to gain from your Volunteer Experience? _____

Are you volunteering to meet requirements (Community Service Hours, School Requirements, etc.) for a specific reason? If yes, please explain: _____

Do you have friends or relatives in our Volunteer program? _____ Yes _____ No

If yes, who? _____

Do you have a family member who working at the Greater Heights Campus? _____ Yes _____ No

If yes, please list their name(s) and department(s) _____

PLEASE CAREFULLY REVIEW THE FOLLOWING AND INITIAL

- _____ The following rules and regulations are **MANDATORY**:
 - The applicant must be at least 15 years old. **(No exceptions will be made)**
 - You must complete the application in its entirety.
- _____ If I cannot make my volunteer shift, I am responsible to find a substitute to replace me. I must contact the office via phone or email to inform them of my absence and substitute.
- _____ I understand that the shift is 3 hours and if I need to leave early, I must email or call the office prior to my shift.
- _____ I understand I may not leave the hospital premises during my shift without express permission from the Manager of Volunteer Services. Leaving without permission will result in automatic termination from the volunteer program.

VOLUNTEER SERVICE COMMITMENT:

In submitting this application for membership in the Volunteer Service of Memorial Hermann Greater Heights, I am aware that serving as a volunteer is a privilege carrying with it high trust and related obligations. I agree to fulfill my service commitment and to conform to all rules and regulations of the Volunteer Service program.

Please Initial: _____

MEDIA CONSENT:

I understand that my photograph may be taken for the purpose of promotion of services at Memorial Hermann Healthcare System which is deemed appropriate. I am aware I will not receive payment of any kind for my participation and grant Memorial Hermann Healthcare System the rights to use regardless of my future association with the facility and for an unrestricted time.

Please Initial: _____

CERTIFICATION AND AUTHORIZATION:

I hereby certify that all the information contained on this application is true and complete. I authorize Memorial Hermann Healthcare System to contact all sources necessary to verify this information and to check references as it may see fit. I understand that any misstatement or omission on this application is cause for loss of volunteer privileges.

Signature

Date

**MEMORIAL HERMANN GREATER HEIGHTS
JUNIOR VOLUNTEER SERVICE DRESS CODE**

An impeccable uniform is the exterior reflection of the inner character, dedication and purposefulness of its wearer.

UNIFORM

- The regulation uniform for the Junior Volunteer is a red polo style shirt (provided by the volunteer service department), khaki pants with coordinating belt and closed toed shoes which completely cover the foot. The pants shall not be tight fitting to the point that it would invite negative feedback from a customer.
- A photo id badge is clipped to the collar of the volunteer shirt and is required at all times when volunteering. The photo id badge is the property of Memorial Hermann and must be returned when resigning from the volunteer service.
- Men and women may wear a neutral colored cardigan sweater with their uniforms.
- Volunteers are responsible for maintenance of their uniforms. The complete uniform must be clean and ironed prior to each wearing. Volunteers will be sent home if their appearance is deemed unacceptable by the Manager of Volunteer Services.
- When leaving the Volunteer Service, members are responsible for returning their photo id badge and clean uniform pieces provided by the Manager of Volunteer Services.

HAIR

- Hair shall be clean and neat with no styles or colors that would, by a reasonable standard, invite negative feedback from a customer. To comply with Health Department standards, shoulder length or longer hair shall be tied up or pulled back.

JEWELRY

- Wrist watches and up to one ring may be worn while volunteering. For safety reasons, necklaces are not allowed while volunteering. If ears are pierced, small stud earrings may be worn. Men may not wear earrings.

COSMETICS

- Extreme or excessive makeup is not allowed. Volunteers may not wear scented colognes while working. Illness often alters sense of smell and patients may be allergic to the aroma or find it offensive

ELECTRONIC DEVICES

- **The use of portable electronic devices (cell phones, MP3/iPods, etc) shall not be carried with you while volunteering.** They may only be used inside the volunteer office. We will not be responsible for lost belongings.

I have read the above information and understand that discussion of the dress code will be part of the interviewing process. Failure to comply with the Junior Volunteer dress code will result in loss of volunteering privileges up to dismissal from the volunteer service.

Please Initial: _____

IF ACCEPTED AS A MEMORIAL HERMANN HEALTHCARE SYSTEM 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 Healthcare System without contemplation of compensation or future employment.
3. I understand that I am to wear an authorized Memorial Hermann Greater Heights Volunteer Service uniform or approved business attire and name badge, closed toe shoes and socks or hose while volunteering. **No blue jeans or denim of any color are allowed.**
4. I understand that it is a crime to solicit business for attorneys. I shall not solicit any business for attorneys or insurance companies, either on or off hospital property. I shall report all known occurrences of solicitation for attorneys to the Manager of Volunteer Services.
5. I shall not sell or attempt to sell goods or services for personal gain, request contributions, or solicit persons to sign or distribute political petitions on hospital premises.
6. 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.
7. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my service professional in quality.
8. Should I have any problems related to my volunteer activities, I will contact the Manager of Volunteer Services at Greater Heights.
9. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
10. I shall at all times uphold the Philosophy and Mission and Behaviors of Memorial Hermann Healthcare System.
11. 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) 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.

I have read each of the above conditions and I agree to be bound by them.

Signature

Date

PRE-VOLUNTARY DISCLOSURE & RELEASE

▪ **VOLUNTEER'S FULL NAME:** _____

Any Other Name You Have Volunteered Under: _____

Social Security No.: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Driver's License No.: _____ State: _____

Pursuant to the requirements of the Fair Credit Reporting Act, **I acknowledge that a consumer report¹ and/or investigative consumer² may be made in connection with my application for volunteering with prospective facilities.** I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior volunteering and other reports. These reports may include information as to my character, work habits, performance and experience, along with reasons for termination of past volunteering from previous facilities. Further, I understand that agents may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for volunteering or denial of volunteering. I hereby discharge, release and indemnify prospective healthcare organization, their agents, servants and healthcare organizations, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by investigating agents.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

If you are under the age of eighteen, the signature of a parent or guardian must be obtained.

▪ **VOLUNTEER'S SIGNATURE:** _____ **Date:** _____

PARENT/GUARDIAN'S SIGNATURE: _____ **Date:** _____

(Required if Under 18)

If you are denied a volunteer opportunity, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

¹A Consumer report may consist of enrollment records, educational verification, licensure verification, driving records, previous address and public records relative to criminal charges.

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Greater Heights

²An “Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

**JUNIOR VOLUNTEER SERVICE
PARENTAL CONSENT / RELEASE FORM**

TUBERCULOSIS (PPD) SKIN TEST

It is required by the federal government that all employees and volunteers in hospitals have proof that they are free of active tuberculosis (TB). This disease has again become a major public health concern and the government has required we prove we are not spreading it within our facility.

Therefore, verification must be obtained prior to providing service. This is done by receiving a TB skin test prior or during orientation. This test is given on the forearm and will feel much like a mosquito bite. The Junior Volunteer is then required to return to the hospital within 48-72 hours so that our Occupational Health Nurse may interpret it. If the Junior Volunteer does not return to have it interpreted, it will have to be repeated. Please be aware that the Junior Volunteer may not begin his/her volunteer service until the TB status is documented by Occupational Health. If a Junior Volunteer is unable to receive a TB skin test it will be the parent or guardian's responsibility to follow up with his/her physician to obtain documentation indicating there is not active TB.

I, the undersigned, hereby give permission for my son/daughter _____
(Print Name)

to receive a PPD Skin Test (also known as the Mantoux Skin Test), used as an initial check for the presence of TB infection. It is understood that the screening result must prove negative in order for my son/daughter to actively participate in the Junior Volunteer Service program. Results of the screening will be maintained as confidential health information by Memorial Hermann Greater Heights Occupational Health.

In the event that the initial TB Skin Test is positive, it is understood that it will be my responsibility as parent/guardian to follow-up with his/her physician to rule out/diagnose active TB.

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Date



800.999.9861
713.861.5959
info@precheck.com
www.PreCheck.com

**MHHS NORTHWEST VOLUNTEER # 2000
DISCLOSURE & AUTHORIZATION**

FULL NAME _____
 Any Other Names Used _____
 Social Security No. ____ / ____ / ____ Date of Birth¹ _____
 Current Address _____
 City _____ State _____ Zip _____
 Driver's License State _____ No. _____
 Address: _____

Have you ever been convicted of a crime? Yes No
 Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates	From:	To:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

MHHS Northwest may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment, contract, volunteering, privileges or appointment to the extent permitted by law.

¹ The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment, contract or privileges, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ Date _____

Guardian Signature _____ Date _____