

REQUIREMENTS FOR
THE AUXILIARY OF GOOD SAMARITAN HOSPITAL
HIGH SCHOOL VOLUNTEER PROGRAM 2017

Thank you for your interest in becoming a volunteer at Good Samaritan Hospital. We have a very small number of openings in our high school program and are seeking motivated, friendly, compassionate, courteous, respectful, and responsible students to join our team.

- Students must be at least a freshman in high school and at least 14 years old.
- Must commit to minimum one-year of weekly volunteer service, beginning January 2017.
- Before being cleared for active volunteer service, all volunteers must complete the following:
 1. Basic Training (3-hour training covering infection control, volunteer dos and don'ts, emergency preparedness, HIPPA privacy laws, customer service training, and more)
 2. Employee Health clearance (done after Basic Training), including 2-step TB screening and titers [i.e. blood draw and test for immunity to communicable diseases, including Measles, Mumps, Rubella, Varicella, Hepatitis B), TDAP (Tenaus, Diphtheria, Pertussis)]and an annual flu shot. All services and vaccines are provided free of charge to prospective volunteers.
 3. Work Permit (obtained from school)
 4. Background Check
 5. Confidentiality Agreement
 6. Acknowledgment of Teen Guidelines
 7. Uniform
 8. Annual Dues of \$15
 9. Annual TB test each February
 10. Annual flu shot each Fall

ESTIMATED TIMELINE:

SCREENING/INTERVIEWS WILL TAKE PLACE IN DECEMBER/JANUARY. BASIC TRAINING FOR THOSE SELECTED WILL OCCUR IN JANUARY/FEBRUARY. VOLUNTEER SERVICE WILL BEGIN AFTER ALL REQUIRED ITEMS ARE COMPLETED – LIKELY IN FEBRUARY OR MARCH 2017.

SUBMIT COMPLETED APPLICATION TO:

GOOD SAMARITAN HOSPITAL

ATTN: VOLUNTEER OFFICE

2425 SAMARITAN DRIVE

SAN JOSE, CA 95125

408-559-2345

OR

GSHO.VolPlacement@HCAHealthcare.com

APPLICATION FOR VOLUNTEER SERVICE

HIGH SCHOOL PROGRAM

GOOD SAMARITAN HOSPITAL

2425 Samaritan Drive, San Jose, CA 95124 Tel: (408) 559-2345

NAME _____ MALE FEMALE
 FIRST M.I. LAST
ADDRESS _____
 STREET (APT.#) CITY STATE ZIP CODE
PHONE (HOME) _____ (CELL) _____
E-MAIL _____

WERE YOU REFERRED BY SOMEONE TO OUR VOLUNTEER PROGRAM? (CIRCLE ONE) YES NO

IF SO, BY WHOM? _____

DO HAVE RELIABLE TRANSPORTATION TO AND FROM THE HOSPITAL? YES NO

ARE YOU ABLE TO MAKE A MINIMUM ONE-YEAR COMMITMENT BEGINNING IN JAN 2017 YES NO

LIST YOUR CURRENT (AND PLANNED) SCHOOL AND EXTRACURRICULAR ACTIVITIES?

ARE YOU PRESENTLY EMPLOYED? FULL-TIME _____ PART-TIME _____ NO _____

IF YES, LIST CURRENT EMPLOYER: _____

POSITION/JOB TITLE: _____

LIST ANY CURRENT OR PREVIOUS VOLUNTEER EXPERIENCE _____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTOOD ALL STATEMENTS AND QUESTIONS ON THIS APPLICATION AND THAT MY RESPONSES ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

**GOOD SAMARITAN HOSPITAL
VOLUNTEER SERVICES
PROGRAM PERMISSION AND TREATMENT FORM**

I (we) undersigned parent(s)/guardian(s) of _____
have read this form and give consent for my child to serve as a junior volunteer of the Auxiliary of Good Samaritan Hospital. I understand that my child must adhere to the attendance standards of the program and if he/she does not follow the standards will be dropped from the program. Standards include:

- acceptance of **one shift per week for a minimum of one year**
- coverage by a substitute for planned absence on their shift
- notification by phone to facilitator when unable to attend their shift on short notice
- a minimum of six (6) hours of service per month
- having no more than four (4) excused absences per year
- signing in using Volgistics computer system

I understand there is an annual charge of \$15.00 for membership dues. She/he has my (our) permission to receive the annual tuberculin skin test each February, provided free of charge, in the Employee Health Office at the hospital.

Treatment Permission

I (we) undersigned parent(s)/guardian(s) of _____
a minor, do hereby authorize Good Samaritan Hospital Emergency Department and Medical Staff as agent(s) for the undersigned to consent to any x-ray examination, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to provisions of Section 25.8 of the Civil Code of California. I (we) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my (our) above-named agent(s) upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain in effect until said minor is no longer in the High School Volunteer Program at Good Samaritan Hospital.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature

Date

Physician Name and telephone number: _____

Emergency contact, if parent not available:

Name

Relationship to youth

Telephone Number

The Auxiliary of Good Samaritan Hospital

High School Program

NAME: _____ CURRENT AGE: _____ GRADUATION YEAR: _____

IF SELECTED, YOU'LL BE ASSIGNED TO ONE OF THE SHIFTS LISTED BELOW. **PLACE A CHECK MARK** NEXT TO ANY/ALL SHIFTS YOU ARE AVAILABLE TO SERVE A MINIMUM OF ONE YEAR BEGINNING JANUARY, 2017.

PATIENT SERVICES: Currently no openings. Applications will be accepted in March 2017 for Patient Services.

~~___ Monday 4:00 - 7:00 PM~~

~~___ Tuesday 4:00 - 7:00 PM~~

~~___ Wednesday 4:00 - 7:00 PM~~

~~___ Thursday 4:00 - 7:00 PM~~

~~___ Friday 4:00 - 7:00 PM~~

~~___ Saturday 9:00 AM - 12:30 PM~~

~~___ Saturday 12:30 PM - 4:00 PM~~

~~___ Saturday 4:00 PM - 7:00 PM~~

~~___ Sunday 9:00 AM - 12:30 PM~~

~~___ Sunday 12:30 PM - 4:00 PM~~

~~___ Sunday 4:00 PM - 7:00 PM~~

GIFT SHOP: YOU MUST BE AT LEAST 16 YEARS OLD FOR THE FOLLOWING GIFT SHOP SHIFTS:

___ Monday 5:00 - 8:15 PM

___ Tuesday 5:00 - 8:15 PM

___ Wednesday 5:00 - 8:15 PM

___ Thursday 5:00 - 8:15 PM

___ Friday 5:00 - 8:15 PM

___ Saturday 11:45 AM - 4:15 PM

___ Sunday 11:45 AM - 4:15 PM