

# REQUIREMENTS FOR THE AUXILIARY OF GOOD SAMARITAN HOSPITAL HIGH SCHOOL VOLUNTEER PROGRAM 2017/2018

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.

- Student 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 in the first quarter of 2018.
- Before being cleared for active volunteer service, all volunteers must complete the following:
  1. Interview
  2. Basic Training (3-hour training covering infection control, emergency preparedness, HIPPA privacy laws, customer service training, and more)
  3. 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 (Tetanus, Diphtheria, Pertussis)]and an annual flu shot. All services and vaccines are provided free of charge to prospective volunteers.
  4. Work Permit (obtained from school)
  5. Background Check
  6. Confidentiality Agreement
  7. Acknowledgment of Teen Guidelines
  8. Uniform
  9. Annual Auxiliary Dues of \$15
  10. Annual TB screen
  11. Annual flu shot each year (October)

## ESTIMATED TIMELINE:

SCREENING/INTERVIEWS WILL TAKE PLACE IN OCTOBER. BASIC TRAINING FOR THOSE SELECTED WILL OCCUR IN NOVEMBER. VOLUNTEER SERVICE WILL BEGIN AFTER ALL REQUIRED ITEMS ARE COMPLETED – LIKELY IN JANUARY/FEBRUARY, 2018.

**Applications must be turned in at an information meeting. No need to RSVP.**

## HIGH SCHOOL STUDENTS (14-17 YRS) INFO MEETINGS:

|           | MONTH | DAY | TIME             | LOCATION   |
|-----------|-------|-----|------------------|------------|
| WEDNESDAY | SEPT  | 20  | 6:00 – 7:00 PM   | AUDITORIUM |
| SATURDAY  | SEPT  | 30  | 10:00 – 11:00 AM | AUDITORIUM |

*Auditorium is located in the lower level of the hospital. Take elevator “B” to the basement, turn right and follow signs.*

# 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 2018      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 2018.

**PATIENT SERVICES:** Transport patients via wheelchair, offer information & escort, deliver flowers, run lab & pharmacy errands, visit patients with toy/amenities cart, and more.

- \_\_\_ 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:** Greet and assist all who enter shop, use cash register, as well as provide information about merchandise and promotions. Responsible for opening and/or closing the shop.

- \_\_\_ Saturday 11:45 AM – 4:15 PM
- \_\_\_ Sunday 11:45 AM – 4:15 PM

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

- \_\_\_ 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