

Longmont United Hospital



Volunteer Services
1950 Mountain View Ave
Longmont, CO 80501
(303) 651-5205
Fax (303) 678-4851

Dear Prospective Junior Volunteer:

Thank you for your interest in Longmont United Hospital's Junior Volunteer program. We are very proud of our volunteers and the roles they play as part of our healthcare team. Your willingness to share your time and talent makes a huge difference in the patient experience at the hospital.

The Volunteer Services department is committed to providing equal opportunity for all applicants. Volunteer Services has the responsibility to recruit the most qualified volunteers, determine their capabilities and make assignments accordingly. The qualifications and requirements are as follows:

Basic qualifications for all Junior Volunteers:

- Committed to volunteer once a week for the duration of the session: Fall, Spring and Summer session, averages 10-12 weeks in duration.
- At least 14 years of age and enrolled in High School.
- Honest, reliable and able to be professional in all interactions.
- Friendly and customer-service oriented.
- Physically able to work independently; some services require sitting, standing or walking for long periods of time.
- Willing to purchase a volunteer uniform (\$18).

Requirements for volunteering (**Volunteer opportunities are not clinical internships or rotations**):

- Submit an application.
- Provide two (2) personal recommendation letters from an adult who is NOT related to you.
- Attend an interview with the Volunteer Director and/or Volunteer Coordinator to determine your interest, abilities, schedule and our openings and needs.
- Agree to a TB test and Influenza (flu) vaccination (at no cost to you).
- Attend or complete orientation prior to beginning your assignment.
- Attend on the job training specific to your volunteer position.

We are excited to meet you and discuss our volunteer program opportunities with you. If you have any questions, please contact Volunteer Services at (303) 651-5205.

Thank you,

Laura F. Kinder
Director of Volunteer Services

Stacey Jackson
Volunteer Coordinator

INSPIRE HEALTH

Mission: *We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.*

Vision: *Centura Health will fulfill a covenant of caring for our communities with excellence and integrity to become their partner for life.*

Core Values: *Compassion, Respect, Integrity, Spirituality, Stewardship, Imagination, Excellence.*



FOR OFFICE USE ONLY
Date Received: _____
Notes: _____

Junior Volunteer Application

(Minimum age 14 years through High School)

Please print clearly or type • Complete all questions

Thank you for your interest in the Longmont United Hospital Junior Volunteer program. We will contact you when we receive your application to discuss our program and your interests.

Last Name: _____ First Name: _____ MI: _____

Gender: Male Female Preferred Name (if different than first) _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Preferred phone number to contact me: Home Cell

E-Mail Address: _____ Date of Birth _____
Month/Day (Year Optional)

First Emergency Contact Name: _____ Relationship: _____

Home: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Second Emergency Contact Name: _____ Relationship: _____

Home: _____ - _____ - _____ Work: _____ - _____ - _____ Cell: _____ - _____ - _____

Current High School Student? Yes No High School Attending: _____

Career Interests: _____ Anticipated Graduation Year: _____

Extra-curricular activities: (eg: Clubs, Sports, Youth Groups, part-time Job)

Please list any special skills, talents, hobbies or interests that may help place you for volunteer service:

Volunteer experience (past or current): Hospital Nursing Home School
 Faith Organization Other: _____

Reasons why you would like to volunteer at Longmont United Hospital? _____

How did you hear about our program? _____

Name: _____

TIME AVAILABLE: Please check the times you are usually available for a volunteer assignment

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Depending on placement, shifts are generally two (2) to four (4) hour shifts.

Mornings: 8am-noon, Afternoons: noon-4pm, Evenings 4pm-8pm. Fall and Spring sessions are after school times only and weekends. There are a few exceptions and will be covered in the interview.

VOLUNTEER INTERESTS:

Patient Contact Areas: Patient Ambassador (evenings) Entertainment Cart (evenings)
 Hospitality Cart (summer only – noon time)
 Day Surgery (afternoons) Art Cart (Saturday mornings)
 Homestead Adult Day Care (summer only – morning and afternoon)

Visitor & Information Areas: Welcome Desk (all shifts)
 Birthplace Welcome Desk (evenings)

Special Areas: Pharmacy (afternoon) Music in the lobby or on patient floors (all)
 Gift Shop (evenings & weekends)

We attempt to place you in a volunteer service that will meet your interests and fit our availability. Times and services are subject to change.

Art Cart: The Art Cart is full of art supplies and activities for patients and their visitors. Volunteers will bring the cart to each patient room on designated floors. We have items that will appeal to children as well as adults.

Birthplace Welcome Desk: Assist visitors with signing in to visit, help with daily badges; assist with security to the Birthplace Unit.

Day Surgery: Assist patients in preparation for surgery; working with staff to stock supplies and other duties as assigned.

Entertainment Cart: Offer a movie, DVD, book or magazine, and basic art supplies to patients. This position requires walking and pushing a cart throughout the hospital.

Gift Shop: Assist customers with purchases; stock merchandise; complete sales transactions on computer.

Homestead Adult Day Care: Provide assistance in all programs; assist staff with serving of meals, reading, special programs and outings. Willing to work with people who are dealing with dementia.

Hospitality Cart: Distribute nourishments to patients and families; work closely with Nutritional Services; requires walking and pushing a cart.

Music Services: Provide music in the main lobby or on patient floors, either on piano or with your own instrument.

Patient Ambassador: Assist with comfort needs of patients and families. Assist staff with admissions and discharges and other duties as assigned. Keep family rooms and kitchen in order and stocked.

Pharmacy: Assist Pharmacy staff; need to have attention to detail and be willing to stand for long period of times.

Welcome Desk: This is a very important and rewarding service. Responsible for greeting and escorting all visitors; act as LUH ambassador; answer a variety of questions about the hospital; delivery of flowers and newspapers to patient rooms; requires walking long distances. Must have and demonstrate excellent customer service skills.

Longmont United Hospital



APPLICATION STATEMENT:

I understand that:

- Acceptance as a volunteer at Longmont United Hospital is contingent upon satisfactory completion of all pre-placement procedures which include, but are not limited to, an interview, completion of two personal recommendation letters, TB test results, Influenza vaccination verification and orientation.
- If accepted, the relationship between Longmont United Hospital and myself is volunteerism at-will and I will not be paid for my services as a volunteer.
- Any misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application or during the interview will be cause for dismissal.
- Volunteer Services within Longmont United Hospital are support systems for patients, visitors, staff and other volunteers.
- The Volunteer Services department is not obligated to utilize my services as a volunteer nor am I obligated to accept the assignment.
- Accepting and becoming a volunteer does not guarantee any employment at Longmont United Hospital.
- I shall uphold the mission and vision of the organization at all times.
- When I need to relinquish my volunteer assignment, I will give as much notice as possible (at least a two week notice) and return my volunteer badge to Volunteer Services.
- The Volunteer Services department reserves the right to terminate my volunteer status as a result of:
 - Failure to comply with hospital policies, rules and regulations
 - Three unexcused absences with no notification or communication
 - Unsatisfactory attitude, work or appearance which interferes with our mission

I certify that:

- The information contained in this application is correct and complete to the best of my knowledge.
- I will abide by all Longmont United Hospital policies and procedures.

Volunteer Signature: _____ Date: _____

Parent or Guardian: I understand and support my child volunteering at Longmont United Hospital as a Junior Volunteer. I have read and understand the expectations of a Junior Volunteer. Should an emergency arise, I hereby authorize Longmont United Hospital to give medical care under the supervision of a licensed physician.

Parent or Guardian: _____ Date: _____

Immunization Statement:

I have been advised that there is an inherent risk of contracting a contagious illness when working in a healthcare facility. The hospital requires and provides for active volunteers, the Influenza vaccination annually and the Tuberculosis quantiferon blood draw. I certify that I am responsible for discussing my volunteer service at the hospital and all recommended vaccinations with my personal physician/health care provider. Any other vaccinations are my responsibility to obtain at my personal cost.

Volunteer Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

JUNIOR COMMITMENT AND CONFIDENTIALITY AGREEMENT

We very much appreciate your being part of our volunteer team at Longmont United Hospital. We will make every effort to see that your experience here will be rewarding. To ensure that you realize the commitment involved, we request that you read the following statements and sign below:

- I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, staff or personnel, and *not seek* to obtain confidential information from anyone that does not pertain to my volunteer position.
- My services are donated to the hospital without contemplation of compensation or future employment, and are given with humanitarian and charitable reasons.
- I shall be professional, punctual and conscientious, conduct myself with dignity, courtesy and consideration of others.
- I shall attempt to resolve any problems related with my volunteer activities with the Volunteer Services staff.
- I shall make my best effort to fulfill my commitment to Longmont United Hospital by completing all assignments that I accept. I will contact Volunteer Services in advance if I cannot fulfill my volunteer commitment time.
- I understand that if I have three unexcused absences without notification to Volunteer Services I will be dismissed from the program.
- I understand no cellphone conversations, texting or playing on any personal devices are allowed during my volunteer shift.
- I shall at all times uphold the mission, vision and core values of Longmont United Hospital which include *Compassion, Respect, Integrity, Spirituality, Stewardship, Imagination, and Excellence*.
- I shall abide and uphold the required dress code. I understand that while I am in uniform, I represent Longmont United Hospital.
- I will show respect for the patients, staff and other volunteers. My behavior will be appropriate and I will follow the hospital standards. I realize any inappropriate actions on my part will result in dismissal from the program.
- I will not bring my family or friends to the hospital while I am on duty.
- I have the right to request a new volunteer assignment if my current assignment is not acceptable to me.

I have read each of the above conditions and I agree to be bound by them for the length of my volunteer service.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Longmont United Hospital • Volunteer Services
1950 Mountain View Avenue • Longmont, CO 80501
Phone (303) 651-5205 • Fax (303) 678-4851
volunteeroffice@luhcares.org

Junior Volunteer Personal Recommendation

Dear Teacher/Counselor:

Each student who applies to volunteer at Longmont United Hospital must have a personal recommendation. We appreciate your evaluations and comments to help us choose candidates who will best benefit from our Junior Volunteer program by contributing to the patients/families at Longmont United Hospital. This information will be kept **confidential**. Please return the completed form **as soon as possible**. Thank you for your assistance.

Student's Name _____

Would the student's grades be adversely affected by a weekly commitment to Longmont United Hospital?

Yes No

Volunteering within the hospital is a commitment and a considerable responsibility. Would this applicant fulfill these requirements and prove to be an asset to our healthcare team?

Yes No

The following questions assist us in placement of volunteers in an area where their skills will most benefit our patients and staff. Please mark which most matches the applicant's qualities.

Communication (Ability to work with others)

Work Ethics (Ability to work hard, take pride in work)

Dependability (Ability to commit, follow through on assignments, be punctual)

Directions (Ability to follow oral and written instructions)

General Attitude (Respect for others, positive outlook on life)

Excellent	Good	Fair	Poor

Comments: _____

Signature: _____ **Date:** _____

Title: _____ **School:** _____

PLEASE RETURN COMPLETED FORM TO:

Longmont United Hospital • Volunteer Services
1950 Mountain View Avenue • Longmont, CO 80501
Phone (303) 651-5205 • Fax (303) 678-4851
volunteeroffice@luhcares.org

Junior Volunteer Personal Recommendation

Dear Teacher/Counselor:

Each student who applies to volunteer at Longmont United Hospital must have a personal recommendation. We appreciate your evaluations and comments to help us choose candidates who will best benefit from our Junior Volunteer program by contributing to the patients/families at Longmont United Hospital. This information will be kept **confidential**. Please return the completed form **as soon as possible**. Thank you for your assistance.

Student's Name _____

Would the student's grades be adversely affected by a weekly commitment to Longmont United Hospital?

Yes No

Volunteering within the hospital is a commitment and a considerable responsibility. Would this applicant fulfill these requirements and prove to be an asset to our healthcare team?

Yes No

The following questions assist us in placement of volunteers in an area where their skills will most benefit our patients and staff. Please mark which most matches the applicant's qualities.

	Excellent	Good	Fair	Poor
Communication (Ability to work with others)				
Work Ethics (Ability to work hard, take pride in work)				
Dependability (Ability to commit, follow through on assignments, be punctual)				
Directions (Ability to follow oral and written instructions)				
General Attitude (Respect for others, positive outlook on life)				

Comments: _____

Signature: _____ **Date:** _____

Title: _____ **School:** _____

PLEASE RETURN COMPLETED FORM TO:

Longmont United Hospital • Volunteer Services
1950 Mountain View Avenue • Longmont, CO 80501
Phone (303) 651-5205 • Fax (303) 678-4851
volunteeroffice@luhcares.org