

# McLeod Health

## The Choice for Medical Excellence

March 1, 2020

Thank you for your interest in becoming a junior volunteer at McLeod Regional Medical Center. We are proud of our eight-nine week summer program and the many experiences it offers. We ask that as a junior volunteer our students make a commitment to their volunteer duties and abide by all rules and guidelines that are given. We also ask that they constantly strive to exhibit a caring and compassionate attitude to all who come to McLeod for treatment, as well as, those you come in contact with while on site.

Please read the following requirements for the Junior Volunteer program:

1. You must be 13-years-old by May 1, 2020.
2. You must have an overall "B" average in all of your courses in school. We will need a **copy of your last report card.**
3. If accepted for this program, you will receive a tuberculin screening (free of charge). The screening is a blood test that will be done at McLeod Occupational Health Services. If you do not complete the test you will not be eligible to participate in our Junior Volunteer program.

**Enclosed is a TB Blood Test release form which needs both your signature and a parent and/or a guardian signature.**

4. You must submit the following to complete your application:
  - ✓ **Three letters of recommendation from professionals: i.e. guidance counselor, pastor, or teacher.**
  - ✓ **The enclosed preference sheet indicating where you would like to volunteer.**
    - Please know that there is no guarantee that you will be assigned to your 1<sup>st</sup> preference.
    - Assignments are made based on position availability in the participating departments.
  - ✓ **A one-page essay on the reason(s) why you would like volunteer at MRMC this summer.**
  - ✓ **A copy of your recent immunization record**
  - ✓ **A copy of your latest report card**
  - ✓ **Parental/guardian signature is required on application.**
  - ✓ **Marketing (Photo) release form**

555 East Cheves Street • P.O. Box 100551 • Florence, SC 29502-0551 • Phone (843) 777-2000 • [www.mcleodhealth.org](http://www.mcleodhealth.org)

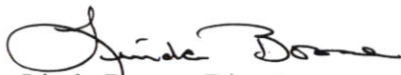
*McLeod Regional Medical Center • Darlington • Dillon • Loris • Seacoast • Cheraw • Clarendon*

5. You **must** volunteer a minimum of **50 hours** during the 8-9 week period of June 8-August 7.  
➤ **Documentation of hours will only be provided to those students who complete 50 hours or more.**
6. All information must be submitted no later than **Wednesday, April 1, 2020.**  
**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

There are limited availabilities in the program. A committee from the Auxiliary Board will review all applications received. Accepted applicants will be notified of the next steps in the application process.

We look forward to hearing from you very soon. If you have questions regarding the application process, please feel free to call me at (843)777-2234 or Teresa Timmons at (843)777-2082 or via email at [teresa.timmons@mcleodhealth.org](mailto:teresa.timmons@mcleodhealth.org).

With our mission in mind,



Linda Boone, Director  
Volunteer Services and Gift Shops  
[lboone@mcleodhealth.org](mailto:lboone@mcleodhealth.org)

LB:tw

Enclosures: Application, TB Permission Form, Badge Request Form, Preference Sheet, Marketing (Photo) Release

---

**YOUR CHECKLIST:**

- \_\_\_\_\_ Application completed and signed w/ parental/guardian signature
- \_\_\_\_\_ Recommendation letters (3)
- \_\_\_\_\_ Signed tuberculin screening form
- \_\_\_\_\_ Copy of current immunization record
- \_\_\_\_\_ ID Badge form
- \_\_\_\_\_ Preference sheet
- \_\_\_\_\_ One page essay
- \_\_\_\_\_ Copy of latest report card
- \_\_\_\_\_ Signed Marketing Release form

All of this information must be turned in to the Volunteer Services office no later than **WEDNESDAY, APRIL 1, 2020.**

NOTE: Please be aware that a number of junior volunteering assignments will be in buildings located outside the main hospital or Pavilion. These assignments will require walking some distance and/or crossing streets.

# McLeod

Deadline:  
April 1, 2020

## Regional Medical Center

### JUNIOR VOLUNTEER APPLICATION

**TO BE COMPLETED BY THE APPLICANT:**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (Cell): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_ Gender: ( ) Male or ( ) Female

T-Shirt Size: S M L XL 2XL

What school do you attend? \_\_\_\_\_ Grade Entering: \_\_\_\_\_

List school and church activities: \_\_\_\_\_

Please list honors and awards you have received at your school, church or civic organizations:

Have you ever volunteered before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where and what did you do?

Are you interested in a health related career? If so, what are your interests?

Do you have a B average in your course work at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Please submit a copy of your latest report card with your application. \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address (if different from applicant) \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

In case of emergency, we should notify \_\_\_\_\_

Phone: \_\_\_\_\_

(Please complete other side)