

McLeod Health Cheraw

Thank you for your interest in the McLeod Health Cheraw 2022 **Jr. Summer Volunteer Program**. The program is open to high school students ages 14-18 years old and will run for 9 weeks, June 9 to August 10. We are proud of the many experiences it offers. We ask that as a junior volunteer you make a commitment to your volunteer duties and abide by all rules and regulations that are given. We also ask that you constantly strive to exhibit a caring compassionate attitude and heart while volunteering at McLeod Health Cheraw.

If you would like to be considered for a Jr. Volunteer position please read the following requirements:

1. You must be 14 years of age by May 1, 2022.
2. You must at least have an overall “B” average or above in all school courses. 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. (Once accepted an appointment will be scheduled with you and Occupational Health.)
4. You must submit the following on or prior to June 1, 2022:
 - A letter of recommendation from your guidance counselor, teacher and/or pastor
 - A one-page essay on the reason(s) why you would like to participate in the McLeod Health Cheraw Junior Volunteer Program
 - A copy of your most recent immunization record
 - A copy of flu vaccination documentation (if applicable)
 - A copy of Covid Vaccination documentation (if applicable)
 - A copy of your latest report card
 - A completed Jr. Volunteer Application signed by both you and your parent/guardian
 - A TB Blood Test and/or Chest X-ray consent form signed by both you and your parent/guardian

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 contact me at (843) 320-5548 or (843) 672-4184 or email cassie.davis@mcleodhealth.org.

With our mission in mind,

Cassie T. Davis
Service Excellence Manager/Patient Representative

Enclosures: Jr. Volunteer Application and Tuberculin Consent Form

YOUR CHECKLIST:

- Completed Application with appropriate signatures
- Recommendation Letter
- Signed Tuberculin Consent Form
- One Page Written Essay
- Copy of current immunization record
- Flu vaccination and Covid Vaccination documentation (if applicable)
- Copy of latest report card

Finally, **MANDATORY** orientation will be scheduled with the volunteer and a parent/guardian after the application has been reviewed.

McLeod Health

The Choice for Medical Excellence

Junior Volunteer Application

TO BE COMPLETED BY APPLICANT

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____

Date of Birth _____ Age _____ Social Security Number _____

What school do you attend? _____ Grade _____

List school and church activities _____

Please list honors and awards you have received at your school and/or church _____

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

Are you interested in a health related career? Yes/No if so, what are your interests? _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Name _____ Phone Number _____

Address (If different from applicant) _____

Employer _____ Work Phone Number _____

In case of emergency, we would notify _____

Phone Number _____ Relationship _____

PARENTAL AGREEMENT

I/We the parents of _____, join with our teen in consenting to his/her participation in the McLeod Health Cheraw Teen Volunteer Program. This program will be under the leadership and guidance of the Volunteer Services Department.

Parent Signature _____ Date _____

_____ Date _____

JUNIOR VOLUNTEER AGREEMENT

As a teen volunteer, I understand that confidentiality is not only important, but required. Any teen who releases any patient information will be released immediately from the program. I understand that under the HIPPA Regulations, teen volunteers are personally liable under Federal Law to know and follow our confidentiality policy. I will be instructed in the values and mission of the medical center and my behavior will always reflect these values.

Junior Applicant Signature _____ Date _____

HEALTH INFORMATION

Have you had Chicken Pox? Yes _____ No _____

Have you had the flu vaccine? Yes _____ No _____ (if yes, please provide copy of vaccination)

Have you had the COVID vaccine? Yes _____ No _____ (if yes, please provide copy of vaccination)

Have you had MMR (measles, mumps, and rubella) vaccine in the last three years? Yes _____ No _____

If yes, when? _____

Do you have any limitations which may require special work assignment? Yes _____ No _____

If yes, please give details _____

Are you taking medication on a regular basis? Yes _____ No _____

Please list medications _____

Name of your personal physician _____ Phone _____



Jr. Volunteer Tuberculin Assessment Consent

I hereby give McLeod Employee Health Services my permission to perform a tuberculin assessment on my son/or daughter consisting of:

TB Blood Test and /or Chest X-ray, if indicated

A TB blood test will be given free of charge. The test results may take 7 – 10 days.

If the student does not complete the test before this date he/she will **NOT** be eligible to participate in the Junior Volunteer Program.

If the results of the blood test are positive, I understand that my son/daughter will be ask to have a chest x-ray in Employee Health Services and any follow-up that is medically indicated by the chest x-ray results. There will be no charge for these services, if required. Upon completion of the TB assessment, Employee Health Services will issue a medical clearance, and my son/daughter will be allowed to begin his/her volunteer service.

Junior Volunteer Name _____
(Please Print)

Date of Birth _____

Junior Volunteer Signature

Parent/Guardian Signature

Date _____