

McLeod Health Clarendon

Thank you for your interest in the McLeod Health Clarendon 2023 **Jr. Summer Volunteer Program**. The program is open to high school students ages 13-18 years old and will run for 9 weeks, May 31 to August 8. 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 Clarendon.

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

1. You must be 13 years of age by March 1, 2023.
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 into the program an appointment will be scheduled with you and Occupational Health.)
4. You must submit the following on or prior to Thursday, April 13, 2023:
 - 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 Clarendon 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

Program availability is limited. 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 (803)-435-5287 or email stacy.mosier@mcleodhealth.org

With our mission in mind,

Ms. Stacy

Stacy Mosier, Director
Volunteer Services

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

ALL information (application, consents, essay, immunization record, report card, recommendation letter) must be completed, signed, and turned in to the Volunteer Service Office at McLeod Health Clarendon **NO LATER THAN APRIL 13, 2023.**

Finally, **MANDATORY** orientation has been scheduled for May 31, 2023, 3:30 pm – 6:00 pm.

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 Clarendon 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 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 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 _____

Jr. Volunteer Opportunities

While volunteering is a fun and rewarding experience, it is also a very serious commitment. The Jr. Volunteer Program offers high school students the opportunity to gain exposure and valuable experience in a health care environment, often discovering future career pursuits. Volunteering requires the will to learn, work hard, and to act responsibly.

Opportunities are available in a variety of professional health related and informal settings.

- Administrative/Clerical Volunteer for various departments
- Patient Support
- Wellness/Fitness
- Patient Escort/Transport Volunteer
- Patient Experience Volunteer
- Volunteer Greeter/Information Desk
- Women Services Volunteer
- Special Projects and Gift Shop

Volunteers are exceptional individuals who take the extra steps that make a difference in the lives of our patients, their families and our visitors. Volunteers help in countless ways providing support through direct patient contact, while others play a more supportive role.

**For more information contact Volunteer Services at 803-435-5287
or stacy.mosier@mcleodhealth.org**