

# 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 “C” 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

# McLeod Health Clarendon

**Deadline:**  
**April 13, 2023**

## JUNIOR VOLUNTEER APPLICATION

Start date: May 31, 2023

### **TO BE COMPLETED BY THE APPLICANT:** (Print)

**Plan date to start:** \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

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

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: \_\_\_\_\_

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

Shirt/Smock Size: S M L XL 2XL 3XL

Name of school you attend: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

List school, church and community activities, clubs: \_\_\_\_\_

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, when, and what did you do?

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

Do you have an overall "C" average or above in all school courses? Yes \_\_\_\_ No \_\_\_\_ (copy of report card required)

How did you hear about our program?

Family/Friend  McLeod Health Website  Online/ Social Media  Newsletter/flyer  School  Other

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

Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### **In case of emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**(Please complete other side)**

**PARENTAL/GUARDIAN AGREEMENT:**

I, the parent and/or guardian of \_\_\_\_\_, join with my teen in consenting to her/his participation in the McLeod Health Clarendon Junior Volunteer program. This program will be conducted under the leadership and the guidance of the Volunteer Services Department.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**JUNIOR VOLUNTEER AGREEMENT:**

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

Junior Volunteer Applicant Name (Print): \_\_\_\_\_

Junior Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HEALTH INFORMATION:**

Do you have any limitations which may require a special work assignment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLANNED ABSENCES:**

Please note any planned absences that are scheduled for June-July (i.e., vacation, camp, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revised 1/17, 6/18, 2/19, 2/20, 2/21, 2/22, 2/23

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## **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 for various departments
- Patient Support
- Wellness/Fitness
- Patient Escort/Transport
- Patient Experience
- Greeter/Information Desk
- Women Services
- Environmental Services
- Food and Nutrition
- Engineering
- 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](mailto:stacy.mosier@mcleodhealth.org)**