

McLeod Health Clarendon

Thank you for your interest in the McLeod Health Clarendon **Jr. Volunteer Program**. The program is open to high school students ages 13-18 years old and will run for **8 weeks, June 4th to August 1st**. 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 and compassionate attitude and heart to all McLeod patients, visitors, and staff that you may encounter.

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, 2026.
2. You must at least have an overall “B” average in all your 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. **If you do not complete the test, you will not be eligible to participate in our Junior Volunteer Program.** (Once accepted an appointment will be scheduled with you and Occupational Health.)
4. You must submit the following:
 - 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 volunteer at McLeod Health Clarendon this summer.
 - A copy of your recent immunization record
 - A copy of flu 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.
 - A signed marketing consent by you and your parent and/or 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 call me at (803)-435-5287 or (803)-435-3392 or email stacy.mosier@mcleodhealth.org

With our mission in mind,

Ms. Stacy
Stacy Mosier, Director
Volunteer Services

Enclosures: Jr. Volunteer Application, Tuberculin Consent Form, Marketing Consent, Jr. Volunteer Opportunities

YOUR CHECKLIST:

- _____ Completed and signed with parent/guardian signature Jr. Volunteer Application
- _____ Recommendation Letter
- _____ Signed Tuberculin Consent Form
- _____ You One Page Written Essay
- _____ Copy of current immunization record/flu vaccination documentation
- _____ Completed and signed with parent/guardian signature Marketing Release Form
- _____ Copy of latest report card
- _____ Top section of badge request form

ALL information (application, consents, essay, immunization record, report card, recommendation letter) must be completed, signed, and turned into the Volunteer Service Office at McLeod Health Clarendon **NO LATER THAN MAY 1, 2026.**

Finally, **MANDATORY** orientation is to be held on June 4, 2026, 1pm-5pm.

McLeod Health Clarendon

Deadline:
May 1, 2026

JUNIOR VOLUNTEER APPLICATION

Start date: June 4, 2026

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)



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 _____

McLeod Health

The Choice for Medical Excellence

AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR MARKETING AND PUBLIC RELATIONS PURPOSES

Patient/Participant Name: _____ *Date of Birth: _____

Address: _____ *SS # _____

_____ *Patient# or MR#: _____

* = optional

I authorize _____ (Provider) to use or disclose my "protected health information" (PHI) to:

Recipient Name	Address	City	State	Zip
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- My medical prognosis
- My age
- Information about my specific injuries or medical condition
- Information to conduct an interview with me or take a photograph of me for a future McLeod publication
- Use of my photograph, audio, testimonial, or appearance in filming or in print for publication by McLeod Health
- Use of my photograph, audio, testimonial, or appearance in video for Social Media purposes
- Other (please specify): _____

Purpose(s): _____

The requested use or disclosure involves marketing for McLeod Health. This marketing use or disclosure will or will not involve remuneration to McLeod Health. An example of "remuneration" includes receiving money or some other form of compensation in exchange for the marketing use or disclosure.

- A.) I understand that PHI may include records disclosed by health care providers and facilities that previously provided treatment to me.
- B.) I understand that PHI may include information and records protected under Federal Law (such as alcohol and drug abuse treatment) and/or State Law (such as mental health, AIDS or HIV).
- C.) I understand I may revoke this Authorization at any time however the revocation will not apply to PHI that has already been used or disclosed pursuant to this authorization. Contact the Privacy Official to initiate the revocation procedure.
- D.) I understand that McLeod Health will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.
- E.) I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected under federal privacy standards.
- F.) I understand that this Authorization will expire in 90 days after it is signed unless another date is specified here Indefinite.

I have read and understand this Authorization. I certify that I am the Patient listed above or a person authorized to permit release of records on the Patient's behalf. I hereby release the Provider (as named above) from any liability or damages arising in connection or related to with the use and/or disclosure of my protected health information pursuant to this Authorization.

Marketing Staff Representative _____ Signature _____ Date _____

Print Patient Name (Student Name) _____ Patient Signature (Student Signature) _____ Date _____

Authorized Representative (Parent Signature) _____ Relationship to Patient (student) _____ Telephone Number _____

McLeod Health Clarendon

McLeod Junior Volunteer Dress Code

McLeod Health Clarendon places a high value on personal appearance in the workplace, including attire. The reasons are rooted in concerns for infection control, communication, and cultural sensitivity. This document sets forth standards for dress and appearance necessary to meet the service and safety objectives of placing patient welfare first and the educational objectives of preparing the student to assume the role of a professional. Recent trends in clothing, body art, and body piercing may not be generally accepted by your patients and should not be worn when serving as a junior volunteer.

All Jr Volunteers are to abide by the McLeod dress code.

General Standards:

- Name badges identifying you as a student must be worn always and clearly visible on the top left of your person.
- Good personal hygiene is to be maintained always
- Avoid heavy perfumes or colognes.

Hair Maintenance:

- Hair should be neat and clean
- Hair should be styled off the face and out of the eyes
- Shoulder length hair must be secured to avoid interference with patients and work
- Avoid scarves or ribbons (unless culturally appropriate)
- Beards/mustaches must be neatly trimmed.

Tattoos and piercings:

- All tattoos are to be completely covered
- Only piercings should be in the bottom of the earlobe
- Earrings should be no bigger than a quarter
- Keep jewelry at a minimum and of small size

Dress, Shoes, and Hand Care

- **Female Jr Volunteers** white nursing uniform neatly pressed and fitted Absolutely no jeans. Shoes are to be white, clean, and in good repair. (Tennis shoes are allowed)
A teal cobbler apron will be provided during the program. It is your responsibility to ensure that it is clean, neatly pressed and in good repair. Apron will need to be returned at end of program.
- **Male Jr Volunteers** should wear neatly pressed/ironed fitted khaki dress pants and belt with a teal McLeod Health shirt will be issued once orientation is completed. Shoes must be of conservative color and in good repair. (Tennis shoes are allowed) A shirt may be left untucked if it has a straight hemline (tunic)
- Clothing should be clean, professionally styled, and in good repair.
- Fingernails should be clean and of short to medium length. Muted tones of nail polish are appropriate for females.

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**

The following items are Prohibited:

- Sandals or open-toed or open-heeled shoes
- Midriff tops, tee shirts, halter, translucent or transparent tops, shorts or tops with plunging necklines, tank tops, or sweatshirts
- Extreme in neckline or hemlines are inappropriate
- Leggings, jeans style or colored denim pants, shorts, stretch tights, or athletic clothing are not appropriate

When to follow dress code:

- Attending work
- Attending orientation
- Attending any educational training
- Participating in an outside McLeod sponsored event
- Coming for evaluations or schedule pick-up
- Wearing your McLeod name badge

By signing below, I acknowledge that I have been issued, read, and understand the dress policy for Junior Volunteers at McLeod Health Clarendon

Jr. Volunteer Name: (print)	
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Jr. Volunteer Signature:		Date:	
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Jr. Volunteer dress requirement example



You NEVER get a Second Chance for a FIRST Impression!

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.):

