



## Volunteer & Guest Services SUMMER JUNIOR VOLUNTEER APPLICATION PACKET



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**Ben Taub General Hospital**  
c/o Volunteer & Guest Services  
1504 Taub Loop  
Houston, TX 77030  
Phone: (713) 873-2203  
Fax: (713) 873-4993

**Lyndon B. Johnson General Hospital**  
c/o Volunteer & Guest Services  
5656 Kelley Street  
Houston, TX 77026  
Phone: (713) 566-5156  
Fax: (713) 566-4555

**Quentin Mease Community Hospital**  
c/o Volunteer & Guest Services  
2015 Thomas Street  
Houston, TX 77009  
Phone: (713) 873-4507  
Fax: (713) 873-4052

**Community Health Centers**  
c/o Volunteer & Guest Services  
5656 Kelley Street  
Houston, TX 77026  
Phone: (713) 566-4764  
Fax: (713) 440-1258

**WELCOME!**

Dear Summer Junior Volunteer Applicant:

Thank you for your interest in volunteering with the patients and staff at the Harris County Hospital District. Volunteering can be a very rewarding and fulfilling experience that will stay with you throughout your life. The deadline for applying to become a Summer Junior Volunteer is **March 31<sup>st</sup>, 2010**. Please complete the attached forms and return them to the Volunteer & Guest Services office before the deadline.

There are a few things that you should consider before filling out your application. First, be certain that you are ready to make the minimum commitment of at least eight out of the ten weeks from June 7<sup>th</sup>, 2010 until August 13<sup>th</sup>, 2010. Evaluate your current obligations at home and school, and discuss this additional time commitment with your parent or guardian. Patients and staff will be counting on you to be present! It is very important that Summer Junior Volunteers be dependable and will treat their assignments seriously.

Second, Summer Junior Volunteers at the Harris County Hospital District are limited to certain areas and responsibilities. You are expected to be flexible and accepting to different assignments according to the needs and requirements of the patients, staff, and Volunteer and Guest Services Department.

Third, bring your energy and enthusiasm! Volunteering offers the opportunity to learn and contribute in a professional, care-giving organization. Your smile and positive attitude will help you get the most out of your volunteering experience.

Once you have successfully completed the Summer Junior Program, you will receive a letter of recommendation, copy of your hours, and a certificate.

We look forward to receiving your completed application. We will evaluate it and contact you as soon as possible.

Sincerely,



Jennifer E. Barnes, CAVS  
Director, Volunteer & Guest Services  
Harris County Hospital District

## WHO ARE HCHD SUMMER JUNIOR VOLUNTEERS?

Summer Juniors Volunteers are between the ages of 14 -18 years old who give their time to assist with patient and non-patient care in our medical facilities. Harris County Hospital District Volunteers work at Ben Taub General Hospital, Lyndon B. Johnson General Hospital, Quentin Mease Community Hospital, and in the Community Health Centers. All of your kind and generous efforts add to the comfort and happiness of our patients, our staff, and our visitors.



### WHAT ARE THE BENEFITS OF VOLUNTEERING?

- Enjoy the satisfaction that comes from helping others
- Gain work experience
- To make friends and meet new people
- Letter of recommendation and a Certificate of Completion

### WHAT ARE THE REQUIREMENTS?

- Age: 14 – 18 years old and entering the ninth grade
- One Letter of Reference
- One page Personal Essay
- Signed Parental Contract Agreement

### WHEN DO SUMMER JUNIOR VOLUNTEER?

Each Summer Junior has his or her own schedule, arranged with the Volunteer Coordinator. Schedules are dependent upon the needs of the departments, as well as the availability of the Summer Junior Volunteer. Summer Junior Volunteers are required to work at least one four hour shift per week.

### WHAT ASSIGNMENTS DO SUMMER JUNIORS PERFORM?

- Hospitality Host\Greeter
- Perform clerical duties
- Assist at nursing stations
- Run miscellaneous errands and much more...

### SOME GENERAL INFORMATION...

- At least 8 out of 10 weeks commitment
- Junior Volunteer Polo shirts are a part of the required uniform and are available for purchase. The cost is \$10 and is tax deductible.

### YOUR PACKET SHOULD INCLUDE:

- Welcome Letter
- Instructions for Applying
- Summer Junior Volunteer Application
- Letter of Reference Form
- Instructions for the Personal Essay
- Parental Contract Agreement
- Days to Remember
- Checklist

## INSTRUCTIONS FOR APPLYING

### Your Summer Junior Volunteer Packet should contain:

1. An overview of the Harris County Hospital District's Summer Junior Volunteer Program.
2. Summer Junior Volunteer Application
3. One Letter of Reference Form
4. Instructions for the Personal Essay
5. Parental Contract Agreement
6. Dates to Remember Flyer
7. Checklist

**Procedural Steps:**

1. Complete and sign the Summer Junior Application
2. Distribute the Letter of Reference forms to adult references you have selected. Please have your reference persons mail this form to the Volunteer & Guest Services office at the Harris County Hospital District.
3. Review the Volunteer time commitment and responsibilities information with your parent or guardian and have them sign the Parental Contract Agreement.
4. Return your completed paperwork to the Harris County Hospital District location with which you have chosen to volunteer. Addresses are listed below. Once it is received, we will contact you with the available orientation date(s).

If you have any questions regarding these forms or procedures, please contact the Volunteer & Guest Services Departments at the following addresses:

**Ben Taub General Hospital**

c/o Elizabeth Tise, CAVS  
1504 Taub Loop  
Houston, TX 77030  
Phone: (713) 873-2203  
Fax: (713) 873-4993

**Lyndon B. Johnson General Hospital**

c/o Rich Arenschioldt  
5656 Kelley Street  
Houston, TX 77026  
Phone: (713) 566-5156  
Fax: (713) 566-4555

**Quentin Mease Community Hospital**

c/o Jackie Wear  
2015 Thomas Street  
Houston, TX 77006  
Phone: (713) 873-4507  
Fax: (713) 873-4052

**Community Health Centers**

c/o Carol Gooden  
5656 Kelley Street  
Houston, TX 77026  
Phone: (713) 566-4764  
Fax: (713) 440-1258

Ben Taub General Hospital	<input type="checkbox"/>
LBJ General Hospital	<input type="checkbox"/>
Quentin Mease Community Hospital	<input type="checkbox"/>
Community Health Centers	<input type="checkbox"/>

**SUMMER JUNIOR VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  M  F Social Security No.: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>EDUCATIONAL BACKGROUND, IF APPLICABLE:</b>	
High School: _____	
Career Plans: _____	
Clubs\Teams or Memberships: _____	GPA: _____

Current Employment: \_\_\_\_\_  
 Volunteer Experiences: \_\_\_\_\_  
 How did you find out about our program? \_\_\_\_\_  
 Please list friends or relatives employed by HCHD: \_\_\_\_\_  
 Do you prefer patient or non-patient contact? \_\_\_\_\_

<b>TIMES AVAILABLE TO VOLUNTEER:</b> (to be discussed further at interview)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

**EMERGENCY NOTIFICATION:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

- PARENTAL CONSENT**
- I give my consent for HCHD Volunteer & Guest Services to administer and monitor Tuberculosis Screening (skin testing) and determination of immunization status through immunization records as needed to the above named minor. I understand there is no charge for this service.
  - I give my consent for HCHD Volunteer & Guest Services Employee Health Clinic Staff to evaluate on-the-job injuries and treat appropriately.
  - I give my consent for HCHD Volunteer & Guest Services to administer emergency medical treatment as necessary.
  - My son\daughter is at least 14 years of age and entering the ninth grade but not older than 18 years.
  - I understand that if my son\daughter misses two (2) weeks of unexcused absences he/she will be removed from the program.

Summer Junior Volunteer: \_\_\_\_\_ Parent\Guardian: \_\_\_\_\_

LETTER OF REFERENCE FORM

(Name) \_\_\_\_\_ has applied to the Summer Junior Volunteer Program at the Harris County Hospital District. To help us get to know the applicant, please complete the following information. Your evaluation will be an important factor in our selection of the applicant. All information is confidential and will not be disclosed to other parties.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

How long have you personally known the applicant? \_\_\_\_\_

How well do you know the applicant?  very well  well  casually  other

PLEASE CHECK THE FOLLOWING:

<b>General Characteristics</b>	Excellent	Good	Fair	Poor
Cleanliness, neatness\grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider the applicant's special qualities of personality or character?  
\_\_\_\_\_  
\_\_\_\_\_

Comments: *(use reserve side, if needed)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## INSTRUCTIONS FOR PERSONAL ESSAY

All Summer Junior Volunteer applicants must submit a one page essay by the application deadline date – **March 31<sup>st</sup>, 2010**. Essay requirements are as follows:

- One typed or legibly printed page
- Essay must address the following:
  - What is your reason(s) for volunteering?
  - What do you hope to gain from your volunteer experience this summer?
  - What other activities will you be involved with this summer? And will these interfere with volunteering here at HCHD?

## SUMMER JUNIOR VOLUNTEER CONTRACT AGREEMENT

Prospective Summer Junior Volunteer Name: \_\_\_\_\_

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

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

### **In signing this contract:**

- I will attend the **MANDATORY** Summer Junior Volunteer Orientation on **May 1<sup>st</sup>, 2010 or May 15<sup>th</sup>, 2010.**
- I will accept the responsibility to set up a weekly schedule with the Volunteer Coordinator and participate in any training before beginning my service.
- I understand and will abide by the Summer Junior Volunteer commitment of 8 out of 10 weeks of service from June 7<sup>th</sup>, 2010 through August 13<sup>th</sup>, 2010.
- I will always dress in the appropriate uniform during my shift.
- As a Summer Junior Volunteer for the Harris County Hospital District, I realize that I not only represent myself, but also the Harris County Hospital District and the Volunteer and Guest Services Department and I will perform my service with compassion, dedication and respect.
- If I fail to abide by the terms of this contract, I will not be eligible for a certificate of completion or a letter of recommendation, and may be dismissed from volunteering.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent\Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## **DATES TO REMEMBER:**

**March 31<sup>st</sup>, 2010**

LAST DAY applications will be accepted

**March 31<sup>st</sup>, 2010 through April 24<sup>th</sup>, 2010**

Personal Interview via phone, email or in person  
Additional information will be communicated after the  
March 31<sup>st</sup>, 2010 deadline

**May 1<sup>st</sup>, 2010 or May 15<sup>th</sup>, 2010**

MANDATORY Summer Junior Volunteer Orientation  
Parents\Guardians are required to attend with their  
Junior Volunteer

## **CHECKLIST:**

- Junior Volunteer Application
- Letter of Recommendation
- 1 Page (typed or legibly printed) Personal Essay
- Summer Junior Volunteer Agreement Form