



2017 Junior Summer Program

Dear Prospective Junior Volunteer,

Thank you for your interest in the Junior Volunteer Summer Program at Putnam Community Medical Center (PCMC). Teenage volunteers are an important part of our organization. Your presence and help provide comfort and support to the many patients and staff with whom you come in contact. As a volunteer, you will be certain of a satisfying and rewarding experience learning and working side-by-side with our dedicated staff.

Students must meet the following criteria to APPLY for the program:

- Be between the ages of 16-18.
- Have a minimum of a 2.5 grade point average.
- **Commit to work the entire four (4) week period no exceptions. Please review program dates on page two of this application. (Off for the week of July 3rd).**
- Be able to work a **minimum of three** days a week for **4 hours each**. This will be a pre-set schedule; any and all changes will need to be made prior to the start of the program.

Overview of the application process

There are several phases to the application process and each phase is contingent upon the completion of the prior phase. As you progress through the phases you will need to be available for the next phase. Please refer to page two of the application for all dates that you will need to be available.

Phase One is the application process and you are required to provide all requested documentation with your application no later than Friday **April 14th by 4:00 PM**. incomplete applications will not be considered. **All applications need to be turned in to the Senior Friends/Volunteer office located in the Butler Building. The office is open from 8:30 to 4:00 Monday through Friday.**

Phase Two is the interview process. If you have progressed to this phase you will be contacted with an interview time by 4/19/2017 at the latest. You will be interviewed by the Volunteer Coordinator as well as two members of the PCMC Volunteers Inc. Interviews will be conducted April 24th, 25th, 26th. You will be notified at this time if you will be moving to phase three and given an appointment time for Human Resources processing if you are moving forward.

Phase Three Human Resources processing will be scheduled on May 3rd, and 4th. You will be required to complete a 2 Step Tuberculosis (TB) skin testing, a successful Drug Screen, and pass a Level I Background screening. All screenings will be provided by PCMC. You will be notified by May 25th if you will be accepted into the 2017 program.

Again, we appreciate your interest in volunteering at Putnam Community Medical Center. Our volunteers are a vital part of the caring spirit that thrives in our community.

Sincerely,

Rose A Smith-Bellamy
Volunteer Coordinator
Putnam Community Medical Center
611 Zeagler Ave.
Palatka, FL 32178
(386) 326-8071
rose.bellamy@hcahealthcare.com



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<p>April 14, 2017 by 4:00 PM</p> <p>Phase one</p>	<p>Applications Due</p>	<p style="text-align: center;">Application Due Date</p> <p>Please be advised that only complete applications will be considered and that space is limited for this program and your applications will be scored to determine acceptance.</p> <p style="text-align: center;">All applications must include the below documents;</p> <ul style="list-style-type: none"> • Three recommendations, two from teachers and one from your guidance counselor. (Form provided). • <u>You will need to provide a copy of your most recent report card</u> with your application. • Provide a current immunization record. This can be obtained from the Florida Department of Health in Putnam County or your physician's office. <p>All applications need to be turned into Senior Friends/Volunteer office located in the Butler Building. The office is open from 8:30 to 4:00 Monday through Friday. No application will be accepted after this date.</p>
<p>April 19,2017</p>	<p>Applicant notification</p>	<p>All applicants will be notified if they will progress to phase two or not. All applicants that are moving forward will be given an interview time and location.</p>
<p>April 24, 25, 26, 2017</p> <p>Phase Two</p>	<p>Interviews Shirt Money</p>	<p>Each applicant will be assigned on one of the following dates (after school). Arrive on time and dressed appropriately.</p> <p>Applicants that are moving forward. Shirt Money is Due at this time; check or cash only Make payable to; PCMC Volunteers Inc.</p> <p>All Students Must Purchase a uniform shirt (\$15.00) to be worn with black or red scrub pants (No shorts, capris, or jeans). Closed toe shoes that are clean and in good repair.</p>
<p>May 3, 4, 2017</p> <p>Phase Three</p>		<p>Employee Health and HR appointments starting at 2:00 and going to 4:30 every 20 minutes</p> <ul style="list-style-type: none"> • Complete a 2 step Tuberculosis (TB) skin testing • Complete a Successful drug screen • Pass a Level I Background screening <p>All screenings are provided by PCMC</p>
<p>5/25/2017</p>	<p>Thursday</p>	<p>Deadline to Notify all accepted students about orientation</p>
<p>6/16/2017</p>	<p>Friday</p>	<p style="text-align: center;">Orientation AB conference room 11:00 to 4:00 MANDATORY</p>
<p>6/19/2017..... ..6/23/2017</p>	<p>M-F</p>	<p style="text-align: center;">Week One 9:00 AM to 1:30 PM</p>
<p>6/26/2017.....6/30/2017</p>	<p>T-F</p>	<p style="text-align: center;">Week Two 9:00 AM to 1:30 PM</p>
<p>7/3/2017..... 7/7/2017</p>	<p>M-F</p>	<p style="text-align: center;">OFF</p>
<p>7/10/2017..... 7/14/2017</p>	<p>M-F</p>	<p style="text-align: center;">Week Three 9:00 AM to 1:30 PM</p>
<p>7/17/2017..... 7/21/2017</p>	<p>M-F</p>	<p style="text-align: center;">Week Four 9:00 AM to 1:30 PM</p>



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PLEASE PRINT

Please be advised that only complete applications will be considered and that space is limited for this program and your applications will be scored to determine acceptance. Please refer to page two for a list of required documents.

PERSONAL/CONTACT INFORMATION:

Name: _____
Last First MI

Street Address: _____ Apt. # _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Sex: Male _____ Female _____ Birth
date: _____ (00-00-0000)

When is best time to contact you? _____

What is your preferred method of contact? _____

IN CASE OF EMERGENCY, NOTIFY:

Parent/Legal Guardian: _____ Relationship: _____

Street Address (if different from above):

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone: _____



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WORK PREFERENCES:

When are you available to volunteer? (Must be a minimum of two days with a maximum of four days. Shifts are four hours in duration.)

Number of days each week: _____

Work Days:

Monday Tuesday Wednesday Thursday Flexible

Work Shift: Mornings (9:00 to 1:30) with 30 minutes for lunch

EDUCATION INFORMATION

School Attending: _____ Grade Level: _____

Guidance Counselor: _____ Phone: _____

Have you applied for the PCMC Jr. Volunteer Program prior to this application?

BACKGROUND INFORMATION

Have you ever been convicted of, had adjudication withheld, or pled guilty or nolo Contendere (no contest) to a criminal offense (misdemeanor or felony)?

We do criminal background checks. Falsification or failure to disclose this or any other information on this application is ground for termination.

(A conviction does not necessarily disqualify you from volunteer service)

Yes _____ No _____

If yes, please explain: _____

Have you ever been refused bond? Yes _____ No _____

If yes, please explain: _____



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SKILLS, ACTIVITIES AND WORK EXPERIENCE:

Special Skills and Talents: _____

School Activities and Awards

Volunteer Experience:

Languages:

Why do you want to be a Putnam Community Medical Center Volunteer?

Are you interested in the Medical Field? Yes No

Please number the following in order of your interest. (1 =very interested 14 =least interested)

	Nursing		Emergency Department ED
	Obstetrics OB		Intensive Care Unit ICU
	Pharmacy		Human Resources HR
	Rehabilitation PT OT ST		Administrative Assistant
	Respiratory Therapy RT		Food Services
	Radiology/ Imaging		Education
	Supply Chain Management		Other (please write in)
	Accounting		



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STUDENT VOLUNTEER CONTRACT

If accepted into the PCMC junior volunteer summer program, I agree to:

- Commit to work the entire Four (4) Week Period 6/16/2017 through 7/21/2017 (Off for the week of July 3rd).
- Attend Orientation and in-service training scheduled for Friday, June 16, 2017.
- I understand and am able to fulfill the requirement to work a minimum of 4 hours a week.
- Be punctual and notify my supervisor if unable to work as scheduled.
- Honor my commitment to a specific job assignment. (Work in assigned area)
- I will hold all information as confidential concerning patients, families, staff members, physicians and volunteers.
- Become familiar with PCMC policies and procedures and uphold the Code of Excellence.
- Donate my services without contemplation of compensation or future employment.
- I will make my service professional in all ways. I will conduct myself with dignity, courtesy and have consideration for others.
- Purchase the appropriate volunteer uniform and maintain a well-groomed appearance.
- **Carry out assignments in a professional manner and seek staff assistance when necessary.**
- **Discuss any problems, criticism or suggestions with my assigned supervisor.**
- Adhere to the PCMC Volunteer's sign-in procedure.
- I understand that the following may result in immediate dismissal: breach of confidentiality; lack of honesty; failure to complete work; personal attacks.
- **I will not make or receive personal phone calls (land line or cellular) while on duty unless it is for emergency purposes.**
- For privacy purposes I agree to not take or reproduce any photographs during my time at PCMC.
- I understand that only patients are to be seated and/or transported in the hospital wheelchairs.
- I understand that I must be in compliance with the dress code.

Parent/Guardian Agreement

- Commit to assist my child to work the entire Four (4) Week Period 6/16/2017 through 7/21/2017. **(Off for the week of July 3rd).**
- I understand that Volunteer Services Department reserves the right to terminate my child's status as a result of (a) failure to comply with PCMC policies; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance, or (d) any other circumstances which, in the judgment of the department director, would make continued services as a volunteer contrary to the best interests of Putnam Community Medical Center and its patients.
- I give my consent for my son/daughter to submit this application to join the PCMC Junior Volunteer Summer Program.
- I give consent for PCMC to administer to my child a 2 step Tuberculosis (TB) skin test.

SIGNATURES:

Parent/Guardian Signature

Student Applicant Signature



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STUDENT'S NAME: _____

TEACHER RECOMMENDATION:

I recommend the above named applicant to serve as a Putnam Community Medical Center Jr. Volunteer for the 2017 Summer Program. _____ Yes _____ No

Unweighted GPA _____ Weighted GPA _____

Comments: _____

Teachers Signature _____ Date: _____

Teachers Name (Please Print): _____ Subject: _____

School: _____ Phone: _____

TEACHER RECOMMENDATION:

I recommend the above named applicant to serve as a Putnam Community Medical Center Jr. Volunteer for the 2017 Summer Program. _____ Yes _____ No

Unweighted GPA _____ Weighted GPA _____

Comments _____

Teacher's Signature: _____ Date: _____

Teachers Name (Please Print): _____ Subject: _____

School: _____ Phone: _____

GUIDANCE COUNSELOR RECOMMENDATION:

I recommend the above named applicant to serve as a Putnam Community Medical Center Jr. Volunteer for the 2017 Summer Program. _____ Yes _____ No

Unweighted GPA _____ Weighted GPA _____

Comments: _____

Counselor's Signature: _____ Date: _____

Counselors Name (Please Print): _____

School: _____ Phone: _____



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PUTNAM COMMUNITY MEDICAL CENTER
JUNIOR VOLUNTEER PROGRAM
PARENTAL AUTHORIZATION/RELEASE FORM

Dear Parent:

Volunteering in a hospital setting has many potential benefits for teens. It teaches teamwork and responsibility and helps develop a work ethic and maturity while exposing the volunteer to various career fields within the healthcare environment.

However, the potential exists for your child to witness certain situations that require advanced levels of maturity. For example, volunteers may be present when a trauma patient is rushed into surgery or may even be present when a patient dies. A volunteer may come into contact with patients in various stages of agitation or anger, along with those who may have attempted suicide or committed acts of violence. Please be advised that the potential to witness varying degrees of nudity does exist.

In order to protect our patients and staff, the hospital requires a yearly PPD test for tuberculosis to be performed on all employees and volunteers, including Junior Volunteers. There is no charge for this service. The test will be given prior to assignment and your child must return two days later to be checked. This test is a requirement to be a Junior Volunteer.

I understand that my child may be exposed to circumstances such as those listed, but not limited to, the above. I also understand that my child will be provided in-service training similar to that received by adult volunteers regarding reducing the risk of exposure to blood and body fluids and other contagious diseases, and will also receive a PPD test. I hereby release Putnam Community Medical Center, its officers, staff, and volunteers from any liability, and I give permission for my child to be assigned as a Junior Volunteer within the hospital.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME

DATE

JUNIOR VOLUNTEER SIGNATURE

DATE



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Drug and Alcohol Acknowledgement & Release Form

Putnam Community Medical Center has adopted a Drug and Alcohol Free Workplace Safety Policy applicable to all of its employees. A copy of this policy has been provided for your review.

By signing below, I certify that I have read and understand Putnam Community Medical Center's Drug and Alcohol Free Workplace Safety Policy and I further agree and consent to the taking of any blood or urinalysis tests required by Putnam Community Medical Center as part of a post offer employment physical or otherwise, and authorize the release of any tests results to Putnam Community Medical Center. If hired by Putnam Community Medical Center, I hereby give my consent to any drug or alcohol testing which may be required by the hospital and authorize the release of any test results to Putnam Community Medical Center. I further understand that based on this policy, in the event of a workplace accident, I will submit to a post-accident drug screen. I understand that failure to complete this drug screen immediately after the accident will subject me to disciplinary action up to and including termination.

Signature

Date

Parental Authorization:

I, _____, a parent or guardian of _____ (age 17 and under) do hereby voluntarily consent to the physical examination of said minor as described in this Drug Screening Consent Form. I have thoroughly read this form and I certify that I understand its content.

Parent/Guardian Signature

Date



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MEDICAL HISTORY and AUTHORIZATION

DATE: _____

As a potential Putnam Community Medical Center Junior Volunteer you will be required to complete a 2-step Tuberculosis (TB) skin test prior to being placed into a volunteer position. If you have a positive reaction to a TB skin test, you will be screened by our Employee Health nurse and given instructions if a follow up is necessary. The hospital will provide the TB skin test free of charge during a scheduled appointment.

VOLUNTEER NAME: _____ **AGE:** _____ **MEDICAL**

HISTORY

List Any Restrictions of Applicant:

Proof of MMR _____ Varicella _____

Last Tetanus/Toxoid Booster: _____ Allergies to Drugs/Food: _____

Pertinent Medical History and any Special Medications Taken: _____

TO PARENT:

If your child has epilepsy, diabetes, allergies, heart condition, etc., and/or is taking special medication for any condition, it is important that you advise us so that in the event of an emergency resulting from his/her illness, medical personnel can provide proper treatment. This information will at all times remain confidential, except where it affects his/her ability to receive medical attention.

List any Physical Limitations of Child: _____

AUTHORIZATION

I, we, the undersigned, parent(s)/legal guardian of _____, a minor, do hereby authorize Employee Health Nurse or Designee as agents for the undersigned to consent to any Putnam Community Medical Center (1) pre-volunteer testing required (2) step Tuberculosis (TB) skin test (2) x-ray examination; (3) anesthetic; (4) medical or surgical diagnosis or treatment and hospital care which is deemed advisably by, and is to be rendered under the general or special supervision of any physician licensed under the provisions of the Medicine Practice Act on the medical staff of the above named hospital, when such diagnosis or treatment is rendered at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physicians, in the exercise of his best judgment, may deem advisable.

It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, and that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of parent/ Legal Guardian:



We are with you for life.

DATE: ____/____/____

PROJECT: _____

LOCATION: _____

PHOTO/RECORDING RELEASE

(HCA EMPLOYEES ONLY)

I, _____, hereby irrevocably consent to the use of my photograph/video/audio recording by HCA Management Services, L.P., and its affiliates (collectively, "HCA"), and grant to HCA royalty-free permission to utilize, without payment of any royalty or other compensation, photographs of myself, my picture, name, likeness, and biographical material about me (collectively, the "Materials"), in any and all manner and media, whether alone or coupled together with other material, throughout the world in perpetuity, for advertising, publicity, commercial, or other business purposes. I agree that the Materials may be edited in the sole discretion of HCA and that HCA is under no obligation to use the Materials. I understand that the term "photograph," as used herein, encompasses still photographs, digital images and any other method to reproduce or edit my likeness, image, now known or hereafter developed.

I hereby represent and warrant that I have not given any other person, entity or firm the exclusive right to use my name, likeness, or photograph, and that by signing this document I am not in breach of any other agreement to which I am a party.

I expressly understand and agree that the Materials and all results and proceeds derived therefrom, shall be the sole and absolute property of HCA for any and all purposes whatsoever in perpetuity, free and clear of all claims whatsoever by me and/or on my behalf. I hereby forever release and discharge HCA, and its respective members, officers, employees, and customers, from any and all claims, demand, actions, liabilities, and damages whatsoever arising out of and/or attributable to the use of the Materials.

I have read and voluntarily enter into this agreement and understand its meaning and acknowledge that it is binding upon me, my legal representatives, heirs, and assigns. This agreement super cedes all prior agreements, if any, between the parties hereto with respect to the subject matter contained herein.

Name: _____

(Print)

Signature: _____

Representing: _____

(i.e. if parent/guardian)

Address: _____

Telephone: _____

Please return to:

**Putnam Community Medical Center - Volunteers/High School Students #
11571
VOLUNTEER INFORMATION**

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

*Before answering the question below, you **MUST** carefully read the following information:

Do not report any conviction which state law allows you to lawfully deny, as set forth in the [state notices](#) that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices above and confirm that the information you provide is true and accurate.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? You must provide details if you answer Yes. Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

2. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

3. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

4. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I have read and understand the above information and assert that all information provided by me is true and accurate.

By signing below, I agree that my present employer may be contacted for verification of employment.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Putnam Community Medical Center - Volunteers/High School Students # 11571

VOLUNTEER DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. _____ / _____ / _____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ **Date** _____

www.PreCheck.com info@precheck.com
ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

Ver0813

Junior Volunteer Summer Program 2017