

April 1, 2024

Dear Student,

Thank you for your interest in the Summer Teen Volunteer Program at Northwest Hospital. Teens have been volunteering at the hospital for over 30 years. Northwest is pleased to accept committed volunteers who wish to serve in a hospital setting while exploring career opportunities in healthcare.

In the 2024 Northwest Summer Teen Volunteer Program, students must complete at least 75 hours of service. Their service begins after they have completed their mandatory orientation (see below for dates). **The application deadline for submission is May 3, 2024, by 4pm.** Applications can be submitted via email ([smcdonald3@lifebridgehealth.org](mailto:smcdonald3@lifebridgehealth.org)) or handed in at the front desk at Northwest's Main Lobby. Late and/or incomplete applications will not be considered.

You will be contacted for an interview when your completed application is submitted. Please note that students **must** be at least 15 years of age by June 15, 2024, and have completed the 9<sup>th</sup> grade to be eligible to participate.

Enclosed you will find an Application, Standards, and Expectations Agreement, Health Screening form, Counselor Reference form, and a General Reference form. You will also need to submit a 250-word essay detailing why you are interested in volunteering at Northwest Hospital, your goals for the experience, and what skills you have to offer the patients and employees at Northwest Hospital. **All documents must be completed and submitted to the Volunteer Services Department at Northwest Hospital for consideration.**

If you are accepted into the program, you must meet the following **MEDICAL REQUIREMENT:** Teen Volunteers must fulfill the medical requirements of LifeBridge Health. A Health Screening Form will be provided to you for your Primary Care Physician or school nurse to complete. A urine drug screen test will be performed free of charge through the hospital's Occupational Health Office.

Students accepted into the program must attend a mandatory orientation. The Mandatory Safety and General Education class will be held at Northwest Hospital on **June 11<sup>th</sup> 4pm-6pm and June 13<sup>th</sup> 4pm-6pm.** You only need to attend ONE orientation. Additional details will be provided closer to the date. **Attendance is required, and we cannot make any exceptions.**

Thank you again for your interest in volunteering at Northwest Hospital!

If you have any questions or concerns, please do not hesitate to contact me at 410-521-5911.

Sincerely,

Stephanie McDonald  
Volunteer and Office Coordinator

# 2024 SUMMER TEEN VOLUNTEER SERVICES APPLICATION

*Please print all information clearly*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
City (required) \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
State and Zip (required) \_\_\_\_\_ Email address \_\_\_\_\_

Primary Emergency Contact Secondary Emergency Contact  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Name of School \_\_\_\_\_  
Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Please check the department(s) in which you are interested in working:

**\*Subject to change, based on dept needs and hospital's policies\***

\_\_\_\_\_ Emergency Department \_\_\_\_\_ Clerical  
\_\_\_\_\_ Surgical Services \_\_\_\_\_ Clinical  
\_\_\_\_\_ Other: \_\_\_\_\_

What days and hours are you interested in volunteering?

|           | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning   |        |         |           |          |        |
| Afternoon |        |         |           |          |        |

Which day would you like to attend orientation? (Please check one)

June 11<sup>th</sup> 4pm-6pm \_\_\_\_\_ June 13<sup>th</sup> 4pm-6pm \_\_\_\_\_

List your significant SCHOOL and NON-SCHOOL achievements, awards, and/or accomplishments of the past two years:

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

Career Interest: \_\_\_\_\_

**To be completed by a parent or legal guardian**

I authorize Northwest Hospital to give medical treatment to \_\_\_\_\_  
in the event of an emergency. I also consent to my child's participation in the Student Volunteer Program.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

---

**To be completed by the applicant**

I understand and agree that any false or misleading information supplied by me will be cause for canceling the application process. The information supplied on this application is true and complete to the best of my knowledge. I understand that falsification by omission or commission will result in the denial of the opportunity to volunteer at Northwest Hospital Center.

My signature authorizes reference checks and verification of any information, as necessary.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

All information recorded on this Application is confidential and is utilized only for the Northwest Hospital Volunteer Services Department.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize the Release of the information to the Department of Volunteer Services at LifeBridge Health.  
Signature of Volunteer (if a minor, signature of parent or guardian): \_\_\_\_\_

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

---

***The section below is to be completed by your Health Care Provider or School Nurse***

Dear Health Care Provider:

The above individual has applied to serve as a volunteer at LifeBridge Health. In this role, they may have contact with patients with compromised immune systems. To ensure the safety of all our patients, staff, and visitors, we require our volunteers to be fully immunized against most vaccine-preventable diseases.

The candidate must have documented evidence of vaccination or immunity for:

|  | <b>Date verified</b> |
|--|----------------------|
| <b>Measles, Mumps, Rubella</b>                             |                      |
| <b>Varicella (Chicken Pox)</b>                             |                      |
| <b>History of active Chicken Pox disease?</b>              |                      |
| <b>COVID-19 (primary series)</b>                           |                      |
| <b>Flu (between October 1-March 31 annually)</b>           |                      |
| <b>Tuberculosis Screening: TST or IGRA (within 1 year)</b> |                      |

Please stamp or print Health Care Provider's name, including the complete address:

\_\_\_\_\_  
Provider Signature                      Date

\_\_\_\_\_  
Office Telephone number

\_\_\_\_\_  
Provider Print Name

\_\_\_\_\_  
\_\_\_\_\_  
Office Address

The student should give this form to a personal or business reference. **Once the form is completed and signed, the individual should return the form to the Volunteer Coordinator via email ([smcdonald3@lifebridgehealth.org](mailto:smcdonald3@lifebridgehealth.org)), or handed in at Northwest's main lobby's front desk.**

I hereby authorize the individual listed below to provide information to Northwest Hospital Volunteer Department.

- Applicant Printed Name \_\_\_\_\_ Date \_\_\_\_\_

- Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

-Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The above-listed student has applied to be a volunteer at Northwest Hospital. Your name was provided as a personal/business reference. We would appreciate it if you took a few minutes to answer the questions below about this individual. Any information you give us will be kept private. **Please return this form to our Volunteer Coordinator via fax (410-496-6458), email ([smcdonald3@lifebridgehealth.org](mailto:smcdonald3@lifebridgehealth.org)), or handed in at Northwest's main lobby's front desk.**

Thank you in advance for your cooperation.

Stephanie McDonald, Volunteer Coordinator

---

Length of time you have known this individual \_\_\_\_\_

How do you know this individual?

Friend \_\_\_\_\_ Co-worker \_\_\_\_\_ previous volunteer placement \_\_\_\_\_ other \_\_\_\_\_

Do you feel this individual would be an appropriate volunteer in a hospital?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you feel this individual has good customer service skills?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you feel this individual is trustworthy and reliable?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

---

Your name (please print) \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE FILLED OUT BY SCHOOL COUNSELOR or PRINCIPAL**

Name of Student \_\_\_\_\_

School \_\_\_\_\_

I hereby authorize the individual listed below to provide information to Northwest Hospital Volunteer Department.

-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

- Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

The above-referenced student has applied to join the Teen Volunteer Program at Northwest Hospital. The program is open to students who are **15 years of age and have completed the 9<sup>th</sup> grade**. Students receive community Service Hours as well as exposure to Health Care Careers. Teen Volunteers work throughout the Hospital to provide staff support with patients and related clerical work. **This form should be emailed to the volunteer coordinator at [smcdonald3@lifebridgehealth.org](mailto:smcdonald3@lifebridgehealth.org) by May 3, 2024. Please do not return the form to the student.**

If you have any questions or concerns, please contact me at 410-521-5911.

Thank you

Stephanie McDonald,  
Volunteer Coordinator

---

**Student Date of Birth:** \_\_\_\_\_ (student must be 15 years old by the program start date)

(circle one)

**Student School Attendance and the tardy record is:** Excellent    Good    Fair    Poor

**Scholastically, the applicant is considered:**    Excellent    Good    Fair    Poor

**Student GPA:** \_\_\_\_\_

**The applicant is cooperative and accepting of authority:** Excellent    Good    Fair    Poor

**I recommend applicant with enthusiasm** \_\_\_\_\_ **I would not recommend** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

---

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

# Standards and Expectations Agreement

## Summer Teen Volunteer Program

By signing this form, I agree to adhere to the following requirements as a Northwest Hospital Teen Volunteer:

- Be punctual and conscientious in the performance of assigned duties
- Complete a minimum of 75 hours of Volunteer Service before receiving written documentation toward community service credit
- Conduct myself with dignity, courtesy, and respect for others
- Comply with Northwest Hospital Policies and Procedures
- Attend required education and training
- Sign in and out each time I volunteer
- Keep cell phone on silent or vibrate
- Only use cell phones during breaks or in case of an emergency
- Minimal perfume or cologne
- Follow the Volunteer dress code while at the Hospital, detailed below:

### Volunteer Dress Code:

- Khaki pants – no denim, shorts, or skirts above the knee
- Northwest polo shirt or smock
- Identification badge – will be provided
- Tennis shoes (no opened-toed shoes)
- No exposed tattoos
- No large dangling earrings
- Minimal jewelry and makeup
- No facial piercing
- Surgical Mask

If you are accepted into the program, you must meet the following **MEDICAL REQUIREMENT**: Teen Volunteers must receive a current TST (tuberculin skin test). The Teen Volunteer Program will provide this test free of charge through the hospital's Occupational Health Office. Teen Volunteers must also provide proof of COVID-19 vaccine.

Failure to comply with Hospital policies and procedures, core values, or confidentiality agreement may result in counseling and termination from the Student Volunteer Program. Excessive callouts, tardiness, inappropriate dress, or behavior may also result in termination.

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