

Renown Health 2024 High School Volunteer Program

Program Dates:

June 17th - August 2nd 2024

Who is this program designed for: High School students who will be starting their Sophomore, Junior and Senior year in fall of 2024, ready to explore the medical field. Applications for Seniors graduating summer 2024 will be routed to college volunteer program.

What you can expect: Assisting patients, visitors, and staff at Renown Regional Medical Center. Focus will be placed on communication skills and getting a well-rounded hospital experience. Please note, this is not a job shadowing program.

What's in it for you?

- Interactive exposure to the Healthcare environment and industry
- Enhance your communication, customer service, and critical thinking skills
- Cultivate leadership skills and gain hands-on experience for future aspirations
- Work as a team and build relationships
- Take responsibility - The people you volunteer for depend on you
- A purposeful destination for meaningful activities, and stay engaged in fulfilling pursuits
- Enhance your resume and boost your college application
- Feel good knowing you have the power to make a difference in someone's life

What will our volunteers do?

- Learn to work at one of our Welcome Desks
- Greet and escort patients and family to their destinations within the hospital
- Visit lobbies and patient rooms to interact with patients, hospital staff, and visitors
- Help with running errands, volunteer tasks, delivering mail and flowers

Qualifications and Requirements:

- Completed application, consent form, and cover letter
- Ability to complete a scheduled shift of 2 hours twice per week
- Complete orientation/training
- Pass a background check
- Medical Clearance appointment to verify updated vaccinations
- Attendance note: If you are taking an extended vacation over summer break, we will not be able to accept your application. Excessive absenteeism will result in termination from the program

Where to start: Send application, parent/guardian consent form and cover letter to

VolunteerForms@renown.org

Questions: Contact us at Volunteerforms@renown.org or call 775-982-7124

Renown Health 2024 High School Volunteer Program

COVER LETTER

Name: _____

Phone: _____

Personal E-mail: _____

Please check your schedule before answering the following questions:

- Are you available to volunteer once per week during the summer ? **Yes or No**
- Do you have any camp/vacation/work plans during the summer that would require you to miss more than two weeks of volunteering? **Yes or No**

Please list any dates during the summer that you know you won't be able to volunteer:

Why would you like to participate in this program?

Please submit this form along with your application, parent/guardian consent form to

VolunteerForms@renown.org.

Email volunteerforms@renown.org or call us at 775-982-7124 with any questions.

Renown Health 2024 High School Volunteer Program

FOR OFFICE USE ONLY

Date Rec'd _____

ID # _____

VOLUNTEER APPLICATION – SUMMER PROGRAM

Please print clearly

Name: _____
(Last) (First) (M.I.)

(Nickname) _____ I prefer my nickname be used

Current Address:

(Street) (apt.#) (City) (Zip)

My Home Phone Number: () _____ My Cell Phone Number: () _____

Please provide your personal email address, not a school email to ensure you receive all program information

E-mail Address: _____

Confirm E-mail Address: _____

Driver's License No.: _____ Last four numbers of Social Security: _____

Birth Date: _____ Gender: _____

School Name: _____

Expected Grad. Date: _____

Fall of 2023 I will be a - Freshman Sophomore Junior Senior

Are you currently employed? Yes No Present Occupation or Title: _____

Renown Health 2024 High School Volunteer Program

EMERGENCY INFORMATION

In case of emergency, please contact: Name/Relationship: _____

Current Address:

(Street) (apt.#) (City) (Zip Code)

Home Number: () _____ Cell Phone Number: () _____

VOLUNTEER TIME REQUIREMENTS AND AVAILABILITY

The High School Summer Program will operate during the hours of Monday-Friday 10am-2pm

ELIGIBILITY

Are you a United States citizen or an alien authorized to work in the U.S.? Yes No

Have you previously been an employee or volunteer for the Renown Health System? Yes No

If yes, please state the organization, assignment, dates, status (employee or volunteer) and name while employed:

Have you ever been convicted or found guilty by any court of a felony offense or any gross misdemeanor or simple misdemeanor offense other than a minor traffic offense? Yes No
("A conviction shall include a plea, verdict or finding of guilty..." Labor Code 432.7) A conviction will not necessarily disqualify an individual from the volunteer program. Driving under the influence of alcohol and/or drugs and reckless driving must be disclosed.

If Yes, please state the nature of each offense, the date of conviction and the disposition:

VOLUNTEER AGREEMENT – Please read and initial that you agree

- ___ As a Renown Health volunteer I agree to uphold the values of the organization by providing a high standard of quality service to our patients and staff.
- ___ I agree to hold absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel.
- ___ I can be depended on to work my assigned shift and will call, in advance, if not able to fulfill that obligation. Any no-call no-shows will result in termination from the program.
- ___ I understand that excessive absenteeism will result in termination from the program
- ___ I will wear the proper uniform as outlined in the orientation
- ___ I understand that I will be expected, before placement, to complete the volunteer orientation and required health screening.

Renown Health 2024 High School Volunteer Program

ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and understand the statements above. The information provided in this application is true in all respects without any willful omissions. I authorize Renown Health System to obtain a background check and a personal reference.

I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

Signature: _____

Date: _____

The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. A volunteer position does not constitute an employee-employer relationship with the medical center.

Opportunities for volunteers are provided without regard to color, race, religion, age, creed, national origin, sex, disability, veteran or marital status. In accordance with the Immigration Reform and Control Act of 1986, all offers of service (volunteer) are conditional upon satisfactory proof of the applicant's identity and legal ability to work in the United States.

***Please Return Completed Application, Parent/Guardian Consent form and Cover Sheet
Volunteerforms@renown.org***

Renown Health 2024 High School Volunteer Program

Parent/Guardian Consent

Program Dates:

June 17-Aug 2, 2024

What you can expect: Students will be assisting patients, visitors and staff at Renown Regional Medical Center four hours a week. There will be opportunities for extra hours.

What will our volunteers do?

- Learn to work at one of our Welcome Desks
- Greet and escort patients and family to their destinations within the hospital
- Visit rooms and lobbies to interact with patients, staff, and visitors
- Help with running errands, volunteer tasks, delivering mail and flowers

Qualifications and Requirements:

- Completed application, consent form and cover letter form
- Ability to volunteer once per week
- Complete Orientation/Training
- Pass a background check
- Medical Clearance appointment to verify updated vaccinations including COVID 19 vaccination

Please note: If a student is taking an extended vacation over summer break, we will not be able to accept their application. Excessive absenteeism will result in termination from the program.

I acknowledge that I have read the program requirements and agree that

_____ **may participate**
(Student Name)
in the Renown summer program.

Parent/Guardian Name _____

Signature _____

Date _____