



Bridgeport Hospital

2019 Summer High School Volunteer Program Application

Thank you for your interest in the Bridgeport Hospital High School Volunteer Program!

Students must be at least 15 years of age and able to commit to the 8-week program. The weekly commitment is one day each week (Monday-Friday) 9am-4:30pm.

Please carefully review this information with your parent/guardian. If you are ready to commit to becoming a part of the Bridgeport Hospital team, be sure to follow all required steps.

Summer Program Dates:
June 24- August 16, 2019

Program Expectations

Appearance:

Volunteers represent Bridgeport Hospital, and their appearance reflects on the hospital. A clean, neat, professional appearance is important to promote the professionalism expected by patients and visitors. We have a standards of appearance policy that you will be expected to follow. You will be given a red Bridgeport Hospital volunteer polo shirt to be worn with **khaki pants** only. Jeans, shorts, capris, or tights are not permitted. All volunteers are required to wear hospital-issued ID badges.

Attendance:

Your presence is important, and we depend on you to report for duty as scheduled. You will be required to sign in and out each time you come to volunteer. It is your responsibility to report all absences to your department supervisor, as well as the Volunteer Services Department. Two unexcused absences will be considered a lack of interest and will result in termination of your volunteer status.

Cellular Phones and Communication Devices:

You may only use your personal cell phone or communication device on lunch break and then only in Volunteer Services Department or hospital lobby.

Commitment:

The Summer Volunteer Program lasts for 8 weeks and students cannot be absent more than 2 weeks. (4th of July is a Thursday and there will be no volunteering that day.)

Since this is a professional work environment and the hospital staff rely on their volunteers, you are expected to notify us in advance if you will be missing a shift. Two unexcused absences will result in dismissal from the program.

Program Opportunities

The Bridgeport Hospital Volunteer Services Department offers a number of volunteer opportunities. Below are some examples of the settings in which volunteers are placed. Some positions require additional group training.

Behind-the-Scenes

Volunteers placed in a behind-the-scenes assignment assist staff with clerical duties, deliveries, and light computer work.

Examples of Behind-the-Scenes assignments: *office support, Pathology, Food and Nutrition*

Customer Service

Volunteers placed in a customer service position escort patients and visitors throughout the hospital as well as assist customers in the Gift Shop.

Examples of Customer Service assignments: *patient transport, Gift Shop*

Patient Support

Volunteers placed in a patient support assignment assist patients and staff on inpatient units. **These positions are reserved for returning volunteers.**

Offsite Locations

Volunteers may also be assigned to offsite locations like Childport (hospital daycare) and Park Avenue Medical Center in Trumbull.

High School Volunteer Program Logistics

Meals:

Youth volunteers are entitled to a complimentary meal each time they volunteer. The meal allowance is \$6.50. If you spend more than \$6.50, you will be responsible for the remainder of the cost of the meal.

Parking:

If you will be driving to the hospital, you will need to request parking on the volunteer application.

References:

Many youth volunteers request references for college and scholarship applications. We are pleased to provide a reference if you have fulfilled your commitment to the hospital. Attendance records and evaluations are considered when preparing references. Reference requests require a two week advance notice.

Schedule:

Volunteers are assigned a regular shift for the duration of the program. A shift is one day during the week (Monday-Friday) 9am-4:30pm. **Students who have submitted all required materials by the May 1st deadline will receive confirmation of their schedule in early June.**

Training:

Training will be provided for your specific assignment. Some assignments require attendance at a group training session prior to the start of the program. Training for the other assignments will be done on the volunteer's first day. Following a notice about your assignment, we will inform you of your training schedule.

Valuables:

We strongly recommend that you not bring valuables with you to volunteer. Bridgeport Hospital is not responsible for lost or stolen belongings.

Communication with Volunteer Services:

When filling out your application, please include a working email that you check on a regular basis. Our office will contact you primarily by email.

Volunteer Services Office
267 Grant Street
Bridgeport, CT 06610

Phone: 203-384-3330

Fax: 203-332-4998

Email: Elizabeth.Locke@ynhh.org



Steps to Becoming a High School Volunteer

NEW HIGH SCHOOL VOLUNTEER CHECKLIST: Application, health form, and volunteer program agreement are all due at the group interview session.

- Register for Group Interview Session by calling YNHHS Call Center (page 5)
- Attend Group Interview Session
- Submit application (pages 6-7) **(Due at Group Interview Session)**
- Submit Health Form (page 8) **(Due at Group Interview Session)**
 - MMR
 - Hepatitis B
 - Varicella
 - Tuberculosis Skin Test (PPD) completed within the last 12 months
- Submit High School Volunteer Program Agreement (page 9) **(Due at Group Interview Session)**
- Complete Electronic Orientation Test (Discussed at Group interview)
- Complete Code of Conduct Form (Discussed at Group interview)
- Complete Preference Form (Discussed at Group interview)

ALL additional paperwork MUST be received by Volunteer Services by May 1, 2019.



Group Interview Information

Applicants must participate in a group interview session. During the group interview, staff will get to know each student and will discuss hospital policies, procedures, and program expectations. The interview will last 2 hours. Students who do not arrive on time will be asked to reschedule their interview. Students who arrive without required materials will be asked to reschedule their interview. Students are allowed to reschedule their interview one time, but please note that interview slots fill up quickly and a new spot may not be available.

How to register for a group interview:

Call the **Call Center 888-357-2396** to register to register for the class ***Summer High School Volunteer Program Interview***. Register for only one of these sessions:

Tuesday, March 26 4 - 6 pm
Thursday, April 4 4 - 6 pm
Saturday, April 6 10 am - 12 pm
Thursday, April 18 10 am - 12 pm

Interview Tips:

- Dress professionally.
- Come prepared with required documents- application, health form and signed volunteer agreement.
- Participate fully by answering questions honestly and directly.

Parking/Directions for Group Interview:

Parking is available in the Kaulbach Garage. Please bring your parking ticket in with you for validation.

For further directions/parking information please visit the following website:

<https://www.bridgorthospital.org/locations/bridgeport-267-grant-street>

High School Volunteer Application

2019 Summer Program, June 24 – August 16

Today's Date _____ / _____ / _____

Please PRINT clearly! Bring both the completed application and health documents with you to the interview.

Last Name:		First Name:	MI	Gender:
Street Address:				
City:		State	Zip	
Home Telephone:			Cell Telephone:	
E-mail Address:			Birth Date:	

EMERGENCY CONTACT

Name:		Relationship:		
Street Address:				
City:		State:	Zip:	
Home Telephone:		Cell Telephone:	Business Telephone:	
E-mail:				
Physician:			Telephone:	

Name of school:	
Current school year: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Career interest:	Special skills and talents:
If you drive, will you need parking privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you carpool with another volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whom?	
Do you have immediate relatives currently employed at Bridgeport Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide names and locations. Bridgeport Hospital does not place volunteers under the direct supervision of immediate relatives.	

VOLUNTEER and COMMUNITY ACTIVITIES

Please tell us about your volunteer experience and community activities.

AGENCY/ORGANIZATION	POSITION	DATES

YOUR PREFERENCES

Schedule: Please check the days that you are available (9am-4:30pm) to volunteer for the 8 week program.

	<i>Select all that you are available</i>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

ASSIGNMENT PREFERENCE: Please check the types of volunteer assignments that interest you. The examples listed in parenthesis are just examples, not the only assignments in each category. New volunteers are placed in Behind the Scenes and Customer Service assignments.

- Behind the Scenes / Staff Support (office support, Food and Nutrition)
- Customer Service (Gift Shop and patient transport)
- Patient Support (patient aide on nursing unit)
- Offsite Locations (Childport Daycare, Park Avenue Medical Center)

REFLECTION: Please tell us about yourself. Topics can include but are not limited to: a personal story, future career goal, reasons for wanting to volunteer, etc.

For students under age 18, a parent/guardian signature is required.

I hereby agree to volunteer without pay at Bridgeport Hospital. I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection or dismissal from a volunteer position.

Applicant's Signature: _____

I give permission for _____ to volunteer at Bridgeport Hospital, and to be photographed in relation to his/her volunteer position.

Parent/Guardian Signature: _____

Bridgeport Hospital Volunteer Health Questionnaire/Pre-placement Health Sheet

Name: _____ DOB: _____

[This form must be completed by your Healthcare provider](#)

Immunization History:

	Dates for Vaccine	Date of Titer and Result
MMR (Measles, Mumps and Rubella): 2 vaccines <u>or</u> titer (blood test) positive	#1 #2	
Varicella (chicken pox): 2 vaccines <u>or</u> titer (blood test) positive	#1 #2	
Hepatitis B: 3 vaccines <u>or</u> titer (blood test) result	#1 #2 #3	
Flu Vaccine (mandatory Oct 1st - March 31st)		
TDAP (Tetanus, Diphtheria, Pertussis vaccine)		

Tuberculous Screening: PPD within past year:

	Date	Result
PPD: WITHIN ONE YEAR		
Chest x-ray if PPD +		

Healthcare Provider Signature: _____ Date: _____

To be completed by Occupational Health/Industrial Medical Center:

Required vaccine(s)/titer (s): _____

Required PPD: _____

Cleared: _____

Date: _____

High School Volunteer Program Agreement Summer 2019

Bridgeport Hospital welcomes individuals who wish to volunteer to support the Hospital's mission, vision, and values. Volunteers must adhere to the hospital Standards of Professional Behavior and meet the responsibilities outlined in the description of their assignment.

Volunteer Agreement

Includes but is not limited to the following. Volunteers, please initial each element of the agreement.

- | | |
|---|--|
| <p>_____ I will observe the uniform policy: red polo shirt, full-length khaki pants, closed-toed shoes, no perfumes, colognes, or scented personal products.</p> | <p>_____ location without permission. If dismissed from my assignment early, I will report back to the Volunteer Services Office.</p> |
| <p>_____ I know that Volunteer Services staff must adhere to Bridgeport Hospital policies about obtaining my health and vaccination information before I am able to volunteer, and that extensions or exceptions cannot be made.</p> | <p>_____ I understand that as a volunteer in a professional setting I should communicate directly with Volunteer Services staff regarding volunteer concerns and not have my parent or guardian call/email for me.</p> |
| <p>_____ I agree to only use my cell phone in Volunteer Services Department or hospital lobby while on break, and will not use my phone while on duty.</p> | <p>_____ I understand that failure to meet my volunteer attendance commitment may result in removal from the program as well as prevent me from receiving a letter of recommendation.</p> |
| <p>_____ I commit to volunteering for a minimum of 6 weeks and will inform Volunteer Services and my assignment supervisor of any absence in advance. I understand that two unexcused absences will result in dismissal from the program.</p> | <p>_____ I understand that violations of the program agreement will result in a warning and that repeated violations may result in being dismissed from the program.</p> |
| <p>_____ I must stay in my assignment during my shift, and I will not leave my assignment</p> | <p>_____ I agree to return my photo ID badge to Volunteer Services at the end of the program.</p> |

By signing below you are agreeing to support the YNHH Mission, and follow the Volunteer Services Department Policies and Program Agreement as outlined in this packet.

Volunteer Name (Please Print)

Volunteer Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date