

**Thomas Memorial Hospital***Exceptional medicine. Every day.*

An affiliate of Thomas Health System, Inc.

**2009 Thomas Memorial Hospital Junior Volunteer Program**

Thank you very much for your recent request for our 2009 Junior Volunteer Program information packet.

We are very pleased you have chosen Thomas Memorial Hospital as a place of service, as we know we will have a great group of committed Junior Volunteers with our exceptional staff.

Enclosed in this packet you will find four (4) essential forms for application:

- 1) Guidelines for Juniors
- 2) Form listing out of town dates
- 3) Parent/Guardian Permission Form
- 4) Teacher/Counselor Recommendation Form

Please read over the information **very carefully**, and be sure to complete all forms **before** calling to schedule a personal interview. Once you have gathered all requested information, please call Volunteer Services at 304-766-3788 to schedule your appointment. **Bring the completed packet forms to your interview.**

Thank you again for your request. We hope to see you soon!

Sincerely,



Minnie H. Jones, CDVS  
Director of Volunteer Services

**Thomas Memorial Hospital**

4605 MacCorkle Avenue, SW ■ South Charleston, WV 25309 ■ 304-766-3600

[www.thomaswv.org](http://www.thomaswv.org)

# 2009 Thomas Memorial Hospital Junior Volunteer Program Guidelines for New Volunteers

## REQUIREMENTS

- High School or Middle School student, age 14 through 17. *Student must have been 14 by December 31, 2008.*
- At least a C grade average.
- Commit to at least six (6) weeks, with a minimum requirement of four (4) hours a week.
- Schedule an interview with the Volunteer Services Department. Please do not call for an appointment until **AFTER** forms are complete and are in hand. The telephone number to call is 304-766-3788 and the interview dates are March 17, 18, 20; April 10, 13, 15; May 6 and 7, 2009.

## REQUIRED FORMS

Please bring the following forms with you to your interview:

- **Permission Form**  
Signed by parent or legal guardian insuring transportation to and from hospital, consent to receive tuberculosis test and consent to volunteer at Thomas Memorial Hospital.
- **Teacher/Counselor Recommendation Form**  
Signed and completed by a teacher or counselor.
- **Out of Town Form**

## ORIENTATION

You must attend orientation which is planned for **Thursday, June 11, 2009**. You will not be able to volunteer this year if you have a conflict on that date and cannot attend orientation.

## WORK SCHEDULE

You must be available to work at least 4 hours a week with the exception of planned vacations, camps and work schedules). However, many of our junior volunteers choose to work 2 to 3 days a week. The morning shift will start at 9:00 am and will end at 2 pm. Those needing an afternoon schedule will start at 12:30 and will end at 4:30. There will be exceptions made to those needing to stay longer when parents must pick up after work.

## UNIFORM INFORMATION

The Junior volunteer uniform is a TMH maroon polo shirt, long khaki pants or skirts (no shorts or tight pants), and comfortable shoes such as tennis shoes. Sandals, clogs or flip-flops may not be worn due to safety and infection control concerns. Please note that if you arrive dressed inappropriately, you will not be able to volunteer that day.

The uniform shirt is \$15 (cash or check) payable to Thomas Mem. Hosp. Aux. Polo shirts will be available on the day of orientation.

## TRANSPORTATION

Junior volunteers may not be dropped off at the hospital more than 30 minutes before their assignment and must be picked up no later than 30 minutes after the conclusion of their assignment.

## PARKING

You may park in the hospital parking garage when you come for your interview and for orientation day as well.

## WHAT TO DO NOW

We recommend that you review all of the material in this packet with a parent or guardian. Once you have gathered the information required, be sure to call for a personal interview at 304-766-3788. **Bring the completed packet to your interview. Students arriving for the interview without a copy of their signed parental consent forms, teacher/counselor recommendation form and out of town form will be rescheduled with no exceptions.**

If you have any questions, please call the Volunteer Office at 304-766-3787 or 304-766-3788.

# THOMAS MEMORIAL HOSPITAL

## Teacher/Counselor Recommendation for Junior Volunteer Program

School Name and Address \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade Level \_\_\_\_\_

TMH Volunteer Services is seeking students as applicants for the Summer 2009 Junior Volunteer Program who are responsible, dependable, caring, with the ability to provide high-quality service to our patients, guests, and staff. We ask that you carefully consider the criteria when evaluating your student. Thank you for taking the time to complete this recommendation. Please return it to your student in a sealed envelope, mail it to TMH (address below), or FAX it to 668-8907.

Please circle the appropriate rating:

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	Excellent	Good	Average	Fair	Poor
Follows Instructions	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Shows Initiative	Excellent	Good	Average	Fair	Poor

Scholastic Average ( ) 77- 85 ( ) 86- 92 ( ) 93 -100

Do you recommend this student as an applicant for the TMH Junior Volunteer Program?  
( ) Yes ( ) No

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

Name & Position: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Ext \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*If you have questions, please contact Minnie Jones, at (304) 766-3788.

Thomas Memorial Hospital  
Minnie Jones, Volunteer Director  
4605 MacCorkle Avenue, SW  
South Charleston, WV 25309  
(304) 766-3788 FAX (304) 766-3759

This will authorize \_\_\_\_\_, (name) to participate as a volunteer at Thomas Memorial Hospital. I understand that my daughter's or son's services are donated to the Hospital without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons.

I release the Hospital and its employees, agents, and servants from any claim of liability for any damages, injury or illness resulting to my child, not occasional by any fault or neglect on the part of the Hospital, while participating as a volunteer.

In the event that an emergency concerning my child should arise while he/she is participating as a volunteer and I am unable to be contacted, I hereby give permission to a physician selected by the Hospital to render medication and treatments.

Physician 1<sup>st</sup> Choice \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Physician 2<sup>nd</sup> Choice \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Insurance company to be billed for emergency medical treatment: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies to drugs or other medical facts: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

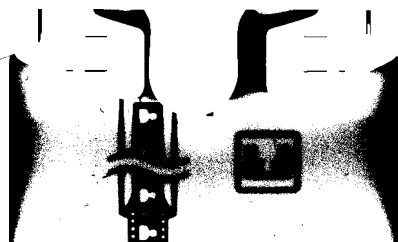
This authorization shall remain effective for the period of time my son or daughter is a volunteer at the Hospital.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date



# PARENTAL CONSENT FORM THOMAS MEMORIAL HOSPITAL

## Consent For Minor To Participate In Volunteer Activities

This will authorize \_\_\_\_\_, (name) to participate as a volunteer at Thomas Memorial Hospital. I understand that my daughter's or son's services are donated to the Hospital without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons.

I release the Hospital and its employees, agents, and servants from any claim of liability for any damages, injury or illness resulting to my child, not occasional by any fault or neglect on the part of the Hospital, while participating as a volunteer.

In the event that an emergency concerning my child should arise while he/she is participating as a volunteer and I am unable to be contacted, I hereby give permission to a physician selected by the Hospital to render medication and treatments.

Physician 1<sup>st</sup> Choice \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Physician 2<sup>nd</sup> Choice \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Insurance company to be billed for emergency medical treatment: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies to drugs or other medical facts: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

This authorization shall remain effective for the period of time my son or daughter is a volunteer at the Hospital.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date



Name \_\_\_\_\_

Shirt Size \_\_\_\_\_ (S, M, L, XL, 2X, 3X)

**Thomas Memorial Hospital 2009  
Junior Volunteer Program**

The Junior Volunteer Program will start on Monday, June 15, 2009, and will end on August 14, 2009.

Please indicate below the dates you will be out of town and consequently will not be able to volunteer. (Band camp, church camp, family vacation(s) or work schedules)

Out of Town \_\_\_\_\_

Out of Town \_\_\_\_\_

Out of Town \_\_\_\_\_

Out of Town \_\_\_\_\_

