



30 Locust St.
Northampton, MA 01061

Tel: 413-582-2000
cooley-dickinson.org

SUMMER JUNIOR VOLUNTEER PROGRAM

Program Requirements:

- **High School Sophomore or older preferred**
- **Must be age 15 by June 1, 2019**

Application Process

Before submitting an application you need to make sure you can volunteer for 3 shifts per week between **July 1 and August 23, 2019** for a period of 6 weeks. We cannot accept volunteers who cannot make at least a 6-week commitment to the program.

Step 1 – Complete the application. Have your parent(s)/guardian(s) read and sign the Parent Permission form. Make sure you sign the application. Please include **2 letters** of reference or copy and use the reference form provided.

Step 2 – Applications are due: Monday, May 6, 2019 by 5pm

Applications should be mailed to:
CDH Volunteer Department
30 Locust Street
Northampton, MA 01060
Attn: Junior Volunteer Program

Step 3 – approximately 20 applicants will be invited to be interviewed. All interviews must be completed by May 31, 2019.

Bring to your interview

1. Photo ID (driver's license or student ID) if you are 18 or older
2. Vacation schedule for the summer
3. Complete Summer Junior Volunteer Student Health Record
4. Documentation of a negative TB test within the past 12 months

Step 4 – If accepted into the Summer Program you will need to attend an Orientation and Training session on **Thursday, June 27th, 2019 from 12:30pm – 5pm.**

Step 5 – The Summer Volunteer Program will start the week of July 1, 2019 and end on August 23, 2019. **You must be able to commit to 6 of the 8 weeks.**



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It is the intent of the CDHCC to conform to Federal and State Laws pertaining to non-discrimination.

Mr. Miss.	Last Name:	First	Middle	Home Phone:
				Business/Cell Phone:
Address: No.	Street	City	State	Zip
				Date of Birth:
Email:				

Name:	Address:
Relationship:	Phone:

Extracurricular, Personal and Volunteer Activities

[illegible]

Please note best days and times:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8am-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-4pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-7pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your **TOP FOUR** interests on this form by putting a number, 1-4, in the box.

PATIENT CONTACT



Information Desk (CDH and off-site)

Escort visitors to appointments, give directions, create a warm and welcoming environment. Looking for friendly, out-going, active workers.



Rehabilitation—Northampton, Hadley or Southampton (All locations are off-site)

Stock shelves, collate packets, prepare rooms, clean equipment. Observe some treatments with permission. Looking for mature students interested in healthcare



Surgical Day Care or Endoscopy

Stock shelves, collate packets, prepare rooms, escort patients, and give comfort measures. Looking for mature students interested in healthcare.



Patient Support

Assist on Patient Units by serving meals, answer call bells, provide comfort measures and help with clerical tasks.

SUPPORT SERVICES



Coffee Shop

Work with other hospital volunteers and have fun. Serve drinks, sandwiches and desserts to patients, family members and staff. Volunteers are trained in food handling requirements. Looking for people who enjoy meeting people and who like to work in a busy environment.



Nutrition Department

Work with a great team that serves over 300 meals daily. Load trays, clean dishes, equipment. Looking for active, enthusiastic helpers.

Personal Statement:

What interests you about volunteering at Cooley Dickinson Hospital? What characteristics and skills would you bring to your experience here? In your response, please reflect on any past volunteer experience you have had.

Previous Employment: List most recent first.

Name & Address:		Position & Duties:		Dates:	
1.				From	To
2.				From	To
3.				From	To

Name of School	Level (Sophomore, Junior, etc.)	Year of graduation
High School:		

Have you ever volunteered at CDH before?
If yes, when?

☐ Yes
☐ No

References

Please provide **2 letters of reference**. These can be from supervisors, teachers, neighbors, or others who know you well. They can't be from people related to you.

Vacation Dates

I plan to be out for Vacation the following dates:

(NOTE: Only 2 weeks absence is allowed. Volunteers MUST commit to a minimum of 6 of the 8 weeks.)

Have you ever been sanctioned or excluded or been the subject of a sanction or exclusion proceeding by Medicare, Medicaid or other federal health care program? ☐ Yes ☐ No

Please Read Carefully

All of the above statements are true to the best of my knowledge. Any misstatements are sufficient cause for my dismissal.

I authorize The Cooley Dickinson Health Care Corporation to verify any information presented in this form and to request statements from references. In the event of my volunteering for the Cooley Dickinson Health Care Corporation, I agree to comply with all of The Cooley Dickinson Health Care Corporation's rules and regulations as they may be changed from time to time.

Signature: _____

Date: _____

Please Remember to SIGN your form.

Cooley Dickinson Hospital

Summer Junior Volunteer Student Health Record

THE INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER.
ONCE THIS FORM HAS BEEN COMPLETED, PLEASE BRING IT TO YOUR INTERVIEW WITH VOLUNTEER SERVICES.

Name: _____

Address: _____

Date of Birth: _____ Telephone: _____

TB SKIN TEST within last 12 months.

Test Date

Result

If test is positive, report of chest x-ray completed within last 12 months:

Date of Chest X-Ray

Result

RUBEOLA (Measles): Proof of immunity to Measles means 2 doses of live vaccine (after 1968) administered on or after the first birthday, separated by at least one month, or serologic evidence of immunity.

Date of Immunization #1

Date of Immunization #2

Titer Date:

Immune:

Not immune:

RUBELLA (German Measles): Proof of immunity to German Measles means 1 dose of the rubella vaccine or serologic evidence of the disease.

Date of Immunization

Titer Date:

Immune:

Not immune:

MUMPS: Proof of immunity to Mumps means 2 doses of mumps vaccine administered on or after the first birthday, or serologic evidence of immunity.

Date of Immunization #1

Date of Immunization #2

Titer Date:

Immune:

Not immune:

VARICELLA (Chicken Pox): Proof of immunity to Chicken Pox means 2 doses of varicella, or serologic evidence of Immunity. Proof of the disease in childhood is not sufficient.

Date of Immunization #1

Date of Immunization #2

Titer Date:

Immune:

Not immune:

Date of Vaccination

SIGNATURE OR STAMP OF HEALTH CARE PROVIDER:

Name: _____ Date Completed: _____

Address: _____

Telephone: _____



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Summer Junior Volunteer Program

Parent/Guardian Permission

Your son or daughter has applied to become a Cooley Dickinson hospital Volunteer. We are looking for teen volunteers, age 15 or older, who will honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate and honest.

In return we can provide:

- The opportunity to learn work skills
- An environment with interesting people
- A chance to support their community and learn responsibility
- A chance to learn more about health care

For many of our Junior Volunteers, the commitment they make to us is also a commitment for you. They count on their parents/guardians to:

- **Provide transportation to and from the hospital**
- **Help ensure their timely arrival**
- **Expect them to do their best in jobs assigned**
- **Not schedule family events or duties at the time they are scheduled to work**

We understand there will be times they can't come, due to illness, emergencies or vacations. We ask that volunteers call their supervisor when they are ill or have an emergency and that they give us as much notice as possible for vacations. Junior Volunteers in the summer program are required to attend 6 of the 8 weeks of the program.

- I hereby give permission for my child,

_____,

to perform volunteer services at Cooley Dickinson Hospital.

Name of family physician:

Located at:

Phone

I grant the hospital permission to provide emergency treatment to my child in the event he/she becomes ill or sustains an injury while serving as a Junior Volunteer.

Parent/Guardian Signature

Phone

Parent/Guardian – Print Name