

SUMMER HIGH SCHOOL VOLUNTEER Program Overview

Program Requirements

Summer volunteers must be 15 years old by June 1, 2023.

Before you apply, make sure that you can volunteer for three shifts per week for at least **6 weeks** between **July 5 and August 25, 2023**. We cannot accept volunteers who cannot make at least a 6-week commitment to the program.

Application Process

Step 1: Application, Parent Forms, References

- Complete and sign the application
- Have your parent(s)/guardian(s) read and sign both the Parent Permission Form and the CORI Parental Consent Form
- Reach out to two people to write references for you. They may write a letter on your behalf, or they may use the form provided here. They should submit the letter or completed form to you.
- Mail the Application, Parent Permission Form, CORI Parental Consent Form and References by Friday, May 19, 2023 at 5pm to:

CDH Volunteer Department
30 Locust Street
Northampton, MA 01060
Attn: High School Volunteer Program

Step 2: Interview

We will contact you if you are among the approximately 20 applicants invited to be interviewed. If contacted, you must schedule and complete the interview by May 31, 2023.

You must bring the following items with you to your interview:

- Completed Summer Volunteer Immunization Documentation Form, signed by a health care provider
- Documentation of a negative TB test within the past 6 months
- Photo ID (driver's license or student ID)
- Vacation schedule for the summer

Step 3: Orientation and Training

If accepted into the Summer Program you will need to attend an Orientation and Training session on **Saturday, June 24, 2023 from 12:30pm – 5pm.**

Participation in the Program

The CDH Summer Volunteer Program will start on Wednesday, July 5, 2023 and end on August 25, 2023. **You must be able to commit to 6 of the 8 weeks.**

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"/> |
| 4-7:30pm | <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. Great place to learn the hospital.

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
Nourish patients, family members, and staff. Looking for dedicated individuals who care about making a difference by serving others.

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

Central Sterile Supply
Learn about and assist with the sterilization process for equipment used for surgeries and other procedures.

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.

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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. Your references may use the Reference Form.

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 Application Form.

SUMMER HIGH SCHOOL VOLUNTEER Immunization Documentation Form

Please Print:

First Name _____ Last Name _____

Date of Birth / / Assigned Department: _____ Volunteer Services _____

Dear Medical Provider,

Cooley Dickinson Hospital (CDH) is committed to providing a safe environment for its patients from communicable illnesses. Your patient, identified above, is going to be working at CDH and must meet the following requirements. **Please provide/verify the dates as requested below.**

1. TB screening within 6 months: Date Planted _____ Date Read _____
Result in mm _____

OR

Date of TSpot/Quantiferon test: _____

- a. If hx of positive TB test: Date of positive test: _____
- b. Date of last Chest x ray: _____ and Result: _____
- c. Does the above patient have any current symptoms of active TB? Yes _____ No _____

2. Measles, Mumps, Rubella: MMR Vaccine #1 date _____ MMR Vaccine #2 date _____

OR

Date of Positive Titer for Measles IgG _____
Date of Positive Titer for Mumps IgG _____
Date of Positive Titer for Rubella IgG _____

3. Varicella: Varicella Vaccine #1 date _____ Varicella Vaccine #2 date _____

OR

Date of Positive Titer for Varicella IgG _____

OR

Verbal History of Varicella – must be sure of history Yes _____ No _____

Provider Signature: _____ Date: / /

MUST BE RN, NP, PA, or Physician Provider

Provider Printed Name or Office Stamp: _____

Work Address: _____

SUMMER HIGH SCHOOL VOLUNTEER Parent/Guardian Permission Form

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 High School 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. High School 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 High School Volunteer.

Parent/Guardian Signature

Phone

Parent/Guardian – Print Name

MGH POLICE & SECURITY

PARENTAL/LEGAL GUARDIAN CONSENT (Under age 18)

CORI CRIMINAL BACKGROUND CHECK

Candidate Name: _____

Date of Birth: _____

To MGH Policy & Security,

I give permission for my child, as listed above, to have a criminal background check submitted by Massachusetts General Hospital, Police & Security through the Criminal History Systems Board. Criminal Offender Records information will reflect all court arraignments relative to any misdemeanors and/or felony arrests and to any felony convictions that apply.

I further understand that any falsifications or omission of information may disqualify my child from employment consideration. I freely attest the information on this document to be true and to the best of my knowledge.

Signature (Parent/Guardian)

Date

SUMMER HIGH SCHOOL VOLUNTEER Reference Form

Date _____ Applicant's Name _____

Please be specific when answering the following questions. If you need more room, please use the back of this form.

1. In what capacity have you known the applicant? _____
2. How long have you known the applicant? _____
3. How would you describe the applicant's interactions with people? _____

4. What would you consider the applicant's strengths or best skills? _____

5. What would you consider an area of needed growth for the applicant? _____

6. Please rate the applicant in the following areas:

| | Excellent | Good | Fair | Poor | Not Applicable |
|-------------------------|-----------|------|------|------|----------------|
| Customer Service | | | | | |
| Independence/Initiative | | | | | |
| Maturity | | | | | |
| Reliability | | | | | |
| Patience | | | | | |
| Flexibility | | | | | |
| Positive Attitude | | | | | |
| Sensitivity to Others | | | | | |

7. Do you have any concerns about this person volunteering at Cooley Dickinson Hospital? _____

8. Please add anything about the applicant you feel is important or would help us to know this person better

Your Name (*please print*) _____ Phone Number _____

Signature _____ Date _____

Please return to:

Volunteer and Guest Services | Cooley Dickinson Hospital | 30 Locust Street, Northampton, MA 01060

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| Maturity | | | | | |
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| Flexibility | | | | | |
| Positive Attitude | | | | | |
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Your Name (*please print*) _____ Phone Number _____

Signature _____ Date _____

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