



# JUNIOR VOLUNTEER APPLICATION

PLEASE PRINT

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
First Middle Last

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Applicant Cell Phone: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_  
(Applicant's) Number & Street Name City Zip Code

E-mail address: \_\_\_\_\_ / \_\_\_\_\_  
Applicant's Parent's

Legal Guardian/Mother/Father Name: \_\_\_\_\_  
(Both, if applicable) First Middle Last

Parent Phone \_\_\_\_\_ Parent Phone \_\_\_\_\_  
First Middle Last

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size (polo type): Youth M L Adult S M L XL 2X 3X

Name of School: \_\_\_\_\_

Circle One: Freshman Sophomore Junior Senior

Hobbies/Clubs/Interests: \_\_\_\_\_

How did you learn about the Junior Volunteer Program at Odessa Regional Medical Center?  
\_\_\_\_\_

Why would you be a good volunteer?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical handicaps?  YES  NO

If yes, please explain: \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_

**(Parent/Legal Guardian signature is required.)**

*By signing this application, you authorize the named volunteer applicant to receive Drug and TB Testing, and acknowledge that you have read and understand the Odessa Regional Medical Center Junior Volunteer Standards of Conduct.*



## JUNIOR VOLUNTEER SERVICES STANDARDS OF CONDUCT

### **AS A HOSPITAL VOLUNTEER, I AGREE THAT:**

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian or charitable reasons.
3. I understand that it is a crime to solicit business for an attorney. I shall not solicit business for attorneys or insurance companies, both on or off hospital property, or act as a runner for an attorney in the solicitation of business. I shall report all known occurrences of solicitation for attorneys to the Volunteer Coordinator.
4. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Volunteer Services Coordinator to engage in these activities.
5. I shall submit to examinations, which includes tuberculosis skin tests and/or chest x-rays and a drug test as part of my volunteer service.
6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
7. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Volunteer Services Coordinator.
8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
9. I shall at all times uphold the philosophy and standards of the hospital.
10. I understand that the Identification Badge issued to me is the property of the hospital, and I agree to return it upon leave of absence, termination of volunteer service or whenever requested by staff to do so.
11. I understand that the Junior Volunteer Services reserves the right to terminate my volunteer status as a result of
  - (a) failure to comply with hospital policies, rules and regulations;
  - (b) absences without prior notification;
  - (c) unsatisfactory attitude, work or appearance; or
  - (d) other circumstances which, in the judgment of the Volunteer Services Coordinator, would make my continued service as a volunteer contrary to the best interests of the hospital.

**I have read each of the above conditions and I agree to be bound by them.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



## Authorization for Drug Test

It is the practice of Steward Healthcare to have a Drug Free Workplace. I understand that it is Steward Healthcare's practice to administer drug tests under certain conditions, as described in the Drug Free Workplace policy, to achieve the goals established by the policy. I hereby voluntarily consent to a drug test and authorize Odessa Regional Medical Center to collect a blood or urine sample for the purpose of conducting the test. I understand and agree that the sample will be submitted for analysis to a laboratory designed by Odessa Regional Medical Center and that Odessa Regional Medical Center will pay for the test. I further authorize the laboratory to release the results of the drug test to the individuals at Odessa Regional Medical Center designated to receive and/or responsible for such results. I understand that IASIS will abide by all legal obligations regarding the confidentiality of the test results. I understand that I will be given a copy of this Authorization upon request.

I understand that the drug test will be conducted to determine the presence of certain drugs and substances prohibited by law and/or company policy. Accordingly, I understand that if the drug test indicates the presence of a prohibited drug or substance, I may be subject to corrective action, up to and including immediate termination of volunteer time. I understand that I will be given the opportunity to explain any positive results before any corrective action is taken.

**List and provide a copy of doctor prescription for routine medications:**

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I further understand that, subject to any limitation imposed by law, a refusal to provide a sample under the conditions described in the Drug Free Workplace policy may result in corrective action, up to and including immediate termination of volunteer time.

\_\_\_\_\_  
Volunteer - Signature

\_\_\_\_\_  
Parent - Signature if Volunteer is Under 18

\_\_\_\_\_  
Volunteer - Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Odessa Regional Medical Center

A STEWARD FAMILY HOSPITAL



## Parent/Legal Guardian Waiver

By signing below, I give Odessa Regional Medical Center permission to contact the Junior Volunteer Recommendation Letter Reference provided with the application. I further agree that I have read and understand the Odessa Regional Medical Center Junior Volunteer Program Standards of Conduct and Confidentiality Agreement.

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Name of Volunteer Applicant      **Print**

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Legal Guardian/Parent      **Signature**

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Legal Guardian/Parent      **Print Name**

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Date

# Odessa Regional Medical Center

A STEWARD FAMILY HOSPITAL



## JUNIOR VOLUNTEER EMERGENCY MEDICAL FORM

### INFORMATION WILL BE KEPT CONFIDENTIAL

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health/Medical Insurance Company \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication /Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Special Needs/Physical Limitations: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Health  
Conditions/Information: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## CONFIDENTIALITY AGREEMENT

**Volunteer Name** \_\_\_\_\_

As an ORMC Volunteer, I agree to follow all rules, policies, and procedures of Odessa Regional Medical Center to the best of my ability.

I agree to respect the confidential nature of all records and any personal contact I may have with patients. I will adhere to all rules, policies, and procedures pertaining to confidentiality regarding all files and identification of patients, former patients, or potential patients for which I come in contact. I will treat all information about any patient as absolutely confidential.

I understand that I am expected to act in a professional manner while maintaining confidentiality at all times including handling of records, participation with projects or conversations. I agree I will abide by the obligations of contractual confidentiality agreements, including but not limited to conversations, computerized information, and patient charts.

I understand that patient information is not to be accessed, altered, removed, discussed with or disclosed to unauthorized persons, either within or outside the hospital. Specifically, I further understand that information regarding a patient's identity, diagnosis, or treatment should never be discussed inside or outside of my volunteer placement.

Additionally, I understand that I am prohibited from having unauthorized possession of confidential records or disclosing information contained in confidential records to unauthorized persons. I understand that I am also prohibited from disclosing confidential information to unauthorized third parties.

I am aware that any breach of this trust will result in dismissal from the ORMC Junior Volunteer Program. I understand that a violation of this confidentiality requirement could result in other appropriate disciplinary and/or legal action being initiated.

Additionally, I will report any known or suspected breaches of confidentiality to the ORMC Volunteer Program Coordinator.

# Odessa Regional Medical Center

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## CONFIDENTIALITY AGREEMENT

### Signature Page

I read and fully understand the ORMC Confidentiality Agreement.  
I agree to abide by it and understand the consequences if I do not.

\_\_\_\_\_  
Volunteer Name (PRINTED)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (PRINTED)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Odessa Regional Medical Center

A STEWARD FAMILY HOSPITAL



## Tuberculosis PPD Worksheet for Volunteers

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

- Yes  No Have you ever had a positive reaction to a TB skin test?
- Yes  No Have you received the BCG vaccine? (TB vaccine not given in U.S.)
- Yes  No Flu, measles or rubella vaccine received in last 6 months?
- Yes  No Viral infection (time lost from work during last month)?
- Yes  No Severe illness with fever during last month?
- Yes  No Taking cortisone or other immunosuppressives?
- Yes  No Have you ever had TB?
- Yes  No Known contact with person with active TB in last few months?
- Yes  No This will be my first test.
- Yes  No (For females)Currently pregnant?

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*If under 18, must have parent/legal guardian signature:**

\*

Parent/Legal Guardian Signature \_\_\_\_\_

Clinical Use Only	FIRST TEST	Clinical Use Only	SECOND TEST
PPD: Date Given: _____ Lot # _____ Intradermal Site _____ Given By _____  <b>Results of Test:</b> _____ zero - No redness or swelling _____ mm - redness only (No swelling) _____ mm – Swelling with redness (measure swelling only) Test read by _____ Date _____		PPD: Date Given: _____ Lot # _____ Intradermal Site _____ Given By _____  <b>Results of Test:</b> _____ zero - No redness or swelling _____ mm - redness only (No swelling) _____ mm –Swelling with redness (swelling only (mm)  Test read by _____ Date _____	

**\*FOR CHEST X-RAY:** Date done: \_\_\_\_\_

**\*When a TB Test can not be performed**

Referred To:  County Health

Personal Physician

Employee Health Practitioner \_\_\_\_\_



# Odessa Regional Medical Center

A STEWARD FAMILY HOSPITAL



## ORMC Junior Volunteer Summer Program Application Check List

1. Completed Junior Volunteer Application Form.
2. Completed Standards of Conduct Form
3. Authorization for Drug Testing Form
4. Completed Parent or Legal Guardian Waiver Form.
5. Completed Jr. Volunteer Emergency Medical Form.
6. Confidentiality Agreement signed by both student & parent.
7. Tuberculosis PPD Worksheet for Volunteers
8. A Copy of Report card (must maintain a "B" average or higher)  
for the Fall or Spring semester.
9. Provide a Current (up-to-date) immunization record.
10. A Copy of picture identification such as driver license or  
school identification.
11. Recommendation letter from a school counselor/teacher,  
minister, or hospital employee ( Someone other than a  
family member.) Not required for last year's volunteers.
12. Submit complete application to:   
Front Desk of East Campus, Attention: Human Resources, located at  
515 North Adams, Odessa  
Or mail to: Odessa Regional Medical Center  
Junior Volunteer Program  
P.O. Box 4859  
Odessa, TX 79760  
Or email to: [kaitlyn.fullen@steward.org](mailto:kaitlyn.fullen@steward.org)

**Volunteer Programs Coordinator at 432-582-8796**

# Odessa Regional Medical Center

A STEWARD FAMILY HOSPITAL



## IMMUNIZATION FORM for Junior Volunteer Or Provide Copy of Your Shot Record

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

### Vaccinations:

Please indicate whether the individual stated above has been vaccinated against any of the following diseases.

	YES	DATE	NO
Tetanus	_____	_____	_____
Hepatitis B	_____	_____	_____
Mumps	_____	_____	_____
Measles/Rubella	_____	_____	_____
Positive Skin Test for TB	_____	_____	_____
Chicken Pox/Varicella	_____	_____	_____

\_\_\_\_\_  
School Nurse/Physician Signature

\_\_\_\_\_  
Date

Contact Person: Volunteer Programs at 432-582-8796



**Questions & Answers**

**1. How do I apply for the Odessa Regional Medical Center Junior Volunteer Program?**

The total process involves the application packet, tuberculosis and drug screening check and a mandatory orientation. The application and other requirements are available online [www.odessaregionalmedicalcenter.org](http://www.odessaregionalmedicalcenter.org) under the "Patient Visitor" menu

**2. Must I attend the scheduled orientation?**

Yes, the orientation is mandatory including a TB Check that will require you to return in two days to be read. A parent is *highly encouraged* to attend the first hour of the orientation for important program information. Call the Volunteer Coordinator for the date and time.

**3. Do I have to participate in hospital drug testing?**

Yes. ORMC provides a urine analysis as part of the volunteer screening policy at no cost to the Junior Volunteer. Offsite drug testing is not permitted.

**4. Do I have to wear a uniform?**

Yes. ORMC provides a polo shirt and identification badge. Volunteers are required to wear closed toe, low heel or flat shoes (clean tennis shoes are permitted); white or black socks, and khaki pants or khaki skirt (must be below knee). More information about the ORMC dress code will be provided at the orientation.

**5. Can I help with emergencies or watch surgery?**

Not usually. ORMC Junior Volunteers offer support and help for guests, visitors, and staff with tasks such as: Hospital greeter, escort patients, general office duties, prepare packets, check expired items, run errands within the hospital campus, and/or assist with water/linens/call lights for patients and assist the Auxiliary. **The following are not typical tasks or activities:** Observe surgical procedures, have contact with infants and/or and work on computers

**6. When can I volunteer? How much must I volunteer?**

This is an 8 week program in which volunteers are expected to serve a minimum of 32 hours. Shifts are available **Monday through Friday between 8:15 am and 4:45 pm**. No shifts will be available outside of these times, unless there is a hospital sanctioned event taking place that is in need of volunteers.

**7. What about meals?**

Each Junior Volunteer has the option of taking one meal, a breakfast or lunch break when working a shift at least two hours in length. Breakfast is available from 7 AM – 9 AM, and lunch is served from 11AM – 1PM. There is no charge for the meal; drink included. Meals should be taken in the cafeteria after you have made arrangements with your cooperating ORMC Employee. Please note: Meal time does not count towards your hours.

**8. Can I smoke on the ORMC campus?**

No, ORMC is strictly a Tobacco Free Campus, including smokeless tobacco and e-cigarettes.

**9. May I use my cell phone while volunteering?**

Cell phones are allowed yet must not be in use while obtaining volunteer service hours.

**10. Will I automatically be accepted to the ORMC Jr. Volunteer Program?**

While all applications will be reviewed, *there are a limited number of volunteers accepted each summer*. Applicants will receive notification by mail or phone of program concerning acceptance.