

St. Joseph Medical Center

A STEWARD FAMILY HOSPITAL



Dear Prospective Junior Volunteer:

Thank you for your interest in St. Joseph Medical Center! We hope to have you join the ranks of our volunteer family, providing services that assist in the care and well-being of patients and their families who choose St. Joseph Medical Center (trust us, it's very rewarding!). The Junior Volunteer program is for students between the ages of **15 years – 17 years**, who have interest in pursuing a career in healthcare. **The program runs from June 10 – July 25, 2019.** There will be a **one-week break July 1-5, 2019** to enjoy the Fourth of July.

Volunteering at SJMC has great benefits, including providing an opportunity to learn and make new friends. In addition, we provide you with:

- One meal ticket to the Cafeteria each shift with an \$8 value (must volunteer a minimum of 4 hours)
- Free parking in one of our covered garages
- Free SJMC Volunteer polo shirt (Uniform – Hospital polo with Dockers-style pants/slacks)

We understand that the summer months can be filled with numerous activities and vacations, so we ask that students only apply if they can complete the entire six-week period. Students who are accepted, and then request time off for vacation or other commitments will be removed from the program.

Students will be notified of their acceptance status by via email, so **please be sure to check your email regularly.** If you are accepted into the program, this email will include information about the next steps in the process. There will be a **mandatory** parent/guardian information session and student orientation. If a parent/guardian is unable to attend the information session, the student will not be able to continue the program.

All accepted volunteers are required to pass a background check, TB skin test and drug screening (no cost). If students have certain vaccines that show a positive TB skin test, we will do a chest x-ray free of charge.

Our program is very competitive and **completion of this application does not guarantee acceptance into the program.** Be sure to send in your application (including the essay) by the application deadline of **3:00 p.m., Friday, April 26, 2019.**

There are multiple ways to submit your application, including essay:

1. Scan and email to Alyssa.Garcia@steward.org
2. Fax to 713-756-7172
3. Drop off in a sealed envelope labeled: **Attn:** Alyssa Garcia – Jr. Volunteer Application to our Human Resources department located at 1919 LaBranch – Ground Floor
4. Mail to:
Human Resources
Attn: Alyssa Garcia
SJMC Human Resources
1401 St. Joseph Parkway
Houston, TX 77002

We look forward to meeting you soon!

Alyssa Garcia
HR Assistant & Volunteer Services Coordinator
713-756-8244
Alyssa.Garcia@steward.org

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JUNIOR VOLUNTEER APPLICATION

Full Name _____ Date _____

Date of Birth _____ Social Security # _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____ Email _____

High School _____ Age (at end of school year) _____

Polo Shirt Size (Juniors Sizes) (Circle One) S M L XL XXL Other _____

Parent/Emergency Contact Name _____ -

Cell Phone _____ Work Phone _____

Email _____



Do you have any conditions that may limit your ability as a volunteer? _____ Yes _____ No

(If yes, please explain) _____

How did you hear about our volunteer program?

Have you volunteered previously? If so, where? _____

Contact person at former location _____ Phone _____

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Junior Volunteers are required to volunteer three (3) days a week for five (5) hours a day. Volunteers will be allotted thirty minutes for lunch.

Tuesday: 9a – 2p
Wednesday: 9a – 2p
Thursday: 9a – 2p

Are you considering a career in healthcare? ___ Yes ___ No If so, what field? _____

I would be interested in working in the following areas:

- Food Services _____
- Nursing units _____
- Pharmacy _____
- Human Resources _____
- Occupational Health _____
- Materials Management _____
- Computer/Clerical _____
- Environmental Services _____
- Physical Therapy _____
- Respiratory Therapy _____
- Medical Records _____
- Risk/Quality Management _____
- Graduate Medical Education (Residents) _____
- Accounting _____
- Sterile Processing _____
- Admitting _____
- Other (please specify) _____

I ___ speak, ___ write, ___ read the following foreign languages _____

Two References, excluding relatives:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



ESSAY INFORMATION

You must submit one essay with your completed application to be eligible to volunteer for the 2019 Junior Volunteer program at SJMC. See essay details below:

Choose from the following prompts. Your essay should meet the following criteria:

- 400 – 500 words
- Typed, 12-point font
- Single-line spacing
- Please type on separate word document

First time SJMC Junior Volunteer applicants

Please choose one topic from the list below:

- The Junior Volunteer program is very competitive, and it will give you a glimpse of what it is like to be in the workplace by working with healthcare professionals. Explain why you seek the opportunity to become a SJMC Junior Volunteer, what you hope to gain from this experience, and why SJMC should choose you over the hundreds of applicants that will apply.
- There will be times during the Junior Volunteer program that you might be given tasks that you've never had to do before. You might need to ask for help, or ask questions. Explain a time that you overcame a difficult obstacle, and who (if anyone) helped you achieve your end goal.

Returning SJMC Junior Volunteer applicants

Please choose one topic from the list below:

- Explain how your volunteer experience at SJMC has impacted your education thus far. Has it increased your confidence in a specific subject? How do you hope to use the skills gained as a Junior Volunteer in your future career?
- Think back to your previous volunteer work at SJMC and describe a time where you directly influenced a patient's hospital experience to make it better. What did you do? How did it make you feel? How did it potentially affect the patient's perception of the staff and volunteers?

CONVICTION RECORD

Have you ever been convicted of, or have you ever entered a plea of guilty, no contest or nolo contendere to a misdemeanor or felony offense? ___ Yes ___ No.

If yes, please indicate the crime, the date of conviction or other disposition and the location where the conviction or other disposition occurred (Answering "yes" will not necessarily disqualify an applicant for acceptance into this program.)

CRIME _____ DATE _____

City/State/County _____

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READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I hereby authorize St. Joseph Medical Center to conduct an investigation concerning all statements contained in my volunteer application, to interview any and all references, and to conduct any other investigation St. Joseph Medical Center deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish St. Joseph Medical Center with all information pertaining to me regarding arrests for which convictions were obtained, and I hereby release St. Joseph Medical Center and such law enforcement agency, judicial officer, or other individual from any liability arising from disclosure of the information obtained during such an investigation.

The information given above is complete and correct to the best of my knowledge. I understand that I am applying for a volunteer position and that the references which I have given may be contacted. Should I be accepted as a volunteer at St. Joseph Medical Center, I am aware that I will be expected to abide by the guidelines and policies of St. Joseph Medical Center and the SJMC Volunteer Services Department and will carry out my duties as assigned in a professional manner. I understand that if I don't abide by the guides and policies I will be dismissed from my volunteer duties indefinitely. I understand that I am giving voluntary services with no expectations of financial gain. It is my responsibility to ask questions and to indicate when I feel my knowledge and/or skills are not adequate to perform my service, so that instructions can be provided. If I am unable to report for my assigned duty, I fully understand that it is my responsibility to notify, in advance, the SJMC Volunteer Manager at 713-756-5051.

Volunteer Signature

Date

Parent/Guardian Signature

Date

PHOTO RELEASE

As a Volunteer at St. Joseph Medical Center, I realize that my image may be taken at hospital celebrations and other media events. I give my permission to the SJMC Volunteer Manager and the Human Resources Director to use my image in any appropriate and related materials that will promote or otherwise publicize the hospital.

Name

Date

Parent/Guardian Signature