



2011 Summer Youth Volunteer Program

Thank you for your interest in the Summer Youth Program at Doctors Community Hospital!

Our hospital enjoys working with dependable and friendly youth volunteers who are committed to complementing the quality of care provided to patients, families, visitors and the community by our existing hospital staff.

Our Summer Youth Volunteer Program is open to student's **14 years of age and older**. The program size is limited so, please be sure to complete and submit the required items within the Guidelines for Youth Volunteers by the submission deadline date for consideration to participate in our program.

Application Submission Deadline: Tuesday, May 30, 2011

Guidelines for Youth Volunteers - the following must be submitted by the above deadline:

- 1) Completed Youth Volunteer Service Application with parental/guardian signature.
- 2) TWO Letters of Personal Reference
- 3) Copy of Current School Grades
- 4) Completed Volunteer Health History
- 5) Getting To Know You Form

NOTE: Incomplete submissions will not be considered!

The Volunteer Program at Doctors Community Hospital will provide the following:

- Required 1 - Day Orientation Session (**Wednesday, June 29, 9:00a.m. to 3:30p.m.**)
- Lunch is provided
- PPD Test (Tuberculosis)-free-initial screen is given on Orientation day.
- Uniform Shirt - Fee \$20 – be prepared to pay at orientation
- Volunteer Handbook-free
- Appropriate job placement and on-the-job training in departments

The Summer Youth Volunteer Program lasts 7 weeks, June 29-August 20. You must be able to donate at least 4 to 8 hours of service each week (2 weeks vacation is acceptable).

The youth volunteers are guaranteed only **one day** of service per week. Student Service Verification Forms will only be signed after the program has been completed and will be mailed to your home.

We look forward to hearing from you. **Return completed application, two letters of reference, and copy of current school grades to: Volunteer Services, 8118 Good Luck Road, Lanham, MD 20706**

If you have any questions, please call 301-552-8601 for assistance.

Sincerely,

A handwritten signature in black ink that reads "Mary P. Dudley". The signature is written in a cursive style with a large, sweeping flourish at the end.

Mary P. Dudley
Director, Community Relations/Volunteer Services



Summer Youth 2011 Volunteer Service Application

- ◆ Name (Last, First, MI) _____ ◆ *Circle one:* Mr. Miss
- ◆ Nickname _____ ◆ Social Security No. _____
(Must have to get ID Badge)
- ◆ Street Address _____
- ◆ City, State & Zip _____
- ◆ Home Phone _____ ◆ Cell Phone _____ ◆ Other _____
- ◆ E-Mail _____
- ◆ Date of Birth _____ School you will attend Fall 2011 _____
(Must be 14 years old by September 1, 2011)
- ◆ How did you hear about this Volunteer Program? (*circle*): **1** P.G. Volunteer Center
2 Phoned Hospital **3** Newspaper **4** Word of Mouth **5** School **6** Human Resources
7 Visiting Hospital **8** Website **9** other: _____
- ◆ Previous Volunteer and/or Work Experience _____

- ◆ Are you a returning DCH Volunteer? No _____ Yes _____
- ◆ Why have you chosen to volunteer? _____

- ◆ Do you speak/understand a language other than English (*Specify*): _____
- ◆ Are there any limitations to your activities: No _____ Yes (explain) _____
- ◆ Person(s) to call in an Emergency:
- Mother: _____ Work Phone: _____ Other phone _____
- Father: _____ Work Phone: _____ Other phone: _____
- Other:: _____ Relationship _____ Phone: _____

◆ Family Physician Name _____ Telephone _____

I authorize the use of any information in this application to enable the hospital to verify my statements, and I authorize my present employer and any other persons to answer all questions asked by the hospital concerning my ability, character and reputation.

◆ Applicant's Name (print) _____

◆ Applicant's Signature _____ ◆ Date _____

PARENTAL CONSENT

I understand that my child has applied to be a volunteer at Doctors Community Hospital. I have discussed the services to be performed and the responsibilities involved, and have given my permission for her/him to be a volunteer for the hospital.

Parent Signature _____ Date _____

Please check relationship: ___ Mother ___ Father ___ Guardian _____ Other

NOTE -The following must be submitted by *Tuesday, May 30, 2011*

Incomplete Applications will not be considered:

- 6) Completed Youth Volunteer Service Application with parental/guardian signature.
- 7) TWO Letters of Personal Reference
- 8) Copy of latest school Grades/Report
- 9) Completed Volunteer Health History
- 10) Getting To Know You Form

Volunteer Services
Doctors Community Hospital
8118 Good Luck Road
Lanham, MD 20706

Phone: 301-552-8601



Summer Youth Volunteer Program

Getting To Know You

Name _____ Age _____

School _____ Grade _____

E-mail _____ Phone _____

Current Career Goals: Non-Healthcare Career Healthcare Career
(circle one)

Have you completed your Service Learning hours: No Yes
If yes, how many? _____

Describe your specific career interests: _____

List Hobbies / Sports Activities / Clubs / Other Volunteer Work, etc.

Why did you choose to do your volunteer service at Doctors Community Hospital?

List TWO things you will like to learn by doing volunteer service in a hospital:

1) _____

2) _____



Volunteer Health History Form

Volunteers:

In order to protect both ourselves and our patients, it is necessary to have on a file a complete immunization record of all volunteers. The information below has become a mandatory requirement for all volunteers. The completed form with *dates noted* must be submitted with your Volunteer Application

Name: _____

Date of Birth: _____

Have you had the following?

Chickenpox:	No	Yes
Mumps:	No	Yes
Measles:	No	Yes
Rubella:	No	Yes

Have you been vaccinated against the following?

Chickenpox	No	Yes	Date:	Booster Date:
Mumps:	No	Yes	Date:	Booster Date:
Measles:	No	Yes	Date:	Booster Date:
Rubella:	No	Yes	Date:	Booster Date:
DPT:	No	Yes	Date:	Booster Date:
Polio:	No	Yes	Date:	Booster Date:

Date of Last Tetanus: _____

Parent's Signature: _____

Date