

Dear parent/guardian of applicant,

We are excited that your student is interested in participating in McLane Children's Junior Volunteer Program.

This is a great opportunity for students to complete volunteer hours within their community. Volunteering provides students with personal and educational development. It is a great way for students to expand their social circles. Through fun and active projects, they'll meet new people, get connected within their community, and unlock opportunities for their future.

To be considered for our Junior Volunteer Program, the student must submit:

- Junior Volunteer Application
- Reference Forms (x2)
  - Your student is required to get 2 references – these references cannot be parents. They should be teachers, coaches, youth group leaders, etc.
- Parental Consents
  - Medical Consent Form: all volunteers must consent to a TB test, as this is required for anyone who will be working/volunteering in a medical setting; and submission of a urine sample for a drug screening.
  - Junior Volunteer Consent Form: this is a form that you and your student will review together and sign. Your student agrees to adhere to the program standards and you agree to allow him/her to participate.

The Program runs from June 18 – August 10. Students must commit to one day per week (but can choose no more than 2 days per week) and 3.5 hours in that day. We offer a morning shift (9:00am – 12:30pm) and an afternoon shift (12:30pm – 4:00pm). All students MUST attend the scheduled orientation prior to the date of the program. All information on dates and times is noted on page 3 of the application packet.

All completed packets are due to the Manager of Volunteer Services ***no later than April 27, 2018***. The application and consents must be returned by scanning and emailing to: [Lisa.Gingerich@BSWHealth.org](mailto:Lisa.Gingerich@BSWHealth.org). Applicants will participate in an interview with Volunteer Services at the high school. This will be coordinated through a Health Sciences teacher. Completion of the application packet does not guarantee admission to the program, as spaces are limited. Lastly, all students will be notified of acceptance via EMAIL on ***Friday, May 18, 2018***.

We appreciate your interest in our Summer Junior Volunteer Program.

Regards,

Volunteer Services Department





## Junior Volunteer Application

Please complete this application if you are interested in participating in the Junior Volunteer Program at Baylor Scott & White McLane Children's Medical Center.

### Contact Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Email

Email is often the easiest way for us to get in touch with our volunteers! We like to keep volunteers informed of important news, schedules, *and* volunteer opportunities by email. We do not share this information and will never send advertisements or solicitations of any kind.

Email Address: \_\_\_\_\_

### Demographics

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Grade Level:** Check what grade you will enter in the 2018-2019 school year:

\_\_\_\_ 10<sup>th</sup> / \_\_\_\_ 11<sup>th</sup> / \_\_\_\_ 12<sup>th</sup> / \_\_\_\_ Graduated

Have you or your parents been involved in healthcare legal action in the past four years? Yes or No (circle one)

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

\_\_\_\_\_

## Volunteer Session Preference

Please select your availability:

Circle 1 or 2 days of the week you wish to volunteer:

Monday      Tuesday      Wednesday      Thursday      Friday

Circle which shift you are available for (if you select both, the Volunteer Services Department will select a time that fits the needs of the hospital):

Morning 9:00am – 12:30pm                      Afternoon 12:30pm – 4:00pm

Orientation: Wednesday, June 13, 2018 4:30pm – 6:00pm

Please tell us why you are interested in participating in the Junior Volunteer Program at McLane Children's:

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## Other Volunteer Experience

List other volunteer experience you have had:

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## Emergency Contact

In the event of an emergency whom should we notify?

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## References

Your references are asked to complete the reference forms included in the application packet. Persons completing your references will return them via email to address provided on form.

### Reference 1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Reference 2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Shirt Size (Circle One)

Each participant will receive a Junior Volunteer t-shirt that is to be worn during your shifts. Please let us know what size you wear.

Small      Medium      Large      XL      XXL      XXXL

## Volunteer Agreement

I affirm that the information that I have provided is true *and* correct to the best of my knowledge. I agree to conform to the Baylor Scott & White McLane Children's Medical Center *and* the Volunteer Services rules *and* regulations. I also agree to respect the confidential nature of hospital information as well as information obtained as a result of personal contacts with patients. I also agree to participate in orientation and training and understand that I will not be paid for my services as a volunteer. I understand that the volunteer relationship is for the assigned program time frame and may be terminated at any time for any reason by the Manager of Volunteer Services at Baylor Scott & White McLane Children's Medical Center.

## I Agree

I understand and agree that submitting this application form does not automatically accept me into the program, *and* that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, and completion of volunteer orientation, before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

\_\_\_\_\_ I Agree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you very much for your interest in volunteering at Baylor Scott & White McLane Children's Medical Center. We appreciate your time and commitment to our mission of serving children and their families here in Central Texas.

***All applicants will be notified of program acceptance via email on May 18, 2018.***

Baylor Scott & White McLane Children's Medical Center  
Volunteer Services Department  
1901 SW HK Dodgen Loop  
Temple, TX 76502  
E-mail: [Lisa.Gingerich@BSWHealth.org](mailto:Lisa.Gingerich@BSWHealth.org)  
Phone: (254) 935-4265



## Baylor Scott & White McLane Children's Medical Center Junior Volunteer Reference

**NOTE: This form must be completed by a TEACHER, COUNSELOR, or a CHURCH LEADER. It must NOT be completed by a friend or family member.**

McLane Children's Junior Volunteer Program is designed to give our youth the opportunity to learn the benefits of volunteerism as well as hands-on experience in a work environment. In order to assess their ability to handle this unique experience as well as to properly place each Junior Volunteer, your support in providing a reference would be instrumental. Thank you very much for your support.

Name of applicant: \_\_\_\_\_

Reference name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your relationship to the applicant: \_\_\_\_\_

\_\_\_\_\_ I recommend \_\_\_\_\_ as a potential Junior Volunteer at McLane Children's.

\_\_\_\_\_ I DO NOT recommend \_\_\_\_\_ as a potential Junior Volunteer at McLane Children's.

How long have you known this applicant? \_\_\_\_\_

Please use a scale of 1 to 5 to rate this applicant, using 5 as superior, 3 as acceptable and 1 as below average for this age and development.

\_\_\_\_\_ Generally possesses a positive and enthusiastic attitude

\_\_\_\_\_ Willingly accepts a challenge

\_\_\_\_\_ Is pleasant and receptive to constructive criticism

\_\_\_\_\_ Respects and abides by rules and expectations

\_\_\_\_\_ Meets people with openness and interest

\_\_\_\_\_ Has the ability to receive and carry out instructions

\_\_\_\_\_ Presents a clean and neat personal appearance

\_\_\_\_\_ Has no disciplinary issues

\_\_\_\_\_ Is socially mature for his/her age

Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please scan and email to: [Lisa.Gingerich@BSWHealth.org](mailto:Lisa.Gingerich@BSWHealth.org) no later than April 27, 2018



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Comments:

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\_\_\_\_\_

Signature

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Date

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## Baylor Scott & White McLane Children's Medical Center Junior Volunteer Medical Screening Parental Consent

I, \_\_\_\_\_, as a parent/guardian of \_\_\_\_\_,  
(print name) (print name)

understand that Baylor Scott & White McLane Children's Medical Center is committed to the safety of our volunteers, staff, and patients. In order to comply with Baylor Scott & White's regulatory requirements, I agree that my child can participate in a medical screening offered through the Baylor Scott & White Employee Health Office, located at Memorial Hospital, Temple, TX. The medical screening includes: TB testing; submission of a urine sample for drug screening; verification of immunizations (through a provided copy or a blood test) and receipt of a flu shot (flu season only). I understand that my child must return to the Baylor Scott & White Employee Health Office for reading of the TB test within two days after the test (schedule will be verified with nurse at Employee Health).

\_\_\_\_\_  
Junior Volunteer Applicant Name

\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date



## Baylor Scott & White McLane Children's Medical Center Junior Volunteer Agreement

I, \_\_\_\_\_ (name of Junior Volunteer Applicant), as a Junior Volunteer, have read all the information and hereby pledge to abide by the rules and regulations set forth by McLane Children's Hospital Medical Center under the auspices of the Volunteer Services Department.

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

\_\_\_\_\_  
Date

I, \_\_\_\_\_ as a parent/guardian, have read all the information in this packet and hereby give my permission for my child to participate as a Junior Volunteer at Baylor Scott & White McLane Children's Medical Center.

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

\_\_\_\_\_  
Date