



*All applications and accompanying forms are due
by Friday, April 19, 2019
No exceptions.*

**Requirements for Junior Volunteers (new and returning)
2019 Summer Placement**

- 14 – 17 years of age by May 1, 2019.
- Complete the initial online application at www.lecontemedicalcenter.com/juniorvolunteers
*Returning volunteers must login to previous application and update any info.
- Complete Junior Volunteer Application Supplement (below) including:
 - Completed reference from school counselor or teacher
 - Parental Consent
 - Provide up-to-date immunization records
- Make and maintain A/B/C Grades.
- Attend a mandatory orientation (sessions offered June 4 or 13). Commit to a minimum of 6 weeks of service during the summer.
- Commit to a minimum of 4 hours of service during each of your 6 weeks.

Note: Individuals seeking a Job shadowing opportunity are no longer assigned as hospital volunteers. Job shadowing is a function that is overseen by the Human Resources and Nursing Departments for students over the age of 18 in healthcare-related fields.

Accompanying materials may be submitted:

- **In person** to the Volunteer Services Office at LeConte Medical Center
- **Mailed to:** LeConte Medical Center, attn: Volunteer Services,
742 Middle Creek Road, Sevierville, TN 37862
- **E-mailed to:** mbundren@covhlth.com

If you have any questions or concerns please feel free to contact Mary at 865-446-8406.

When will I know if I've been accepted as a Junior Volunteer?

Most returning Junior Volunteers should be re-accepted into the program (if your availability meets the requirements, and you fulfilled your previous requirements) if they complete their re-application by the deadline. All applicants will receive a confirmation letter, and information about orientation **the week of May 20, 2019.**

Junior Volunteer Application Supplement

Returning volunteer New applicant Age: _____

Have you completed the online application? Yes No, not yet. If not – please visit www.lecontemedicalcenter.com/juniorsvolunteers to do so. If you're a returning volunteer you have to login an update last year's info.

Name: _____ Date of Birth: _____

School: _____ Current Grade: _____

Address: _____

City, State, Zip: _____ Social Security #: _____

Your email address: _____ Your cell number: _____

Parents' Name(s): _____

Parents' address (if different from above): _____

Home phone: _____ Cell Phone: _____

Parents' email address: _____

Family Physician: _____ Phone: _____

Are you related to an employee at LeConte Medical Center? Yes No

If yes, please list name, relationship and department: _____

Note: Hospital policy states that Junior volunteers are not permitted to volunteer in any department where an immediate family member is employed.

Why would you like to do volunteer work at LeConte Medical Center? _____

Are you interested in a medical career? (circle one) Yes No

If so, in what area? _____

What are your hobbies, skills, and special interests? _____

In addition to this volunteer service during the summer months, do you plan to:

Go to school (summer) How many hours a week? _____

Work (summer) How many hours a week? _____

Do other volunteer work at (please enter place) _____

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Due to the large volume of Junior Volunteer applicants it is important that we know you are committed to providing service during the entire summer. *We request 6 weeks of service (on your assigned day).* We understand that many families take vacations during the time of year, and do our best to accommodate schedule coverage for those times. However, it's important that we know these conflicts before you begin your commitment with LeConte Medical Center.

Please list any known vacation dates between 6/10/2019 – 8/16/2019(i.e. camps, mission trips, sports practices):

Date unavailable: _____

Date unavailable: _____

Date unavailable: _____

Your preferred volunteer time at LeConte Medical Center:

I would like to work (please only check one): ½ day a week 1 day a week 2 days a week
**We will try to accommodate the frequency you would like to work, but must allow all junior volunteers to work throughout the summer. In 2016, each junior volunteer was assigned only 1 day. Volunteers who wanted additional days were able pick from any unassigned days and shifts during orientation. .*

Preferred day of the week to volunteer:

- Please **rank** your choice of assigned day in order of your preference, **with 1 being your first choice, and 5 being your last choice.**
- If you are unavailable on any certain days ***do not*** rank them.
- Underneath the day, please indicate your ideal shift on that day. (Typically we schedule volunteers for at least 4 hours a shift, 8 hours maximum a shift.

Monday Tuesday Wednesday Thursday Friday

Preferred Shift: 7 a.m. – 11 a.m. 8 a.m. – Noon 8 a.m. – 4 p.m. Noon – 4 p.m.
 Other, please indicate: _____

Mandatory Junior Volunteer Orientation

Junior volunteers (new and returning) are required to attend ***one of the mandatory orientation sessions.*** During this session you will receive all pertinent education to your work at LeConte Medical Center, and receive your ID badge. Lunch will be provided.

Please check which session is your first preference to attend (you must attend one):

- Tuesday, June 4, 8:30 a.m. – 2 p.m.,** Hospital Classrooms: This group would begin volunteering the week of June 10.
- Thursday June 13, 11:30 a.m. – 3:45 p.m.,** Hospital Classrooms: This group would begin volunteering the week of June 17.

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Junior Volunteer Placement

We try to place all junior volunteers in a location where they desire to work. However, we have to consider the wishes of all junior volunteers assigned during the summer months. *Note: some departments may not be available to junior volunteers due to age restrictions in accordance to HIPAA laws.*

Please rank the following (1 being your 1st choice, and so on) in the order of your preference. If you are not interested in an area at all do not mark it.

ASU (Ambulatory Surgery Unit): This is in our Day Surgery Unit. Volunteers assist our staff with preparing rooms for patients, preparing patient packets, cleaning rooms after patients leave. Position works closely with clinical staff. *Limited afternoon availability. Shifts usually start at 7 a.m., and conclude by 2 p.m.*

Birthing Unit: Answering phones, working at the front desk in OB letting family members into the unit, make packets for patients, setting up rooms for patients.

Nursing Home: There are many opportunities in the Nursing Home including assisting residents, helping coordinate and participate in crafts and games, reading to residents, etc.

Gift Shop: Assist adult volunteers with stocking the gift shop, and assisting customers with sales. *Limited availability.*

Materials Management: Helping staff stock supplies, and make deliveries of supplies throughout the hospital. Volunteer must be able to lift at least 25 lbs. *Limited availability.*

Medical Surgical Unit (largest patient unit): Assist with rounding on patients, including answering call lights and filling water pitchers, restocking supplies, provide directional assistance to guests and families. Other duties as assigned. Position works closely with clinical staff.

Pharmacy: Assisting techs on runs to departments, answering phones, clerical work. *Limited availability. Must be over age of 16.*

Physical Therapy: Assist PT staff with cleaning rooms & equipment, and answering phones. Shifts are 8 – Noon, and 1 – 5 p.m.

Registration: This may include clerical behind-the-scenes type work, as well as sitting at the front Registration Desk and helping register patients for outpatient procedures.

Surgery Lounge Desk: This would include assisting families of patients in surgery. *Limited afternoon availability. Shifts usually start at 7 a.m., and conclude by 2 p.m.*

Other _____

Immunization Record – please return with application

To be completed by applicant's parents.

All forms are due by **April 19, 2019**. No exceptions. If your doctor's office is sending the files directly to us, they must be received by the deadline above for the application to be complete.

Name of Volunteer applicant: _____

Parent's Name providing immunization records: _____

Parents, please attach the most recent copy of your Child's Immunization Record, like you provide annually to their school.

<attach multiple sheets if needed for complete Immunization record>

(To be completed by Teen) – Please return with application

To LeConte Medical Center:

If I am selected as a Junior Volunteer I shall do my best to provide service to the highest quality and fulfill my duties as a volunteer. I will abide by all policies of the medical center.

I will report at my assigned time.

I will wear assigned uniform, and follow the facility dress code.

If I am unable to work at my assigned time, I will notify the Volunteer Services office and/or my Supervisor at the Medical Center as far in advance as possible.

Signature: _____ Date: _____



(To be completed by parents)

To LeConte Medical Center:

My daughter/son _____ has my/our permission to serve as a Junior Volunteer at LeConte Medical Center.

I/we will have the attached health certificate completed by our physician.

I/we agree to share in the responsibility of my child's volunteer commitment.

Parent (s) Signature: _____ Date: _____

Parent (s) Signature: _____ Date: _____

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Counselor/Teacher Reference Form for LeConte Medical Center

Applicant should provide this form to the teacher or counselor

All forms are due by April 19, 2019. *No exceptions.*

Teacher/Counselor Name: _____

Name of School/Position at School: _____

Volunteer applicant's name: _____

I have recently applied to become a Junior Volunteer at LeConte Medical Center. I have given your name as a personal reference. I would appreciate you taking the time to answer the following questions and returning this form to the hospital.

LeConte Medical Center will treat the information given with the strictest confidence. If you have any questions regarding the information requested, please contact Mary in the Volunteer Office at 446.8406.

1. We welcome students and are concerned that their school work (if volunteering during school year) does not suffer as a result of volunteering. Do you think that the school work of this student would suffer if he/she volunteers on weekends or weekdays during the school year? Please comment:

2. Do you recommend the applicant as a dependable person and qualified for the responsibility for a junior volunteer position in the Medical Center? Please comment:

3. Do you have any concerns about this applicant's placement as a junior volunteer? _____

4. How long have you known the applicant? _____

Additional Comments: _____

Thank you for taking the time to fill out the recommendation.

**Please return this form to:
Volunteer Services Office**

LeConte Medical Center, 742 Middle Creek Road, Sevierville, TN 37862

You can also e-mail the form to mbundren@covhlth.com.

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