



North Texas
Medical Center

1900 Hospital Boulevard
Gainesville, Texas 76240
940.665.1751

Dear Prospective Junior Volunteer:

Thank you for your interest in volunteering at North Texas Medical Center through the Junior Volunteer Program.

This program is designed to give students, ages 16 – 19, a rewarding summertime experience of service to others and to promote interest in health fields.

Attached is an application. Please keep in mind there will be limited enrollment in the program. Volunteers are important members of our health care team and provide valuable service to patients, their families, visitors and to the hospital staff.

You will also have an opportunity to learn more about the health care environment, which may help you make decisions for your future career. If you are motivated to serve other people and learn while doing so, you will find this opportunity rewarding.

This year the program will be a two week session beginning July 15-18 and July 22-25 (Monday-Thursday). Students are asked to serve a four hour shift, four days a week for two weeks for a minimum of 32 hours. The shifts will be Monday - Thursday, 8:30 – 12:30. There is a \$25 fee for enrollment to the Junior Volunteer Program. An interview will be scheduled for Tuesday, June 25 and orientation and a TB test is also a requirement for program prior to enrollment. Orientation will be held Wednesday, July 10 in the afternoon. Exact times will be provided to you during your interview. **You will be required to attend this orientation to begin the program the following week.**

Applications along with a recommendation letter are due by June 14 and should be sent directly to:

Kristi Rigsby
Director of Community Outreach and Development
North Texas Medical Center
1900 Hospital Blvd.
Gainesville, TX 76240

Once the applications have been reviewed, selections will be made for interviews.

Again, thank you for your interest in serving as a Junior Volunteer at NTMC!
If you have any questions, feel free to contact Kristi Rigsby at 612-8607 or email me at kristi.rigsby@ntmconline.net

Regards,

Kristi Rigsby

North Texas Medical Center
1900 Hospital Blvd.
Gainesville, TX 76240

Junior Volunteer Application

Date: _____ Birthdate: _____
Month/Day/Year

NAME: _____ Phone: _____
(Last) (First)

ADDRESS: _____
(Street) (City) (State) (Zip)

Email address: _____ Do you check email often? _____

EMERGENCY CONTACT (1st): _____ Home phone: _____
Cell phone: _____
(First and Last Name) Work phone: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

Relationship of emergency contact to you: _____

EMERGENCY CONTACT (2nd): _____ Home phone: _____
Cell phone: _____
(First and Last Name) Work phone: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

Relationship of emergency contact to you: _____

EDUCATION:
School Name: _____ Current Grade: _____

SCHOOL ACTIVITIES AND CLUB AFFILIATIONS: _____

HOBBIES, SPECIAL SKILLS OR TALENTS: _____

WORK EXPERIENCE:

Name of Employer	Position Held	Dates From - To
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

PREVIOUS VOLUNTEER EXPERIENCES: _____

What career do you anticipate pursuing at this time? _____

Average grades attained in school: A's B's C's Other _____

*****PLEASE PROVIDE A LETTER OF RECOMMENDATION (other than from a friend or relative) WITH THIS APPLICATION.**

PLEASE PROVIDE A COPY OF YOUR IMMUNIZATION RECORDS. (Required shots for the program are 2 MMR, 2 Chicken Pox, and Tdap.)

The Junior Volunteer Program will be conducted July 15 - 18 and July 22 - 25
Please list dates of planned vacations, camps, or other times you will not be able to participate with the Junior Volunteer Program at NTMC: _____

WHY WOULD YOU LIKE TO BE A JUNIOR VOLUNTEER AT NTMC?

Size of polo shirt (Adult sizes): _____

Information will not be sold or distributed to a third party.

IF ACCEPTED AS A HOSPITAL VOLUNTEER, I UNDERSTAND THAT:

I authorize NTMC to investigate all facts contained in my application for volunteer service with NTMC. I release all parties from all liabilities for any damages which may result from the furnishing of said information.

In accepting the opportunity for volunteer services at NTMC, I pledge to give dependable, punctual and conscientious service.

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.

My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.

I shall submit to TB tests and/or immunizations that may be necessary as part of my volunteer service.

I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my volunteer work professional in quality.

I shall make the best effort to fulfill my commitment to the hospital by completing all assignments that I accept and intend to fulfill at least the minimum 32 hour requirement over the two-week Junior Volunteer Program.

I shall at all times uphold the philosophy and standards of the hospital.

I understand that the Volunteer Services Department 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) any other circumstances which, in the judgment of the department director and the NTMC administration, would make my continued service as a junior volunteer contrary to the best interests of the hospital.

Signature

Date

Signature of Parent/Guardian

Date

**PARENTAL/GUARDIAN CONSENT
FOR
JUNIOR VOLUNTEER PROGRAM**

I hereby give my permission for my daughter/son, _____, to participate in the three-week Junior Volunteer Program at North Texas Medical Center.

I also give my permission for her/him to render the number of hours required and for him/her to attend orientation as required for the program.

I have also reviewed the application form and attachments that my child has completed for enrollment into the program and will encourage him/her to abide by all the policies and regulations set forth in regard to the program.

I agree to accept full responsibility and to hold harmless North Texas Medical Center, its employees, directors, officers, board members, or agents from any and all claims and damages that may arise from my child's participation in the Junior Volunteer Program.

I also grant North Texas Medical Center permission to treat my child in the event of an emergency. I also give permission for NTMC to administer the required TB tests during the time my child serves as a junior volunteer. You will be contacted if other tests would be necessary.

The name of our family physician is _____

And the telephone number is _____

In the event I cannot be reached at home, the person to call is:

Name _____ Relationship _____

Phone _____

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date