



Saint Mary's Hospital Summer Volunteer Program Guidelines

At Saint Mary's Hospital our goal is to provide exceptional care to every patient, every day. In partnership with our team of professionals, volunteers contribute a significant and important service at Saint Mary's. All of our Saint Mary's team members- colleagues as well as volunteers-commit each and every day to our Trinity Health Care values: Reverence, Commitment To Those Who Are Poor, Justice, Stewardship and Integrity.

The following are guidelines to help you become acquainted with our summer volunteer program.

Requirements for Becoming a Summer Volunteer

To become a volunteer, you must be 15 years old. All volunteers must:

- Submit a completed volunteer application with signed approval from a parent/guardian (under age 18) and 2 completed reference forms to Saint Mary's Volunteer Services Department
- Show proof of State of Connecticut-required immunizations (2 MMR's or 2 measles and 1 rubella vaccine)
- Show proof of history of Varicella (Chicken Pox) or 2 Varicella vaccines
- Have a free PPD test (to check exposure to TB/Tuberculosis) at Saint Mary's
- Discuss service positions opening with Volunteer Services Department
- Sign a confidentiality agreement
- Complete the orientation program at the hospital that will include mandatory training in topics such as safety and infection control

Time Commitment & Dress Requirement

The Summer Volunteer commitment is 40 hours minimum, the program runs from May-August, (depending on when school is out). Summer volunteers are required to participate at least two days a week Monday-Friday to the program, and cannot miss more than two weeks' time from the program.

The Summer Volunteer uniform consists of khaki slacks and a Saint Mary's Hospital-issued shirt. (The dress code is strictly enforced)

**Saint Mary's Hospital
Volunteer Services Department
56 Franklin Street
Waterbury, CT 06706
(203) 709-6221**



Office use
Date received: _____
Date of Interview: _____

Junior Volunteer Application

Name: _____
Last First

Home Address: _____
Street City State Zip

Home Phone: () _____ Cell Phone: () _____

E-Mail: _____ Date of Birth: _____
(Minimum age to volunteer is 15)

Current year in school (*circle*): Freshman Sophomore Junior Senior

Name of High School: _____

Reason for volunteering: _____

Do you have a volunteering requirement to fulfill? Yes No

If yes, # of hours needed: _____ Date hours needed by: _____.

While every attempt is made to find an appropriate volunteer placement, we cannot guarantee placement of all applicants.

Previous or present volunteer experience: _____

Indicate below the days and hours you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time available							

I agree to volunteer with Saint Mary's Health System for a minimum of 100 hours during the school year (September through June), with the opportunity to continue volunteering in the summer.

Signature of Applicant: _____ Date: _____

Emergency Contact Information

Name: _____ Phone: () _____ Relationship: _____

To be signed by Parent/Guardian

I give permission for my son/daughter/ward to become a volunteer with Saint Mary's Health System and to be treated in case emergency treatment is needed. I fully understand that my son/daughter/ward may be permitted to enter patient areas and I hereby release the Health System from all claims of whatever nature, as a result of his/her services with the Health System. I give permission to the Occupational Health Nurse of Saint Mary's Health System to administer the PPD skin test for tuberculosis to my son/daughter/ward.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____



Volunteer Reference Form

Please complete the top portion and enter the names, titles and telephone numbers of **TWO references**. Please ask your reference to write a letter or complete the evaluation segment of this form. Return this **completed** form with your application.

I hereby authorize Saint Mary's Hospital to contact the following schools, places of employment, and/or persons who may aid Saint Mary's in determining a suitable volunteer placement for me. I hereby release from any liability and hold harmless any and all individuals and/or organizations from any and all liability for providing the requested information. I hereby consent to the release of such information.

_____ **Applicant Signature**

_____ **Date**

_____ **Name**

_____ **Title**

_____ **Signature**

_____ **School/Company/Agency**

_____ **Phone Number**

.....

Evaluation

Applicant's Name: _____

	Above Average	Average	Below Average
Quality of Performance			
Attendance			
Interpersonal Skills			
Communication Skills			
Overall Activity			

Comments:

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Saint Mary's HOSPITAL

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Applicant Signature

Date

Name

Title

Signature

School/Company/Agency

Phone Number

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Evaluation

Applicant's Name: _____

	Above Average	Average	Below Average
Quality of Performance			
Attendance			
Interpersonal Skills			
Communication Skills			
Initiative			
Overall Activity			

Comments:

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