

Yale New Haven Hospital 2018 Youth Academic Volunteer Program Application

Thank you for your interest in the Yale New Haven Hospital Youth Volunteer Program! Yale New Haven Hospital (YNHH) is one of the top hospitals in the United States and is proud to have one of the most established volunteer programs.

Students must be 15 years of age and able to commit to the nine week program. You will be assigned one day during the week at either the York Street Campus or St. Raphael Campus and volunteering a total of 2.5 hours per week (3:00-5:30pm).

Please give serious consideration to the commitment required to have a great volunteering experience at YNHH. The popularity of this program cannot be overstated. We hold our volunteers to the highest standard in order to ensure an excellent patient experience.



This informational manual details YNHH Youth Volunteer Programs. Please carefully review this information with your parent/guardian. If you are ready to commit to becoming a part of the YNHH team please be sure to follow all steps necessary to become a youth volunteer.

Academic Fall Program Dates:

October 1, 2018 – November 30, 2018

(No volunteering on Wednesday, November 21 – Friday, November 23)

Program Expectations

Appearance:

You represent Yale New Haven Hospital, and your appearance reflects on the hospital. A clean, neat, professional appearance is important to promote the professionalism expected by patients and visitors. We have a standards of appearance policy that you will be expected to follow. You will be given a red YNHH volunteer polo shirt to be worn with **khaki pants** ONLY. Jeans, shorts, capris, tights are not permitted. All volunteers are required to wear hospital issued ID badges.

Attendance:

Your presence is important, and we depend on you to report for duty as scheduled. It is your responsibility to report all absences to your department supervisor, as well as the Volunteer Services Department. Repeated unexcused absences will be considered a lack of interest, and will result in termination of your volunteer status. You will be required to sign in and out each time you come to volunteer.

If your school is closed for a snow day or holiday, reporting for volunteering is not required.

Cellular Phones and Communication Devices:

You may not use your personal cell phone or communication device for non-hospital business while on duty as a volunteer. ***All youth volunteers are required to check in their phones with the staff at the Volunteer Services Department during their volunteer shift.*** If you need to be reached emergently, your parent may call the Volunteer Services Department and we will find you.

Commitment:

Commitment for a minimum length of time and/or volunteer hours of service is required for Yale-New Haven Hospital volunteers. This is due to the application and training requirements and the need for consistency of volunteer attendance.

- The Academic Volunteer Program is 9 weeks and students are expected to volunteer for a minimum of 2.5 hours per week. Missing one week during the program is permitted. If your volunteer day falls on one of the Thanksgiving break holidays, that week will not be counted against you.



VISION, MISSION AND VALUES



YaleNewHaven**Health**

Program Opportunities

The Yale New Haven Hospital, Volunteer Services Department offers a number of volunteer opportunities. Below are some examples of the types of settings volunteers are placed. Some positions require additional group training.



Behind the Scenes

Volunteers who are placed in a behind the scenes assignment assist staff with clerical duties, deliveries, and light computer work.

Examples of Behind the Scenes assignments: *Office support, Lab Medicine, Pathology, Material Services.*

Customer Service

Volunteers in a customer service position assist patients, visitors and staff navigate throughout the hospital.

Examples of Customer Service assignments: *Ambassador, Visitor Reception Desk, Gift Shop.*

Examples of Moderate Patient Support *Cart, Physical Therapy.*

Intense Patient Support

Volunteers in an intensive patient a medical unit. Intense patient support training.

Examples of Intense Patient Contact *Care Center, Patient Aide, Short Term*



Moderate Patient Support

Volunteers placed in a moderate patient support assignment provide assistance to patients and staff in inpatient units.

assignments: *Art Cart, Book*

contact assignment assist on positions require additional

assignments: *Adult Primary Surgery, Pediatrics.*

Youth Volunteer Program Logistics

Volunteer Services Department Directions:

York Street Campus: The office is located in Room EP 1-612 in the main Atrium

Saint Raphael Campus: The office is located in Room 128 Main Building



Meals:

Youth volunteers are entitled to a complimentary meal each time they volunteer. The meal allowance is \$7.00. If you spend more than \$7.00, you will be responsible for the balance.

Parking:

If you will be driving to the hospital, you will be notified once you have been placed how to apply for a parking pass.

References:

Many youth volunteers request references for college and scholarship applications. We are pleased to provide a reference for you if you have fulfilled your commitment to the hospital. Attendance records and evaluations are considered when preparing references. Reference requests require a two

week advance notice.

Schedule:

Academic volunteers are required to volunteer a total of 2.5 hours per week. Some students like to volunteer more often than required, and once the full schedule is finalized, we will be glad to discuss additional assignments with students. Youth volunteers are not assigned to the same area where their parents/relatives are employed.

Training:

Training will be provided for your specific assignment. Some assignments require attendance at a group training session prior to the start of the program. Training for the other assignments will be done on the volunteer's first day. Once assigned, we will advise you of your training schedule.

Valuables:

We strongly encourage that you not bring valuables with you to volunteer. Yale New Haven Hospital is not responsible for lost or stolen belongings.

Paperless Program:

Please help our department "go paperless". When filling out your application please list a working email that you check on a regular basis. Our office will contact you primarily by email.

York Street Campus
Volunteer Services Office
20 York Street
New Haven, CT 06510
Phone: 203-688-2297
Fax: 203-688-4363

Saint Raphael Campus
Volunteer Services Office
1450 Chapel Street
New Haven, CT 06511
Phone: 203- 789-3480
Fax: 203-867-5225

Steps to Becoming a Youth Volunteer

NEW YOUTH VOLUNTEER CHECKLIST: Application and all health documents are due at the group interview session that you sign up for.

- ___ Register for Group Interview Session Online
- ___ Attend Group Interview Session
- ___ Application (pages 7-8) (Due at Group Interview Session)
- ___ Health Form Side One (page 9) (Due at Group Interview Session)
- ___ Health Form Side Two (page 10) (Due at Group Interview Session)
 - ___ MMR
 - ___ Hepatitis B
 - ___ Varicella
 - ___ Tuberculosis Skin Test (PPD) completed within the last 12 months
- ___ Youth Volunteer Agreement (page 11) (Due at Group Interview Session)

- ___ Online Orientation Test (Discussed at Group interview)

- ___ Preference Form (Discussed at Group interview)

Group Interview Information

Applicants must participate in a group interview session. During the group interview, coordinators will get to know each student and will discuss hospital policies and procedures. The interview will last 1.5/2 hours. Students who do not arrive on time will be asked to reschedule their interview. Students who arrive without application and health documents will be asked to reschedule their interview. Students are allowed to reschedule their interview one time, but please note that interview slots fill up quickly and a new spot may not be available.

How to sign up for group interview:

- Visit Volunteer Services website: <https://www.ynhh.org/about/community/volunteers.aspx>
- Register for one group interview session
- Need to change the date of your group interview session? Please call this number: 1-888-700-6543

Interview Tips!

- Be confident!
- Answer questions honestly and directly

Parking/Directions for Group Interview

York Street Campus: Parking is available in the Air Rights Garage; please bring your parking ticket in with you for validation. You may enter the hospital through the 20 York Street Entrance. Report to the Volunteer Office, in the main Atrium EP 1-612.

For further directions/parking information please visit the following website:

<http://www.ynhh.org/visitor-information/hospital-locations-directions-parking-and-lodging.aspx?12>

Youth Volunteer Application

2018 Academic Fall Program, October 1 – November 30

Today's Date _____ / _____ / _____

Please PRINT clearly! Bring both the completed application and health documents with you to the interview.

Last Name:		First Name:	MI	Gender:
Street Address:				
City:		State	Zip	
Home Telephone:			Cell Telephone:	
E-mail Address:			Birth Date:	

EMERGENCY CONTACT

Name:		Relationship:		
Street Address:				
City:		State	Zip	
Home Telephone:		Cell Telephone:	Business Telephone:	
E-mail:				
Physician:			Telephone:	

Name of school:				
Current school year: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				
On which campus would you prefer to volunteer? <input type="checkbox"/> York Street Campus <input type="checkbox"/> Saint Raphael Campus <input type="checkbox"/> Either <input type="checkbox"/>				
Career interest:		Special skills and talents:		
Will you carpool with another volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whom?				
What size polo shirt do you wear? <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				

VOLUNTEER and COMMUNITY ACTIVITIES

Please tell us about your volunteer experience and community activities.

AGENCY/ORGANIZATION	POSITION	DATES

YOUR PREFERENCES

Schedule: Please check the days that you are available to volunteer for the 9 week program.

	<i>Select all that you are available</i>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

ASSIGNMENT PREFERENCE: Please check the types of volunteer assignments that interest you. The examples listed in parenthesis are just examples, not the only assignments in each category.

- Behind the Scenes / Staff Support (office work, computer work, supply areas)
- Customer Service (information desks, gift shop, ambassador, family waiting areas, flower delivery)
- Patient Support (book cart, patient visitor, patient transport, art cart)
- Patient Contact (patient aide on nursing unit, pediatrics)
- Offsite Locations (Childcare Center, Sister Anne Virginie Grimes Center)

REFLECTION: Please tell us about yourself. Topics can include but are not limited to: a personal story, future career goal; aspirations; reasons for wanting to volunteer, etc.

For students under age 18, a parent/guardian signature is required.

I hereby accept to volunteer without pay at Yale-New Haven Hospital. I certify that the information that is provided on this application is complete and true. I further acknowledge falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection for a volunteer position or dismissal.

Applicant's Signature: _____

I give permission for _____ to volunteer at Yale New Haven Hospital, and to be photographed in relation to his/her volunteer position.

Parent/Guardian Signature: _____

Volunteer Health Questionnaire

Side One – Completed by YNHH Volunteer

Name:		
When did you have your most recent physical exam?		
Have you ever had or been exposed to tuberculosis?	Yes	No
Have you had a chronic cough for more than 2 weeks?	Yes	No
Have you had a TB skin test (TST)?	When ?	Result?
If you had a positive TST did you have a chest x-ray?	When ?	Result?
Do you have a chronic or recurrent rash or skin infection?	Yes	No
Have you had chronic diarrhea?	Yes	No
Do you have any physical disabilities which may affect your placement or job duties?		
I, the undersigned, hereby authorize my physician to release the medical information on the reverse side to the volunteer services department for the purpose of evaluating my medical appropriateness for volunteering in the hospital setting.		
Signature of Applicant _____ Date Signed _____		
Signature of Parent/Guardian _____ Date Signed _____ (If applicant is a minor)		

Volunteer Health Questionnaire

Side Two – Completed by Physician or Health Care Provider

Name of Volunteer:	
Date:	Birthdate:

The above mentioned person has applied to be a volunteer in our hospital and has given your name as a health reference. Please review the health questionnaire and authorization on the reverse side, complete the bottom portion of this page fully. This information will be regarded as confidential.

Please keep in mind that a volunteer may be assigned to work directly with patients or in an assignment that would require physical exertion such as pushing or walking. Any comments you can make which would aid us in making an appropriate placement would be appreciated. Thank you for your cooperation in helping us to offer volunteer services within the hospital. **Volunteer Services Department (203) 688-2297, Fax (203) 688-4363.**

Please provide any information you have regarding the following			
	DATE(S)		RESULT
1. TUBERCULOSIS SCREENING			
TST (Tuberculosis Skin Test, within the year)			
Chest X-ray (if TST is positive)			
2. RUBELLA SCREENING (if born after 1/1/57)			
Rubella Immunization	Dose 1)	Dose 2)	
Rubella Titer for Immunity	Immune	Not Immune	
3. MEASLES SCREENING (if born after 1/1/57)			
Measles Immunization	Dose 1)	Dose 2)	
Measles Titer for Immunity	Immune	Not Immune	
4. MUMPS SCREENING (if born after 1/1/57)			
Mumps Immunization	Dose 1)	Dose 2)	
Mumps Titer for Immunity	Immune	Not Immune	
5. VARICELLA (Chicken Pox) SCREENING			
Varicella Immunization	Dose 1)	Dose 2)	
Varicella Titer for Immunity	Immune	Not Immune	
History of Disease			
6. HEPATITIS B SCREENING			
* YNHH suggests only for certain volunteer positions			
Hepatitis B Immunization	Dose 1)	Dose 2)	Dose 3)
Hepatitis B Titer for Immunity	Immune	Not Immune	

Signature of Physician/Health Care Provider

Date

Address

Telephone

Youth Volunteer Program Agreement

Fall 2018

Yale New Haven Hospital welcomes individuals who wish to give their services on a voluntary capacity to support the Hospital's mission, vision, and values (see page 3 of the application packet), and supplement the services provided by paid employees. Volunteers must observe appropriate boundaries by adhering to the hospital Standards of Professional Behavior and working within the scope of the responsibilities as outlined in the position description for the specific position where assigned.

The Youth Volunteer Agreement

Includes but is not limited to the following.

Volunteers, please initial each element of the agreement

_____ I agree to check in my cell phone with Volunteer Services Department staff at the beginning of my volunteer shift, and will not use my phone while on duty.

_____ I will observe the uniform policy: red polo shirt, full-length khaki pants, closed-toed shoes, no perfumes, colognes, or scented personal products.

_____ I understand that as a volunteer in a professional setting I should communicate with Volunteer Services staff directly regarding volunteer concerns and not have my parent or guardian call/email for me.

_____ I commit to volunteering for a minimum of 2.5 hours for 8 out of 9 weeks during the Fall program and will inform Volunteer Services and my assignment supervisor of any absence in advance.

_____ I understand that my fingernails are to 0.25" or shorter, with no chipped nail polish, glitter, or rhinestones and that acrylic or fake nails are not permitted.

_____ I know that Volunteer Services staff must adhere to YNHH policies about obtaining my health and vaccination information before I am able to volunteer, and that extensions or exceptions cannot be made.

_____ I agree to share any problems or concerns about my assignment with the Volunteer Services Department so that we can work together to find a solution.

_____ I must stay in my assignment during my shift, and will not leave my assignment location without permission, unless directed by a staff member. If dismissed from my assignment early I will report back to the Volunteer Services Office.

_____ I understand that violations of the Program Agreement will result in a warning and that repeated violations may result in being dismissed from the Volunteer Program.

_____ I acknowledge that a failure to meet my volunteer attendance commitment will mean that my hours will not be released.

By signing below you are agreeing to support the YNHH Mission, and follow the Volunteer Services Department Policies and Behavioral Agreement as outlined in this packet.

Volunteer Name (Please Print)

Volunteer Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date