

ACKNOWLEDGEMENT

READ AND ACKNOWLEDGE FOR THE 2019 SUMMER VOLUNTEER APPLICATION PROCESS:

- This program is for high school and college age students ages, 16-22 (must be 16 prior to 6/1/19, no exceptions).
- Our summer program at Medical City Plano is extremely competitive. At the time of selection, we do not provide feedback as to why a candidate is or is not accepted. Please do not call/email/write asking us for this feedback as it will NOT be provided.
- The expectation is THE STUDENT will complete any and all paperwork of this application. If a document is missing, the application will not be considered. We will not call/email/write of any missing documentation. It is the expectation that the student will provide a COMPLETED application with all required documents.
- You MUST follow instructions given in the application packet.
- We will not accept references mailed/emailed/faxed/hand delivered separate from the application packet. ALL documentation must be included with the application for the application to be considered.
- Student and parent (if student under 18 years of age) understands the student must be available for the entire session. If a student misses 1 day or more, the facility has the right to not provide service hours verification and discontinue the student's service.
- Misconduct or disregard of facility policies, procedures and customer service expectations will be automatic dismissal from our program.

I acknowledge I have read these instructions and expectations for the 2019 summer program:

STUDENT PRINTED NAME

SIGNATURE

DATE

PARENT/GUARDIAN PRINTED NAME
(if student under age of 18)

SIGNATURE

DATE

2019 SUMMER VOLUNTEER PROGRAM APPLICATION

This program is designed for high school and college students, ages 16-22. **A student must be age 16 by June 1, 2019.**
There are NO exceptions.

All items below must be turned in at the same time in a large envelope. There are NO exceptions. Included in the envelope should be:

1. Signed Acknowledgement
2. Application – legible and completed by the student
3. References
 - a. You must submit 3 (three) references on the form provided in this packet. References not on our form will not be considered.
 - b. References are to place their completed form in a sealed envelope with their signature across the seal.
 - c. Applicant is to include the sealed references in the packet.
4. Copy of most recent grades.

All of these requested items must be returned at the same time in a large envelope. If any items are omitted, your application will not be considered. We do not accept any emailed or faxed submissions.

You may submit your envelope beginning March 25th through April 3rd 2019. Submissions will not be accepted after April 3rd at 4pm. Any mailed submissions must have a post stamp on or before April 3rd.

You may submit your envelope via:

- Drop off at one of our information desks
 - between the hours of 9a-4:30p Monday – Friday (excluding holidays)
- Drop off at our office located at 1600 Coit Road, Building 1, Entrance B, Suite 409A
 - Between the hours of 9a-4:30p Monday – Friday (excluding holidays)
- Mail your envelope to:
 - Volunteer Services Department
 - Medical City Plano
 - 3901 West 15th Street
 - Plano, TX 75075

If you should have any questions, please do not hesitate to contact our Volunteer Office at **972-519-1118** or email

TMCP.Volunteers@hcahealthcare.com



2019 Summer Volunteer Program Application

Please complete all information **legibly** using black or blue ink

DATE: _____

NAME: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE # _____ HOME PHONE # _____

DATE OF BIRTH ____/____/____

Applying for (please place an "x"): _____ Medical City Plano **OR** _____ Medical City Frisco
Please note, if applying for Medical City Frisco, we have only 5 available positions. If you are interested in applying for Medical City Plano Summer Program as well, please check yes or no: YES NO

If selected for the program, please select a shirt size needed (unisex sizing). There are no exchanges or returns, the size you select is the size you receive. The uniform will consist of the shirt you purchase and khaki pants must be provided by the student along with closed-toe rubber soled shoes. No shorts or cropped pants are allowed.

Polo Shirt Size (circle one): XS S M L XL 2XL

Which session are you available for? _____ **1st summer session (June 3rd – June 27th)**
_____ **2nd summer session (July 8th – August 1st)**

You **MUST** be available for the entire session from 9am-2pm Monday – Thursday. NO EXCEPTIONS!
If you are **not** available for the entire session, please do not apply.

EDUCATION:

I am currently completing (circle one) 10th 11th 12th grade in High School

I am currently a (circle one) Fr Soph Jr Sr in college

Estimated GPA _____

Do you know anyone associated with Medical City Plano or Medical City Frisco? This includes, but not limited to, hospital staff, physicians, vendors, volunteers. (circle) **YES NO**

Name: _____ Department: _____

Phone: _____ How long have you known this person? _____

Parent / Guardian / Emergency Contacts

Name	
Day Phone #	Cell Phone #
Relation	Occupation

Name	
Day Phone #	Cell Phone #
Relation	Occupation

Coursework you have completed demonstrating your interest in healthcare

Other languages you speak/read/comprehend _____

School Activities you are currently involved in _____

Organizations and any office(s) held in organization

Organization: _____ Member since: _____

Office held: _____ Term of office: _____

Focus of the organization: _____

Organization: _____ Member since: _____

Office held: _____ Term of office: _____

Focus of the organization: _____

Organization: _____ Member since: _____

Office held: _____ Term of office: _____

Focus of the organization: _____

Organization: _____ Member since: _____

Office held: _____ Term of office: _____

Focus of the organization: _____

Organization: _____ Member since: _____

Office held: _____ Term of office: _____

Focus of the organization: _____

EXPERIENCE:

1. Volunteer Experience:

a. Organization: _____

Describe your duties: _____

What did you LEARN from this experience? _____

What did you CONTRIBUTE to the organization? _____

b. Organization: _____

Describe your duties: _____

What did you LEARN from this experience? _____

What did you CONTRIBUTE to the organization? _____

c. Organization: _____

Describe your duties: _____

What did you LEARN from this experience? _____

What did you CONTRIBUTE to the organization? _____

MEDICAL INFORMATION

Do you have any medical condition or are you in any course of treatment which could limit your duties?

_____ Yes _____ No If yes, please describe _____

You consent for a criminal background check which is required if you are 18 years of age or older

AUTHORIZATION FOR RELEASE OF INFORMATION TO MEDICAL CITY PLANO

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for volunteering at Medical City Plano / Medical City Frisco. The report may include, but is not limited to, information concerning past work history, criminal record(s), plea bargains, deferred adjudications, exclusions from Medicare/Medicaid, GSA sanctions, educational achievement, professional licensure(s) or certification(s), driving record, credit history and past residences. This information will be used, in part, to determine your eligibility for employment or volunteer position within this organization. As long as you remain a volunteer here, the criminal history records check may be repeated at any time. If you are denied employment or volunteer position, either wholly or partly, because of information contained in this consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. I understand the above notice and realize that my offer of a volunteer position is contingent on successful completion of references, license and academic verification, pre-placement health screening for essential functions of the job and the drug screen.

I was recently interviewed and/or am applying for a volunteer position by Medical City Plano / Medical City Frisco. As part of my volunteer position or potential volunteer position, I authorize you to release my academic records, employment records, and other related background information to PreCheck services on behalf of Medical City Plano. I hereby state that all information given by me on this form is true in all respects. I agree that if I am accepted to a volunteer position and the information is found to be false in any respect, I will be subject to dismissal at any time.

I hereby release any individual or entity, including record custodians from all liability for damages of any kind or nature that may at any time result to me because of compliance, or any attempt to comply, with the objectives of this authorization.

I certify that the information provided by me in my volunteer application is true, correct, and complete to the best of my knowledge. I understand that my placement as a volunteer is contingent upon satisfactory references and/or results of a criminal background investigation conducted by a consumer-reporting agency.

I understand I am applying to be a volunteer, not a paid employee at Medical City Plano / Medical City Frisco. I understand that I am authorized solely to perform tasks assigned specifically to me. I agree to accept full responsibility and to hold harmless Medical City Plano, its employees, directors, officers, trustees, or agents from any and all claims and damages that may arise from my participation in the volunteer program.

I have read and understand the above and agree to comply with all rules and regulations of Medical City Plano and the Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from Medical City Plano volunteer program. Medical City Plano reserves the right to make changes in all policies and procedures from time to time and, as may be required, changes in operations. I understand Medical City Plano may terminate my volunteer services for any or no reason.

Printed name of Student for volunteer position

Signature of student for volunteer position

Print name of parent/legal guardian if student is under 18 years of age

Signature of parent/legal guardian if student is under 18 years of age



Summer Volunteer Program
Commitment of Service Agreement

By signing this agreement, I, _____ as a Summer Volunteer agree to the following statements of the Volunteer Agreement of Participation.

By signing this agreement, I, _____ the parent/guardian of _____, acknowledge and agree with the following statements of the Volunteer Agreement of Participation. I understand my child is required to volunteer for four consecutive weeks.

AS A VOLUNTEER, I AGREE THAT:

- 1. 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.
2. My services are donated to the hospital without contemplation of compensation or future employment and given with humanitarian, religious or charitable reasons.
3. I agree to examinations, which may include chest x-rays, skin test, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service.
4. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.
5. I shall attempt to resolve any problems related to my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the manager of volunteer services.
6. I shall volunteer all days assigned to me during my assigned session. I understand I will not plan any vacations or time away during my volunteer time. If I am ill, I will contact the volunteer office with advance notice and If I miss more than 1 (one) day I understand it will result in a loss of ALL hours earned.
7. I shall at all times uphold the mission, vision and values of the hospital.
8. I shall promote a safe working environment by reporting any unsafe conditions to my supervisor and will adhere to all safety guidelines established to prevent injuries to myself and others.
9. 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; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department manager, would make my continued service as a volunteer contrary to the best interest of the hospital.
10. I understand that I must obtain my volunteer badge from Human Resources, complete the required TB series, and provide a copy of my current immunization record prior to my orientation date. If I fail to obtain my badge and/or complete my TB testing before my start-date, it will result in immediate dismissal from the program.

I have read each of the above conditions and I will abide by them.

Volunteer Signature: _____

Date: _____

AUTHORIZATION FOR PARTICIPATION

For applicants who are less than 18 years of age, a parent or guardian must sign below indicating (1) approval of participation in the Medical City Plano Volunteer program and (2) is releasing Medical City Plano of any liability. Signing by parent or guardian also (3) acknowledges the requirements of the program requiring four consecutive weeks, five hours per day. (Monday-Thursday; 9 a.m.-2 p.m.)

Parent's Signature _____

Date _____



VOLUNTEER SERVICES DEPARTMENT
Reference Form

Name of Applicant (Print): _____

Signature of Applicant: _____

Name of Person completing reference (Print) _____

The applicant named above has applied for a volunteer position at Medical City Plano / Medical City Frisco and has given your name as a reference. Your completion of this reference form will assist in assessment of the applicant's qualifications. By signing this form, the applicant has waived his/her right of access to this reference.

PLEASE RETURN TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL

5 = Exceeds Expectations 4 = Meets Expectations 3 = Satisfactory 2 = Below Expectations 1 = Unsatisfactory

	5	4	3	2	1	UNKNOWN
Personal Appearance	_____	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____	_____
Openness to suggestion	_____	_____	_____	_____	_____	_____
Enthusiasm	_____	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____	_____
Commitment	_____	_____	_____	_____	_____	_____
Poise and self-control	_____	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____	_____
Listening skills	_____	_____	_____	_____	_____	_____
Critical Thinking Skills	_____	_____	_____	_____	_____	_____

How long have you known this applicant? _____

Please identify your relationship to the applicant: _____

Comments: _____

Signature: _____ Date: _____

Contact Phone # _____



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Reference Form

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Signature of Applicant: _____

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Table with 7 columns (5, 4, 3, 2, 1, UNKNOWN) and 12 rows (Personal Appearance, Attendance, Punctuality, Dependability, Openness to suggestions, Enthusiasm, Adaptability, Commitment, Poise and self-control, Communication skills, Listening skills, Critical Thinking Skills)

How long have you known this applicant? _____

Please identify your relationship to the applicant: _____

Comments: _____

Signature: _____ Date: _____

Contact Phone # _____



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Reference Form

Name of Applicant (Print): _____

Signature of Applicant: _____

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	5	4	3	2	1	UNKNOWN
Personal Appearance	_____	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____	_____
Openness to suggestion	_____	_____	_____	_____	_____	_____
Enthusiasm	_____	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____	_____
Commitment	_____	_____	_____	_____	_____	_____
Poise and self-control	_____	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____	_____
Listening skills	_____	_____	_____	_____	_____	_____
Critical Thinking Skills	_____	_____	_____	_____	_____	_____

How long have you known this applicant? _____

Please identify your relationship to the applicant: _____

Comments: _____

Signature: _____ Date: _____

Contact Phone # _____