Name:___________________________________

Date______________________________

Uniform Size: Men’s _____  Women’s _____

Please choose one: Red Polo, Teal Smock, Teal Vest

**Youth Program Information (please check the appropriate program):**

- [ ] Summer Youth Volunteer Program APPLICATION DEADLINE - APRIL 1st
- [ ] Regular Youth Volunteer Program (4 hours per week for 9 months)

Do you prefer a volunteer position with:  

- [ ] Patient Contact  
- [ ] Non-Patient Contact  
- [ ] Administrative Support

Area of Interest (Example: Emergency Department, clerical, Surgical Services, etc.):
___________________________________________________________________________

**Volunteer Locations—Please check your location of interest**

- [ ] Presbyterian Hospital-1100 Central Ave SE, 87106
- [ ] Presbyterian Rust Medical Center-2400 Unser Blvd SE, Rio Rancho, NM 87124
- [ ] Presbyterian Kaseman Hospital-8300 Constitution Ave NE, 87110
- [ ] Presbyterian Healthplex-6301 Forest Hills Dr NE, 87109
- [ ] Presbyterian Medical Groups (Outpatient Clinics) - Multiple Locations
- [ ] Santa Fe Medical Center—4801 Beckner Rd, Santa Fe, NM  87507
- [ ] Presbyterian Medical Group on Harper - 5901 Harper Dr NE, 87109

**What days and times are you available to volunteer?**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning 8-12pm</td>
<td></td>
<td></td>
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<tr>
<td>Afternoon 12-4pm</td>
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<tr>
<td>Evening varies</td>
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</tbody>
</table>

**FOR OFFICE USE ONLY**

App Received_________________  
Interview date_________________  
Orientation date_________________
Notes__________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
New Mexico and in partnerships across the United States.
and committing to grow to serve more patients and members in
the Presbyterian Promise. Supporting our workforce to thrive.
Lead the nation in improving health and healthcare by delivering

OUR STRATEGY

- Be dedicated to patients,
  Serve
- Participate fully with a passion
  Engage
- Speak truth,
  Respect
- Honor each other, listen and
  be accountable
- Keep my commitments and
  collaborate
- Bring my best to support
  As one Presbyterian, we commit to:

OUR VISION AND VALUES

Patients, members and communities we serve.
Presbyterian exists to improve the health of the

OUR PURPOSE

Dear Presbyterian Promise:

Thank you for knowing me, respecting me,
listening to me and treating me with compassion.
You ease the way to my best health
and provide me with the highest quality care
at the lowest possible cost. You communicate
clearly and accurately. You coordinate my care and
involving me in decisions. I appreciate that you do

As one Presbyterian, we commit to:

Earn the letter through the
# Youth Volunteer Application

(Ages 16-17)

Presbyterian Volunteer Services reserves the right to refuse any applicant.

## Personal Contact Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>MI</th>
<th>Social Security Number</th>
<th>DOB</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail</th>
<th>Cell Phone</th>
<th>Home Phone</th>
<th>Work</th>
</tr>
</thead>
</table>

## Guardian and School Information

<table>
<thead>
<tr>
<th>Guardian's Name</th>
<th>Relationship</th>
<th>Work Phone</th>
<th>Cell</th>
<th>Alternate phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
<th>Grade Average</th>
<th>School Contact</th>
<th>School Contact Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Emergency Contact</th>
<th>Emergency Contact Phone</th>
</tr>
</thead>
</table>

## General Information

How did you learn about our program?

_______________________________________________________________________________________

Why are you interested in volunteering for Presbyterian Healthcare Services? (Please be specific.)

_______________________________________________________________________________________

_______________________________________________________________________________________

Are you currently employed? If so, where?

_______________________________________________________________________________________

Any previous volunteer experience? If so, where?

_______________________________________________________________________________________

_______________________________________________________________________________________

Hobbies, interests, or skills:

_______________________________________________________________________________________

_______________________________________________________________________________________

Are you doing this for school?  ___Yes  ___No

If yes, how many hours are required and by when?

_______________________________________________________________________________________

Do you have CPR certification?  ___Yes  My certification is valid _______ through _______  ___No

NOTE: Certification is required for Emergency Department and Radiology volunteers

Will you be driving yourself?  ___Yes  ___No, I will arrange for transportation to the facility.
Medical Information - Required:
Please specify in detail any special needs, allergies or medical conditions (including behavioral or learning-related) that PHS needs to be aware of:

____________________________________________________________________________________________
____________________________________________________________________________________________

We appreciate advanced notice so that we can do our best to provide reasonable accommodations.

In addition to filling out this application YOU MUST ALSO SUBMIT:

- **Enclose an essay** answering these questions: (please attach a separate sheet)
  - Why are you interested in healthcare?
  - What attributes does a good volunteer or learner possess?
  - What do you want to accomplish as a volunteer?

- **Enclose one Letter of Reference** from a teacher, counselor, minister or former employer.
- **Enclose a signed Permission Form** for TB Screening. See page 5 of the application.

Volunteer Statement and Agreement

I, ______________________________, certify that all of the information provided in this volunteer application is true and correct to the best of my knowledge. I have reviewed and understand all of the information provided by the Presbyterian Healthcare Services regarding the Youth Volunteer Program and my responsibilities as a volunteer.

As a prospective volunteer, I understand and acknowledge that my service as a PHS volunteer is completely voluntary and I will perform my role without any promise, expectation, or receipt of compensation. I further understand and acknowledge that I may decline to perform any task I do not feel comfortable performing, and/or to terminate my volunteer service at any time without penalty.

I understand that all Presbyterian Healthcare Services medical records and patient records shall be treated as confidential information. I further understand that as a Presbyterian Healthcare Services volunteer I am bound by Federal, State and Local laws and regulations regarding medical records and governmental records. I also understand that any information regarding patients must not be discussed either in or out of the facility and any breach of patient confidentiality is cause for my immediate dismissal.

I will cheerfully accept responsibility to be punctual and dependable in order to perform my assignments and to abide by the standards of ethics and confidentiality.

Printed Name: __________________________________Signature: X________________________________Date:__________

I UNDERSTAND AS THE LEGAL GUARDIAN THAT THE VOLUNTEER IS COMMITTING TO 144 HOURS OF SERVICE.

Legal Guardian: __________________________________Signature: X________________________________Date:__________

APPLICATION CANNOT BE PROCESSED WITHOUT BOTH SIGNATURES

FOR OFFICE USE ONLY:

- Letter of Reference/TB Form
- Follow up/Personal Interview
- Orientation Scheduled/Date
- TB Test/Results & Immunizations
- Compliance and Ethics Test/Results

Volunteer Position Schedule

Day:__________________________________________________________
Time/Shift:__________________________________________________
Assignment:__________________________________________________
Department Manager:__________________________________________

PLEASE BE SURE YOU HAVE COMPLETED THE APPLICATION IN ITS ENTIRETY.
MAIL TO: PRESBYTERIAN VOLUNTEER SERVICES, PO BOX 26666, ALBUQUERQUE, NM 87125 OR FAX TO: 505-841-1858
EMAIL: PHSVOLUNTEER@PHS.ORG
CONSENT FOR PPD ADMINISTRATION (TB SCREENING)

If you wish to volunteer for Presbyterian Healthcare Services, it is mandatory that you have a PPD skin test for the purposes of screening for TB.

If you are under 18 years of age, written permission from a parent or legal guardian must be obtained before we can proceed with the testing.

I hereby give my consent for Employee Health Services or its designee to proceed with the PPD testing for __________________________________________, my daughter/son/legal ward.

_________________________________  __________________________________________
Signature of Legal Guardian                Date

Print Legal Guardian Full Name _______________________________________________________

Street Address ______________________________________________________________________

Home Telephone Number _____________________________________________________________

Relationship to applicant____________________________________________________________

This form must be signed by a legal guardian and submitted to the Employee Health staff at the time the PPD screening is administered.
In order to ensure that the necessary professional standards are maintained the following guidelines apply to all youth volunteers assisting at any Presbyterian facility. These guidelines will help in adjustment to a routine and will be of benefit to the youth volunteers, patients, hospital staff and the general public.

**Qualifications:**
1. Youth volunteers must be a minimum of 16 years of age.
2. Personal interview with Presbyterian Healthcare Services (PHS) Volunteer Services Manager
3. Parent/Legal Guardian permission.
4. Application must be completed including signature of parent or legal guardian, short essay, a letter of recommendation and signed volunteer statement and agreement.
5. Youth volunteers must attend orientation as determined by PHS Volunteer Services.
6. All volunteers must supply immunization records, as determined by PHS Employee Health.

**Cosmetics & Perfumes:** Strong smells (good or bad) can cause nausea and discomfort. Many patients, customers and co-workers are very sensitive to even the slightest odor. Cosmetics, perfume, after-shave and jewelry in moderation and good taste may be used if the volunteer work environment allows.

**Unacceptable attire for volunteers:**
- No open-toe shoes, shorts, jeans/denim (of any color) or hospital scrubs;
- Head apparel, such as, but not limited to, hats or caps are not allowed unless part of the required uniform or worn for religious purposes;
- T-shirts of any kind, with the exception of approved attire for Presbyterian events. Exceptions would be non-collared Presbyterian logo shirts that are part of the standard uniform to identify the discipline of the staff member or those approved for special purposes;
- Skirt/skort/dress length shorter than the top of the knee
- Tank tops, halter tops, or "spaghetii"-type straps;
- Clothing with slogans or pictures unrelated to PHS, advertisement for products, or suggestive cartoons or drawings
- Excessively tight or revealing clothing (no leggings, stretch pants, jeggings or spandex) and no clothing that inappropriately exposes the body, chest or cleavage;
- Baggy clothing which expose undergarments;
- Camouflage, military fatigue material or fabric;
- Sports clothing such as warm-ups, sweat suits, wind suits, or ‘hoodies’;
- Visible body piercing (including tongue bars) other than earrings;
- Flip-flops, thongs and beachwear sandals;
- Unnatural hair colors (i.e. pink, purple, green, etc.);
- Beards or mustaches must be neatly trimmed,
- Tattoos and body art must remain as covered as possible. Lewd or explicit markings may not be exposed.
- Artificial nails are **not allowed** for personnel who have contact with patients, sterile patient care equipment, medications or food.

**Hours of Duty:**
Hours of service will depend upon your assignment. However, most volunteers are assigned 4 hours per shift. If for any reason you cannot volunteer for your assigned time (you are going to be late or you must leave early) or you are unable to volunteer on the day you are scheduled, please contact your assigned department and your Volunteer Manager. Youth volunteers may volunteer a maximum of 2 shifts or 8 hours per week.
**Conduct:**
1. You must act in a dignified, professional manner at all times.
2. You are not to arrive at the hospital more than 15 minutes before you are scheduled to volunteer and you must leave immediately following your assigned shift. You may take a break if time allows and at the discretion of the supervisor.
3. The telephone may be used for emergency calls only. Please do not use your cell phone (calls, texting, etc.) during volunteer hours, unless for emergency purposes.
4. Do not eat candy or other food while answering calls. Do not chew gum while on duty.
5. Friends are not permitted to visit or help you while you are on duty. If they are sincerely interested in volunteering, direct them to the Volunteer Services Department.
6. The first few days you will train with a staff member or active volunteer. You will be learning the routine of the assigned areas.
7. It is important that you learn how to take directions and follow through.
8. After your training, if you are not able to volunteer or if you feel you do not enjoy the role, contact your Volunteer Manager about a possible transfer to another service area.

**Supervision:**
1. You will perform your assigned role within the guidelines of the Volunteer Services Handbook and be accountable to the PHS Volunteer Services Department.
2. Information concerning patients is strictly confidential and is not to be discussed either in or out of the facility with anyone not directly concerned with patient care or treatment.
3. If you have problems or questions, please feel free to ask for help.

Contact the volunteer office at your assigned facility:
- 841-1869 at Presbyterian Hospital (1100 Central Ave SE)
- 823-8821 at PMG sites, Healthplex/Aquatics
- 291-2890 at Presbyterian Kaseman
- 253-1507 at Presbyterian Rust Medical Center in Rio Rancho
- 772-1540 at Presbyterian Santa Fe Medical Center

**Dismissal:**
At the discretion of the Volunteer Manager and/or Director of Volunteer Services for:
1. Violation of any portion of the Volunteer Services Handbook.
2. Disrupting the workplace.
3. Violation of the PHS Drug Free Workplace policy.
5. Unprofessional behavior.
6. After three unexcused absences.

Volunteers must understand that breaking confidentiality constitutes cause for immediate dismissal, not only because of the sensitivity of the issue for the patient, but also because such disclosure may expose the organization to liability actions.