



Department of Volunteer Services
716-898-3266

Dear Prospective Volunteer:

Thank you for expressing an interest in becoming a Junior Volunteer at the Erie County Medical Center Corporation. **You must be 16 years old** to volunteer at ECMC. Enclosed is an application for you to fill out, a consent form for your parent(s) or guardian to sign and a recommendation form for your guidance counselor or favorite teacher to complete. It is also required that you submit working papers and an up-to-date immunization record.

When you are ready to submit these materials, please call to schedule an interview by calling (716) 898-3266. At the interview, we will discuss what you hope to gain from your volunteer experience and what volunteer opportunities are available.

I look forward to working with you to better serve the patients and families at ECMCC.

Sincerely,

Kathi Mitri
Volunteer Coordinator



ERIE COUNTY MEDICAL CENTER CORPORATION

The Junior Volunteer Program provides guidance and encouragement to high school students considering a career in health care. The Junior Volunteer gains educational rewards, as well as the personal satisfaction one receives from unselfish service to others.

Appropriate volunteer duties include: clerical work such as typing, filing, or receptionist duties; transporting patients; running errands for staff; assisting patients with crafts; or visiting patients. Other duties may include packing supplies, delivering flowers and mail, and reading to or offering companionship to patients.

WHAT YOU NEED TO KNOW

- 1. You must be at least 16 years of age.**
2. Because you are under 18 years old working papers are required before you can start your assignment. Your school guidance counselor can provide you with an application for working papers.
3. An orientation will be held at the beginning of the program. You will be required to attend the orientation in order to participate in the program.
4. A minimum total of 25 hours is expected; you may give more time if you choose.
5. You will receive a smock to wear while on duty. It is your responsibility to keep it clean and neat. You will be issued an ID badge that must be worn at all times.
6. Please dress professionally as you represent ECMCC to our patients, visitors and staff. Jeans, bare midribs, baseball caps, etc. are not permitted. The use of personal cell phones while on duty is not permitted.
7. Rubber soled shoes or sneakers are suggested. No open toe sandals or flip-flops are allowed.
8. Please be prompt and report for duty on the days you are scheduled. You may call the Volunteer Office at 898-3266 if you need to adjust your schedule.
9. At the end of the program, please let the Volunteer Coordinator know if your school will need verification of your volunteer hours.
10. When your volunteer service has been completed, please return your ID badge and your smock to the Director of Volunteers.

Thank you in advance for your service to the patients, families and staff
of the Erie County Medical Center Corporation



ERIE COUNTY MEDICAL CENTER CORPORATION

**Department of Volunteer Services
716-898-3266**

Health Assessment _____
Orientation _____
Start Date _____
Location _____

Junior Volunteer Application

Last Name: _____ First Name: _____

Address: _____ City/Town/State: _____

Zip Code: _____ Phone: _____

Date of Birth: _____ Sex: M F

Parent or guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____
(if parent or guardian cannot be reached)

Relationship: _____

Are you 18 years old or older?
Yes No

If no, what is your birth date?
Month _____ Day _____ Year _____

Do you have working papers?
Yes Please attach copy
No but will submit prior to beginning work

School: _____ Grade: _____

Are you volunteering to fulfill a school requirement?

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If yes, number of hours needed _____ Name of school contact person: _____
Phone: _____

Please answer the following questions:

Why are you interested in volunteering at ECMCC? _____

If you are interested in a particular area or assignment, please indicate your preferences: _____

Are there any physical limitations that might affect your volunteer work? _____

Please list previous volunteer experience or any organizations to which you belong: _____

Do you have any special interests, hobbies, or talents? _____

E-Mail Address: _____

Your Signature:		Date:	
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ERIE COUNTY MEDICAL CENTER CORPORATION

Department of Volunteer Services
716-898-3266
Fax# 716-898-4358

Dear Health Care Provider:

As a requirement for volunteering in a health care facility in New York State, each prospective volunteer must meet pre-employment health standards. Kindly complete and sign this form for your patient who is seeking such an opportunity at the Erie County Medical Center Corporation. Thank you.

Sincerely, Kathi Mitri, Volunteer Coordinator

Name: _____ Date of Birth: _____

1. Is this person in general good health and free from communicable disease?

Yes No (Please comment on reverse side)

2. Date of last exam: _____

3. Rubella immunization Date: _____

or

Rubella antibody test results: _____ Date: _____

4. For those born after December 31, 1956:

Rubeola (measles) immunization dates: 1st: _____ 2nd: _____

or

Rubeola (measles) antibody test results: _____ Date: _____

5. Mumps immunization Date: _____

or

Mumps antibody test results: _____ Date: _____

6. TB skin test (PPD):

Date: _____ Type: _____ Results: _____

or

Known prior positive test; PPD skin test not performed. Chest X-ray WNL. No signs and symptoms of active TB.

7. Diptheria/tetanus Date: _____

8. OPTIONAL

Hepatitis B vaccine Dates: 1st: _____ 2nd: _____ 3rd: _____

Other (Specify): _____ Date: _____

Influenza Vaccine Date: _____

Signature of Examining Provider: _____

Print or Stamp Name: _____ Date: _____



**ERIE COUNTY MEDICAL CENTER
CORPORATION**

**JUNIOR VOLUNTEER PROGRAM
PARENT PERMISSION FORM**

Department of Volunteer Services

716-898-3266

My son/daughter _____ has my permission to serve as a Junior Volunteer at the Erie County Medical Center Corporation and is physically able to do so.

I understand that my child's eligibility for the Jr. Volunteer Program is contingent on his/her good health. I further understand that it is my responsibility to arrange for my child's transportation to and from the Medical Center.

Signature of Parent or Legal Guardian _____

Relationship _____ Date _____



ERIE COUNTY MEDICAL CENTER CORPORATION

**JUNIOR VOLUNTEER PROGRAM
SCHOOL RECOMMENDATION
716-898-3266/fax: 898-4358**

Department of Volunteer Services

STUDENT'S NAME _____

SCHOOL _____

	GOOD	AVE	BELOW AVERAGE	NOT ABLE TO EVALUATE
Willingness to learn	_____	_____	_____	_____
Ability to complete assigned duties	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____
Empathy for Ill/Handicapped Individuals	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Personal Appearance/Grooming	_____	_____	_____	_____
Willingness to follow rules	_____	_____	_____	_____
Ability to follow instructions	_____	_____	_____	_____

What are this student's greatest strengths, abilities and talents?

What problem areas might impact on this student's performance as a Jr. Volunteer?

In 2-3 sentences, how would you discuss this student's motivation for volunteering and ability to contribute to our program?

SIGNATURE _____ TITLE _____

SCHOOL _____

ADDRESS _____

PHONE _____

DATE _____