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
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 uniform 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 midriffs, 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 uniform to the Volunteer Coordinator.

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

Last Name: ____________________________  First Name: ____________________________
Address: ____________________________  City/Town/State: ____________________________
Zip Code: ____________________________  Phone: ____________________________
Date of Birth: ____________________________  Sex: M [ ] F [X]
Parent or guardian: ____________________________  Phone: ____________________________
Emergency Contact: ____________________________  Phone: ____________________________
(if parent or guardian cannot be reached)

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  [X] No
  Please attach copy and will submit prior to beginning work

School: ____________________________  Grade: ____________________________

Are you volunteering to fulfill a school requirement? [ ] Yes  [ ] No
  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: ____________________________
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.

Thank you, Kathi Mitri, Volunteer Coordinator

Name: __________________________________________ Date of Birth: __________

1. Is this person in general good health and free from communicable disease?
   Yes  No (If no, Please comment on revise side)

2. Date of last physical exam: _____/_____/____ (must be in the last 12 months)

3. Tuberculin Skin Test in previous 12 months
   Date of test ____/____/____ Type: __________________ Result (circle one) Positive or Negative

   Check if known prior positive TST test, treatment dates and latest x-ray date/result

4. Measles/Mumps/Rubella (MMR)
   Two doses after 12 months of age…………………………………..Dates____/____/____ & Dates____/____/____
   OR Measles (Rubeola) – one option must be met:
   □ Two immunizations after 12 months of age ……………………………Dates___/___/___ & ___/___/___ OR
   □ Blood titer documenting immunity…………………………………..Date of test___/___/___

   AND Mumps – one option must be met:
   □ Two Immunization after 12 months of age…………………………..Dates ___/___/___ & ___/___/___ OR
Blood titer documenting immunity…………………………………………Date of test ___/___/___

AND Rubella (German Measles) – one option must be met:

- Immunization after 12 months of age…………………………………………Date___/___/___ OR
- Blood titer documenting immunity………………………………………Date of test ___/___/___.

5. Varicella (Chickenpox or Shingles) – one option must be met:

- Immunizations……………………………………………………………Dates___/___/___ & ___/___/___ OR
- Blood titer documenting immunity…………………………………………Date of test ___/___/___

6. OPTIONAL (not required): Hepatitis B – one option must be met:

- Vaccine – Series of three……………………………………Dates___/___/___ & ___/___/___ & ___/___/___ OR
- Positive Hepatitis B Antibody Test…………………………………………Date of test___/___/___

7. Tetanus Pertussis-Diphtheria series as a child AND

Tetanus-Diphtheria booster less than 10 years ago…………………………….….…Date___/___/___

8. Influenza Vaccination (seasonal)

- Immunization …………………………………………………………………….….…Date___/___/___

Signature of Examining Provider: _________________________________ Date: ___/___/___

Print or Stamp Name: _________________________________
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______________________________
STUDENT’S NAME _____________________________________________________

SCHOOL ______________________________________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>GOOD</th>
<th>AVE</th>
<th>BELOW AVERAGE</th>
<th>NOT ABLE TO EVALUATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness to learn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assigned duties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathy for Ill/Handicapped Individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honesty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Appearance/Grooming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willingness to follow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rules</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to follow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 _______________________________________________________________________________________

Department of Volunteer Services