



April 6, 2022

Dear School Counselors/Teachers:

We are excited to announce that Memorial Health is now accepting applications for its 2022 Volunteen Program.

The Volunteen Program is for area students that are between the ages of 15-18 years old. These participants will gain experience at a Level 1 Trauma Center. We are seeking applicants that can commit to a minimum of 40 hours of service during a six-week period. The application deadline is Friday, May 07, 2022.

Enclosed is an application package that includes:

- Dates of events
- Parental consent form
- Confidentiality agreement form
- Two school recommendation forms
- Volunteen agreement form

We ask that you share this information with your students and their parents. Please encourage them to participate in this program so they may gain additional employability skills.

If you wish for us to come and speak to your students about our program, please do not hesitate to contact us at [MMCS.Volunteers@HCAHealthcare.com](mailto:MMCS.Volunteers@HCAHealthcare.com) or 912-350-0673.

Sincerely,

Volunteer Services Department  
Memorial Health University Medical Center



### Dates to Remember

**Application Dates:** April 7<sup>th</sup> to May 7<sup>th</sup>, 2022

Each applicant is required to attend a panel interview. Scheduled interviews will be held in Human Resources Conference Room (Building 100, Suite 504) during the week between the hours of 2:30 p.m. to 4:00 p.m.

**Interview Dates:**

Date	Time	Location
Monday, April 25	2:30 p.m. to 4:00 p.m.	Human Resources Conference Room
Tuesday, April 26	2:30 p.m. to 4:00 p.m.	Human Resources Conference Room
Wednesday, April 27	2:30 p.m. to 4:00 p.m.	Human Resources Conference Room
Monday, May 2	2:30 p.m. to 4:00 p.m.	Human Resources Conference Room
Tuesday, May 3	2:30 p.m. to 4:00 p.m.	Human Resources Conference Room
Saturday, May 7	10:00 a.m. to 12:00 p.m.	Human Resources Conference Room

**Orientation Day:** Thursday, June 8, 2022

9:00 a.m. – 12:00 p.m.  
Med-Ed Auditorium (Across from Georgia Eye)  
4700 Waters Ave  
Savannah, GA 31404

**Volunteer Program:** June 15, 2022 to July 29, 2022

**Volunteer Luncheon:** Monday, July 28, 2022

11:00 p.m. to 1:00 p.m.  
Anderson Cancer Inst.  
4700 Waters Ave  
Savannah, GA 31404

Once the application package is returned, applicants will be interviewed by our volunteer services staff and community leaders.

**Please Note: An interview does not guarantee acceptance into the program.**

Completed application package must be delivered by applicant to:

Memorial University Medical Center  
Human Resources Department  
4700 Waters Ave, Building 100, Suite 504  
Savannah, GA 31404

Or:

Email: [MMCS.Volunteers@HCAHealthcare.com](mailto:MMCS.Volunteers@HCAHealthcare.com)



**VOLUNTEEN  
INSTRUCTIONS & CHECKLIST**  
*Memorial Health University Medical Center*

First Name:	Last Name:
Social Security Number:	Date of Birth:

**NEW  
Volunteer**

Please return the following items by May 7, 2022:

Y Volunteer Application

Y Reference #1

(in sealed envelope from preparer or emailed directly to [MMCS.Volunteers@hcahealthcare.com](mailto:MMCS.Volunteers@hcahealthcare.com))

Y Reference #2

(in sealed envelope from preparer or emailed directly to [MMCS.Volunteers@hcahealthcare.com](mailto:MMCS.Volunteers@hcahealthcare.com))

Y Completed by Employee Health after interview

Employee Health will be scheduled after selection process

Y Application complete (for manager use only)

**Questions?**

Contact Volunteer Services at [MMCS.Volunteers@hcahealthcare.com](mailto:MMCS.Volunteers@hcahealthcare.com) or 912-350-0673.



**VOLUNTEER APPLICATION**  
*Memorial Health University Medical Center*

Contact Information						
Name				Date		
Street		City		State	Zip Code	
Email						
Home Phone		Cell #				
School		Grade				
Date of Birth		Gender				
Shirt Size		<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL				
Emergency Contact						
Name			Relationship			
Home #		Work #		Cell #		
Previous Experience						
As a volunteer						
Other Experience						
Hobbies, Special Interests						
Have you volunteered at a Memorial Hospital before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		When did you volunteer?		
If so, which department?				Did you complete your hours of service?		
Availability						
<ul style="list-style-type: none"> <li>Each student is required to commit to at least 4 hours per week.</li> <li>Students may not volunteer more than 40 hours per week.</li> </ul>						
How many hours do you want to volunteer each week between 4 to 40 hours?						
Please allow some flexibility. We are often short of volunteer commitments for Mondays and Fridays. The more flexible you are, the more opportunities you will have. <b>Circle all days and shifts you are available. Only circle the times and days that you <u>are</u> actually able to volunteer.</b>						
Monday	<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Afternoon		
Tuesday	<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Afternoon		
Wednesday	<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Afternoon		
Thursday	<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Afternoon		
Friday	<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Afternoon		
Saturday	<input type="checkbox"/>	Mornings	<input type="checkbox"/>	Afternoon	<input type="checkbox"/> Other	
Sunday			<input type="checkbox"/>	Afternoon	<input type="checkbox"/>	
List your preferred days if applicant. If accepted to the program, every effort will be made to accommodate your request, however, this is not always possible.						

<b>Attendance</b>		
During the program, each Volunteer is permitted to take one week of vacation. Additional time off may be discussed with your supervisor. Regular attendance is a program requirement. If attendance becomes a concern, a Volunteer may be asked not to continue in the program. <b>List the dates you will be taking vacation.</b>		
June Vacation Dates		
July Vacation Dates		
August Vacation Dates		
<b>Why do you want to be a volunteer? (Use the back of this sheet if you need more space)</b>		
<b>Acknowledgement</b>		
<p>In joining the Memorial Health volunteer program, I agree to take my work seriously and take advantage of the opportunities the program offers in the hope that my service will be helpful not only to the hospital, but to the patients and community as well.</p> <ul style="list-style-type: none"> <li>• I acknowledge that I will commit to serve at least nine weeks of the ten-week program, or as approved by my supervisor. If I am accepted, I will notify the Volunteer Services manager if my summer schedule changes. I realize I may lose my spot if my new schedule does not fit with the program.</li> <li>• I understand that I should arrive on time and stay on the hospital campus at all times (including lunch). I will ensure that my volunteer supervisor knows where I am at all times. I take responsibility for my actions while serving as a volunteer and will uphold these and all other hospital and departmental policies, as presented in volunteer orientation.</li> <li>• I am aware that Memorial Health does not provide insurance coverage for volunteers if injured or if damage occurs to the worker's personal property while acting as a volunteer. I further understand that I am not entitled to worker's compensation benefits, health insurance benefits or any other benefit available to employees of Memorial Health. I agree that I will not hold Memorial Health or its officers or agents liable for any injury sustained to person or property while acting in a volunteer capacity.</li> </ul>		
<b>Orientation</b>		
<b>I understand that if I am accepted into the program, I must attend the mandatory orientation on Thursday, June 8, 2022 from 9:00 am until 12:00 pm. I understand that there will be no alternative dates for this training.</b>		
<b>Signatures</b>		
Applicant Signature	Date	
Parent/Guardian Signature	Date	
<b>Questions? Contact Volunteer Services</b>		
Memorial Health	MMCS.Volunteers@hcahealthcare.com	912-350-0673

**PARENTAL CONSENT**

I understand that my son/daughter has applied to be a volunteer for Memorial University Medical Center (MUMC). I have discussed the responsibilities involved and the time commitment of a minimum **40 hours of service before resignation of his/her volunteer position. I also understand that this commitment of 40 hours must be completed before service verification will be signed.** I will assume responsibility for transportation to and from the hospital for my son/daughter.

My son/daughter \_\_\_\_\_ has permission to volunteer for MUMC.

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**Due to the substantial investment of time devoted to your child's orientation and training, please carefully consider whether he/she can commit to the attendance requirements. It may be necessary for him/her to wait for a session that would better fit his/her school/sports activities. When he/she agrees to participate as a volunteer, it is assumed he/she will arrange his/her other activities so they will not conflict with his/her scheduled hospital shift.**

As part of the *Volunteer Orientation Process*, I authorize the MUMC to perform Tuberculosis (TB) testing on my son/daughter. In lieu of testing, I will provide proof that my son/daughter has been tested within the last year. I also understand that my child will be required to have yearly testing if he/she volunteers within a position that involves patient contact.

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE MUMC TO GIVE EMERGENCY MEDICAL TREATMENT TO MY SON/DAUGHTER.**

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**VOLUNTEER SERVICES - CONFIDENTIALITY AGREEMENT**

Confidentiality Agreement: I agree: (1) Only to use confidential information to provide services or goods to Memorial University Medical Center, (2) Only to communicate confidential information to Physicians, Team Members, and Team Leaders on a need-to-know basis, and (3) Not otherwise disclose or use at any time any confidential information which includes, but is not limited to, discussion of pay rates, access code, and/or patient information.

Printed Name:

Signature:

Date:

NOTE: Please keep a copy of this agreement for your records.



## VOLUNTEEN REFERENCE FORM

### Memorial Health University Medical Center

For Volunteer		
Must be included with application packet and brought to student interview. <i>Please do not mail form.</i>		
Instructions		
<p>THIS FORM IS STRICTLY CONFIDENTIAL</p> <p>Your name has been given as a character reference for the student named below who is applying for the Volunteer program with Memorial Health.</p> <p><b>Please complete and return form <u>directly to the student</u> in a sealed envelope with your signature across the back of the envelope or email form to <a href="mailto:MMCS.Volunteers@hcahealthcare.com">MMCS.Volunteers@hcahealthcare.com</a> before <b>May 7, 2022</b></b></p> <p>If emailing, list "Reference for student's name (last name, first name)" in subject line.</p>		
Student name (please print)		
How do you know this person?		
How long have you known this person?		
Which extraordinary skills and/or attributes does this person have that may contribute to his/her service as a volunteer?		
Please enter a rating for this applicant on a scale of 1 to 4 (4=Excellent, 3=Good, 2=Neutral, 1=Poor) on the following attributes.		
	Maturity / Good Judgement Has a Positive Attitude Honest / Trustworthy Dependable Demonstrates Initiative Ability to follow instructions Ability to treat individuals with patience, respect and compassion	
Do you know of any reasons why this individual should <b><u>not</u></b> be accepted as a Volunteer? If yes, please explain.		
Signature		
Reference Name (please print)	Reference Signature	
Name of Organization (please print)	Phone #	Email
Questions? Contact Volunteer Services		
Memorial Health University Medical Center	<a href="mailto:MMCS.Volunteers@hcahealthcare.com">MMCS.Volunteers@hcahealthcare.com</a>	912-350-0673





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Student name (please print)		
How do you know this person?		
How long have you known this person?		
Which extraordinary skills and/or attributes does this person have that may contribute to his/her service as a volunteer?		
Please enter a rating for this applicant on a scale of 1 to 4 (4=Excellent, 3=Good, 2=Neutral, 1=Poor) on the following attributes.		
	Maturity / Good Judgement Has a Positive Attitude Honest / Trustworthy Dependable Demonstrates Initiative Ability to follow instructions Ability to treat individuals with patience, respect and compassion	
Do you know of any reasons why this individual should <b><u>not</u></b> be accepted as a Volunteer? If yes, please explain.		
Signature		
Reference Name (please print)	Reference Signature	
Name of Organization (please print)	Phone #	Email
Questions? Contact Volunteer Services		
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