



Dear Prospective Volunteer:

Thank you for your interest in volunteering at MEDICAL CENTER OF LEWISVILLE this summer. Volunteers are an important part of our health care team enabling us to enhance our resources to meet the needs of our patients, families and staff. We are looking forward to a busy and productive summer.

Please read carefully the **2012 Student Volunteer Summer Program Commitment Contract**. It will give you some insight as to how our program operates and what will be required of you. Do not sign it until you meet with me and we have an opportunity to discuss it in detail. The program will begin June 11 with the last day on August 17. We ask that you commit to volunteering a minimum of 40 hours over the 10-week program. Dates for orientation will be scheduled early in May. You will have a choice of two sessions but you must attend orientation if you wish to volunteer this summer.

Our 2012 summer program will be limited to approximately 35 students. Upon receipt of your completed application, I will call to make an appointment for a personal interview. If you have not been scheduled by April 1, please call my office 972-420-1528. It will be necessary for one of your parents or guardian to accompany you on this visit.

When you are accepted, you will be asked to purchase a golf shirt with the hospital logo and be prepared to wear khaki pants or skirts with the shirt each time you work in the hospital. The cost of the shirt will be approximately \$25.

Please return completed application before **March 2** to **Summer Junior Volunteer Program, Medical Center of Lewisville, 500 W. Main, Lewisville, TX 75057.**

We look forward to meeting with you. And again, we appreciate your interest in our Volunteer program.

Sincerely,

Jamey Stegall  
Manager of Volunteer Services  
E-mail: [james.stegall@hcahealthcare.com](mailto:james.stegall@hcahealthcare.com)

Encl. 4 pages  
Application – 2 pages  
Recommendation Form  
Commitment Contract



**APPLICATION FOR STUDENT VOLUNTEER SUMMER PROGRAM**

<i>***FOR VOLUNTEER OFFICE USE ONLY***</i>	
<i>Date Received</i> _____	<i>Comments</i> _____
<i>Age of Student</i> _____	_____
<i>Interview Scheduled</i> _____	_____
<i>Orientation Scheduled</i> _____	_____
<i>Orientation Completed</i> _____	_____

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(NUMBER & STREET) (CITY, STATE, ZIPCODE)

E-MAIL ADDRESS: \_\_\_\_\_

PARENT'S OR GUARDIAN'S NAME \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(CELL OR BUSINESS)

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(CELL OR BUSINESS)

BIRTHDATE OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

GRADE AVERAGE: \_\_\_\_\_

SCHOOL ATTENDING THIS FALL: \_\_\_\_\_

PREVIOUS EXPERIENCE AS A VOLUNTEER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**APPLICATION FOR STUDENT VOLUNTEER SUMMER PROGRAM**

COMMUNITY AFFILIATIONS (CHURCHS, CLUBS, ORGANIZATIONS):

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PLEASE LIST PERSONAL REFERENCES: (NOT RELATED TO YOU)

( NAME )	( COMPLETE ADDRESS )	( DAYTIME PHONE )
( NAME )	( COMPLETE ADDRESS )	( DAYTIME PHONE )

WHY DO YOU WANT TO VOLUNTEER AT MEDICAL CENTER OF LEWISVILLE?

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Note: Because we understand that student volunteers may want to take time for family vacations, summer camp, etc., we will try to arrange schedules accordingly, within reason. Students interested in the summer volunteer program must commit to 40 hours total to be contributed during 10 - week program.

\*\*\*I also understand that prior to acceptance in the program, students will be interviewed and one parent must accompany the student at the time of the interview.

Completion of the application and interview does not guarantee acceptance as a volunteer.

APPLICATIONS FOR THE SUMMER OF 2012 MUST BE SUBMITTED TO THE VOLUNTEER COORDINATOR OFFICE NO LATER THAN MARCH 2, 2012.



**RECOMMENDATION FOR ENTRY IN THE SUMMER VOLUNTEER PROGRAM AT MEDICAL CENTER OF LEWISVILLE**

Name of Student \_\_\_\_\_

**Parent Consent to Release Information:**

**I hereby give my permission for this school official to give information below to MEDICAL CENTER OF LEWISVILLE.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

Date \_\_\_\_\_

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School Name \_\_\_\_\_

This student has a grade average of C or better. Yes \_\_\_\_\_ No \_\_\_\_\_

**In your opinion would this student benefit and be an asset to the SUMMER VOLUNTEER PROGRAM at MEDICAL CENTER OF LEWISVILLE? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Please give us any comments about this student that would help us to place him/her in an appropriate position.**

Teacher or Counselor Signature \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_



## 2012 SUMMER VOLUNTEER COMMITMENT CONTRACT

- \*\* I will follow all rules and regulations of the medical center, including but not limited to safety, infection control, and confidentiality. In addition, I will follow all departmental policies wherever I am assigned.
- \*\* I will go to my volunteer assignment as scheduled unless I have called in prior to my shift and have been excused by the Volunteer Manager.
- \*\* I will always wear the designated uniform and ID badge while on duty. The uniform will be neat and clean and I will not deviate from the approved uniform items.
- \*\* I will always present a positive, helpful, and cheerful attitude to the patients, guests and employees of the medical center. If there is a problem to be addressed, it will be brought to the attention of the Volunteer Manager in private.
- \*\* I will treat all individuals with equal respect and will respect the privacy of each patient. Moreover, I promise to keep the confidentiality of all patients' medical and personal information that I may have been given.
- \*\* I will not engage in any rowdy and loud behavior within the medical center.
- \*\* I will follow the instructions and duty assignments of my supervisors at all times.
- \*\* I will remain on medical center premises during my entire shift period unless I have written parental permission as well as that of the Volunteer Manager.
- \*\* Upon leaving the medical center premises, with or without permission, I will not hold Medical Center of Lewisville nor its employees responsible for any liability that may arise by reason of accident or injury suffered.
- \*\* I will not use any communications sources (beepers and cellular phones) without the permission of my supervisor.
- \*\* I will not have outside visitors while on duty, including family members.
- \*\* I understand that violations of any of the above guidelines and regulations may be grounds for immediate dismissal from the program.
- \*\* I understand that Medical Center of Lewisville cannot be held liable for any injury or accident suffered by me if I do not comply with the above guidelines and regulations, medical center rules and regulations, and any other orientation and training received.

APPLICANT NAME (PRINT) \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE DATE