



## JUNIOR VOLUNTEER INFORMATION & SGH APPLICATION

On behalf of the Volunteer Auxiliary at Sharp Grossmont Hospital, I am pleased that you are interested in joining Sharp Grossmont Hospital's Junior Volunteer Program. If accepted, I hope you will find it to be a rewarding experience.

### **All applicants must meet the following criteria:**

- 1) Must be 14 or older and in high school
- 2) Have a satisfactory grade point average (a minimum 3.00 GPA)
- 3) Good citizenship

### **Required commitment:**

You must be able to commit for a minimum of one year. Commitment is one day per week for 3½-hour shift.

*Please note: We do not accept students who are seniors in high school due to the minimum of one year commitment. Seniors are welcome to apply to our college or adult program once they graduate high school.*

### **Available Shift Times are:**

- 1) Monday through Friday: 4:00/4:30 P.M. – 7:30 P.M. (some exceptions)
- 2) Saturday & Sunday: 9:00 A.M. – 12:30 P.M. and 12:30 P.M. – 4:00 P.M.

### **Application Process:**

- **Application packet consists of the following:** Volunteer Application, Student Counselor Form, and essay.
- **STUDENT COUNSELOR FORM:** You must have your High School Counselor complete this form.
- **ESSAY TOPIC:** “Why you want to volunteer and what you can bring to the volunteer program to enhance the Sharp Experience.” Your essay must be between 300-500 words, typed (Times New Roman or Arial, size 12 font) and double spaced. AI GENERATED ESSAYS WILL NOT BE ACCEPTED.
- **Return the Application, Counselor Form and typed essay** to the Volunteer Office (via mail or email). **In-person submissions will not be accepted.**
- Please make sure all areas of the application are complete and that all necessary signatures are obtained.
- If your application is incomplete in any way, Volunteer Services is not obligated to notify you, and is under no obligation to consider an incomplete application packet.

If you have questions, please call the Junior Volunteer office at (619) 740-4175. If I am not available, leave a message on my voicemail or email me at [charise.medel@sharp.com](mailto:charise.medel@sharp.com). I will get back to you as soon as possible.

Again, thank you for your interest in the Junior Volunteer Program.

Sincerely,

*Charise P. Medel*

Charise Pasiderio Medel, CAVS  
Junior Volunteer Coordinator  
Sharp Grossmont Hospital

## STEPS TO BECOMING A JUNIOR VOLUNTEER:

1. **APPLICATION/ESSAY/COUNSELOR FORM:** All prospective volunteers must submit a completed application, required essay, and counselor form
2. **INTERVIEW:** Candidates who submit a completed application with essay and counselor form will be scheduled for an interview.
3. **ORIENTATION:** If selected to become a volunteer, you will be invited to attend a mandatory two-hour orientation. At orientation, we will provide you information on how to purchase your uniform top and we will take your photograph for your identification badge. We will also review hospital and Auxiliary policies and procedures, volunteer expectations, and allow you to ask questions about your volunteer experience. **A parent or guardian must attend the orientation with you.**
4. **PLACEMENT:** Based on your application, you will be placed in a department for which you showed an interest in and the time slot you indicated you were available. This will be given at Orientation.
5. **HEALTH REQUIREMENT:**  
***(TO BE COMPLETED ONCE ACCEPTED AND AFTER ORIENTATION)***

### **Volunteers in hospitals and clinics**

#### *Immunization Records or Titters:*

1. Provide documentation of MMR Vaccine (Measles/Mumps/Rubella) or titer, varicella vaccine (chickenpox) or titer and pertussis vaccine (Tdap) as a condition of volunteering.

If you do not have a provider or insurance for the blood test, EOHD can order the test and you will be charged \$70 for Measles, Mumps and Rubella and \$25 for Varicella. If Measles, Mumps, Rubella and Varicella are ordered together, the cost is \$91 total due at the time of service.

*The SDPHC offer Varicella vaccine for \$10 if you are less than age 18 years old.*

2. Provide documentation of Influenza vaccination if already received; otherwise it will be offered.

#### *TB Testing:*

1. If you have a Negative QFT within 90 days of your scheduled appointment, please bring documentation. If you do not, please be advised we will be doing a blood draw for a QFT.

2. If you have a Positive QFT or TST (TB Skin Test), please bring documentation as well as Chest X-ray report (if X-ray was done within last 6 months).

6. **GENERAL TRAINING:** This is a 2 ½ -hour mandatory meeting in which we will discuss hospital policies and procedures, provide wheelchair training as well as trainer information for the department you will be assigned to volunteer.
7. **INDIVIDUAL TRAINING:** Depending on the assigned area, you will have one-on-one training with experienced volunteers or hospital staff.

### **APPLICATIONS MAY BE MAILED TO:**

Sharp Grossmont Hospital  
Attn: Charise Medel  
JV Coordinator, Volunteer Services  
5555 Grossmont Center Drive  
La Mesa, CA 91942

**OR EMAILED TO:** [charise.medel@sharp.com](mailto:charise.medel@sharp.com) (Applications must be received in document form. No photos.)



Received: _____
Interview: _____
Kiosk ID: 912- _____
Notes: _____

## SGH JUNIOR VOLUNTEER APPLICATION

**PERSONAL INFORMATION**

Last Name:	First Name:	Middle Name:
------------	-------------	--------------

Mailing Address:	Apt. #:
------------------	---------

City:	State:	Zip Code:
-------	--------	-----------

Home Phone: (   )	Cell Phone: (   )
----------------------	----------------------

Social Security Number (Required):	E-Mail:
------------------------------------	---------

Pronouns: <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Their <input type="checkbox"/> Other <input type="checkbox"/> Decline to state
--

Emergency Contact: Name: _____ Phone: (   ) _____  Relationship: _____
--

<input type="checkbox"/> <b>Volunteer:</b> I certify that I meet all criteria (age, G.P.A. and citizenship) that Sharp Grossmont Hospital requires in order to be a junior volunteer.
---

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: Relationship:	Parent/Guardian Cell Phone:
--	-----------------------------

Parent/Guardian Name: Relationship:	Parent/Guardian Cell Phone:
--	-----------------------------

Are either or both of your parents auxiliary members?     YES     NO  
 Are either of your parents hospital staff?     YES     NO  
 If hospital staff, which department(s): \_\_\_\_\_

**SCHOOL INFORMATION**

Year in School: (circle one)      9      10      11	Year of Graduation:
--	---------------------

Name of High School Attending:
--------------------------------

School activities or organizations you are involved in:
---



PARENT INFORMATION

My son/daughter \_\_\_\_\_ has my permission to become a junior volunteer with Sharp Grossmont Hospital.

My son/daughter \_\_\_\_\_ has permission to have a tuberculin skin test or a TB blood test (QFT). I understand that this is required in order for him/her to volunteer at Sharp HealthCare. I also understand that if the skin test is positive, a chest x-ray will be ordered and a clearance from Employee Health Department (EOHD) will be required. I authorize any immunizations deemed necessary by EOHD.

**TERMINATION OF SERVICES: I understand the following policy:**

SHARP GROSSMONT HOSPITAL reserves the right to terminate your child's service as a Junior Volunteer if the action is in the interest of the hospital and the volunteer. Such termination could result from:

Absences in excess of five (5) per year; consistent tardiness; irregular attendance of three (3) unexcused absences; disorderly conduct or insubordination; attitude or appearance unbecoming a member of the Sharp Grossmont Hospital Auxiliary; gross or willful neglect of duty or actions detrimental to Volunteer Service's public image; intoxication or use of alcoholic beverages, or unauthorized possession or use of drugs or narcotics on the premises; and willful destruction or defacing of hospital property.

I clearly understand the conditions of my child's membership.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# JUNIOR VOLUNTEER INTERESTS & AVAILABILITY

Please complete the following information:

1. Please check all the volunteer positions that interest you:

- |   |  |
|---|--|
| <input type="checkbox"/> Any open position<br><input type="checkbox"/> Behavioral Health Services<br><input type="checkbox"/> Gift Shop<br><input type="checkbox"/> Library/Art Cart<br><input type="checkbox"/> Main Lobby Information Desk<br><input type="checkbox"/> Nutrition Services Aide<br><input type="checkbox"/> Patient Floor Aide | <input type="checkbox"/> Pet Therapy Escort<br><input type="checkbox"/> Pharmacy Clerk<br><input type="checkbox"/> Rehabilitation Center<br><input type="checkbox"/> Supply Distribution<br><input type="checkbox"/> Volunteer Office Clerk/Floater<br><input type="checkbox"/> Women's Hospital<br><input type="checkbox"/> Thrift Korral (Offsite) |
|---|--|

2. Please indicate in the chart below **ALL** day(s)/time(s) you are available to volunteer. Only certain positions may allow junior volunteers to be scheduled Monday-Thursday 4:00 p.m.-7:30 p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>9am-12:30pm</b>							
<b>12:30pm-4pm</b>							
<b>4pm-7:30pm</b>							

## Student Counselor Form

The student named below is applying for membership in the Junior Volunteer program at Sharp Grossmont Hospital. The following information is requested to assist in evaluating the applicant's eligibility.

Please complete this form and return it to: Sharp Grossmont Hospital, Charise Medel, Junior Volunteer Coordinator, P.O. Box 158, La Mesa, CA. 91944 or fax it to 619-740-4050. If you have any questions, please call Charise, at 619-740-4175

### THIS REPORT IS STRICTLY CONFIDENTIAL

Dear Counselor:

As Parent/Guardian I hereby give my permission for the release of this requested information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

**The following information is required:**

Number of: Tardies \_\_\_\_\_ Absences \_\_\_\_\_ Suspensions \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ School Citizenship: \_\_\_\_\_

Expected Graduation Date (month/year): \_\_\_\_\_

Please comment on whether or not you think this student will make a good hospital volunteer.

---

---

---

---

---

---

---

---

COUNSELOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_