SHARP GROSSMONT HOSPITAL JUNIOR VOLUNTEER PROGRAM INFORMATION & 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; unweighted)
3) In good standing with school policy

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, Sunday: 4:00 P.M. - 7:30 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 and typed essay** to the Volunteer Office (via mail or email). **In-person submissions will not be accepted. Counselor form** may be returned by student or counselor.
- 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. 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

Updated 11/10/26

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 Titers:

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, Employee Occupational Health Department (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 being 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 (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:
__He/Him/His __She/Her/Hers __They/Them/Their __Other __Decline to state

Emergency Contact: Name:_____ Phone: ( )_____

Relationship:_____

☐ **Volunteer:** 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:

PROGRAM INFORMATION

Do you have any restrictions or problems that might interfere with your volunteer work?

How did you find out about our Junior Volunteer Program?

Are you interested in a Medical Career?

If yes, what area?

Do you have any friends, sisters or brothers that have been or are currently volunteers here at Sharp Grossmont Hospital? If yes, what are their names?

_____ _____

Have you had any previous volunteer or work experience? If so, where and what were your responsibilities?

Have you previously applied to the Junior Volunteer Program? If yes, when?

Prospective Junior Volunteer Signature

CERTIFICATION:
I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp Grossmont Hospital Volunteer Department and/or Hospital to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. If, upon investigation anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. I certify the above is true to the best of my knowledge.

Signature of prospective volunteer: _____

Date: _____

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:

Excessive absences that fall below the mandatory 75% attendance requirement; disorderly conduct or insubordination; attitude or appearance unbefitting 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:

- ☐ Any open position
- ☐ Behavioral Health Services
- ☐ Gift Shop
- ☐ Library/Art Cart
- ☐ Main Lobby Information Desk
- ☐ Nutrition Services Aide
- ☐ Patient Floor Aide
- ☐ Pet Therapy Escort
- ☐ Pharmacy Clerk
- ☐ Rehabilitation Center
- ☐ Supply Distribution
- ☐ Volunteer Office Clerk/Floater
- ☐ Women's Hospital
- ☐ 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 4:00/4:30 p.m.-7:30 p.m.

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

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. **If you are in transition from 8th to 9th grade, you may use your latest transcript from 8th grade and have your middle school counselor sign this form.**

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. **It is at the counselor's discretion to return to student or send separately.**

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 (unweighted): _____ Expected Graduation Date (month/year): _____

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

_____
_____
_____
_____
_____
_____
_____

COUNSELOR'S SIGNATURE_____ **DATE**_____

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