

Dear High School Volunteer Candidate,

We are pleased to learn that you are interested in our High School Volunteer Program. Attached is a High School Volunteer Application and Permission Form. Before completing the application, please read the following list of requirements:

- Must be a high school student (15-18 years of age)
- Must have a minimum GPA of 3.0
- Must be dependable, reliable and mature
- Must be available to serve a minimum of one 3-4 hour shift per week on a consistent basis
- Must be willing to complete 100 hours and 6 months of volunteer service to receive documentation verifying hours
- Submit High School Volunteer Application along with Permission Form

IMPORTANT NOTE: Internships, externships or physician shadowing is not processed through Scripps Volunteer Services. In addition, all volunteer tasks are non-clinical in nature.

All applications will be reviewed; however, we will only contact qualified applicants based on the needs of the organization. Please keep in mind the program is not an automatic sign-up process. Due to the amount of applications received, we regret not all applicants will be granted an opportunity for an interview or a position.

If a candidate is selected to participate in our program, they must be able to complete the following:

- Attend a mandatory Volunteer Orientation session (by invitation only)
- Complete the mandatory Health Screening
 - Scripps covers the cost and provides:
 - ❖ TB screening via IGRA (blood test)
 - ❖ Flu vaccination (seasonal) – can be declined
 - Applicant is responsible for any costs related to:
 - ❖ Proof of 2 MMR (Measles, Mumps and Rubella) vaccinations or proof of immunity
 - ❖ Proof of 2 Varicella (Chickenpox) vaccinations or proof of immunity
 - ❖ Proof of 1 T-dap (Tetanus, Diphtheria, and Pertussis) vaccination
- Purchase a Scripps uniform top (\$20.00)

If you feel you are able to meet the requirements listed above, please submit your completed application to the appropriate campus of interest

Scripps Mercy Chula Vista: CVVolunteerservices@scrippshealth.org

Scripps Mercy San Diego (Hillcrest area): Mercyvolunteerservices@scrippshealth.org

Incomplete applications will not be considered. An application is not complete if it does not include two business references such as current or former employer, teacher, counselor, religious leader, etc. We do not accept personal references. Letters of recommendation dated within one year of the application date will be accepted as a reference.

If you have additional questions, please call or email the campus of interest.

Scripps Mercy Chula Vista
435 H Street, CV-1
Chula Vista, CA 91910
Phone: 619-691-7537
CVVolunteerservices@scrippshealth.org

Scripps Mercy San Diego
4077 Fifth Avenue, MER-65
San Diego, CA 92103
Phone: 619-260-7082 x 2
Mercyvolunteerservices@scrippshealth.org

Sincerely,

A handwritten signature in blue ink that reads "Rosa A. Soto". The signature is written in a cursive style with a large initial 'R' and 'S'.

Rosa A. Soto
Manager of Volunteer Services



SCRIPPS MERCY HOSPITAL SAN DIEGO
SCRIPPS MERCY HOSPITAL CHULA VISTA
(Select One)

HIGH SCHOOL VOLUNTEER APPLICATION

This form must be completed and submitted with the Junior/High School Student Volunteer Permission Form

Date: E-Mail:

Legal Name

Last: First: Middle: (Optional)

Birthdate: Social Security Number (Last 4 Digits):

Address

Number and Street: Name: Unit:
City: State: Zip:

Phone

Home: Cell:

Name of Parent or Legal Guardian:

Phone: Work Phone:

Emergency Contact: Relationship: Phone:

ACADEMIC RECORD

School Presently Attending: Grade:

Grade Point Average: Graduation Date (MM/YY):

Career Interest(s):

Activity Interest(s):

Will your education continue after graduation? Yes: No:

College: Other:

Referred by: Other:

Why are you interested in volunteering at Scripps?

Where have you volunteered previously?

Are you able to perform all volunteer duties with reasonable accommodation?

(Answering No will not disqualify you) Yes No

REFERENCES *References must be provided and verifiable to be considered as a candidate.

Business: (Employer, teacher, counselor, etc. – no personal references)

Name: Relationship:

E-Mail: Phone:

Business: (Employer, teacher, counselor, etc. – no personal references)

Name: Relationship:

E-Mail: Phone:

Availability (Check all that apply)

Morning: 8AM-12PM, Afternoon: 12-4PM, Evening: 4-8PM

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Departments Interests (Departments vary by site):

Clerical Waiting Rooms Gift Shop Information Desk Book Cart

Dietary Laboratory Radiology Nursing Unit Other:

VOLUNTEER COMMITMENT:

If placed as a volunteer, I commit to the following (please initial):

To complete at least 100 hours and six (6) months of continued service to receive documentation verifying hours. The first four (4) weeks will be considered an introductory period. This gives the organization the opportunity to determine the ability of the volunteer to perform designated services, and provides the volunteer the opportunity to decide if he or she is satisfied with their service with the volunteer program.

To maintain patient privacy and confidentiality of information in every way at all times.

Failure to comply results in termination of volunteer’s service.

To treat my volunteer assignment in a professional manner by:

- 1) **Regular, consistent attendance, and by**
- 2) **Providing adequate notice of absence.**

Applicant’s Statement:

I certify that the statements made by me on this application are true and correct and authorize Scripps to contact any references deemed appropriate to consider my application. I release them and Scripps from any and all liability for issuing, receiving, or using any such information. All facts stated in and related to the application are open for investigation. I understand that any false or misleading information or any material omission may result in the denial or termination of volunteer service. I agree that my volunteer service is provided without any contemplation of compensation or benefits.

Electronic Signature:

Date:

TO BE COMPLETED DURING INTERVIEW

I am aware of my responsibilities as a volunteer, and agree to abide by the policies of the volunteer program as states in the Volunteer Handbook, to abide by the policies and procedures of Scripps, and to abide with all regulatory laws and agencies. I agree to have an annual Tuberculin Screening and to participate in the annual safety-training program.

Signature:

Date:

Scripps Health Junior/High School Student Volunteer Permission Form

In order to become a junior (high school student) volunteer at Scripps Health, a signed permission slip indicating consent from your parent and/or legal guardian is required. This document will be kept on file with your application materials. The appropriate adult must fill in the blank lines in each section (there are 3 sections). Thank you.

SECTION 1: PERMISSION TO SERVE AS A JUNIOR / STUDENT VOLUNTEER

Effective today's date of _____, I hereby give permission for my child (print child's name)

_____ to serve as a junior/student volunteer at Scripps Health. I recognize that my son/daughter is subject to all of the rules and regulations of conduct and service established by Scripps Health. In addition, I am aware that there are costs associated with the program. I understand that my child is making a minimum commitment of 100 hours and six months of volunteer service and that a consistent weekly attendance is expected.

Signature of Parent/Guardian

Print Parent/Guardian Name

SECTION 2: PERMISSION FOR EMPLOYEE HEALTH AND/OR LABORATORY CLINICAL STAFF TO ADMINISTER NECESSARY IMMUNIZATIONS, DRAW BLOOD FOR TB APPRAISALS, PROVIDE/CONDUCT OR AUTHORIZE TITER CHECKS, AUTHORIZE CHEST X-RAYS AND PERFORM IMMUNIZATION REVIEW/VERIFICATION. Scripps Employee Health/ECC may also refer my child to my own practitioner for same.

This permission form must be completed and presented to the Employee Health/ECC staff member prior to receiving services.

I hereby give permission on today's date _____,

for my child _____,

whose date of birth is _____,

for the above mentioned health requirements pertaining to junior (student) volunteers:

Signature of Parent/Guardian

Print Parent/Guardian Name

SECTION 3: AUTHORIZATION FOR TREATMENT IN CASE OF EMERGENCY

I/We the undersigned parent(s) or legal guardian(s) of said Scripps Health junior/student volunteer do hereby authorize medical treatment for said minor in case of emergency.

It is understood that this authorization is given in ADVANCE of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of any physician or surgeon, licensed under the Provisions of the Medicine Practice Act on the medical staff of Scripps Health, to give any diagnosis, treatment or hospital care which, in the exercise of his/her best judgment, may deem advisable.

I/We further agree to hold Scripps Health, any physician, surgeon or their representative(s) free and harmless from liability arising out of the use of this authorization.

Signature of Parent/Guardian

Print Parent/Guardian Name

Certification of Grade Point Average and Attendance (To be completed by a teacher or counselor)

I certify that the applicant _____ has met the following criteria: (initial each item)

_____ Grade point average of 3.0 or higher

_____ Satisfactory attendance record

Teacher/Counselor Signature

Print Teacher/Counselor Name

Date

Teacher/Counselor Phone Number