



Dear Teen Volunteer Applicant,

Thank you for your interest in the Teen Volunteer Program at Methodist Jennie Edmundson Hospital.

Please complete the enclosed application and reference requirements and return them to the Volunteer Services Department. After we receive your completed application, you will either be contacted for an interview/orientation or placed on the waiting list. If you have been placed on the waiting list, we will contact you when a position becomes available.

### **Teen Volunteer Application Guidelines**

The Methodist Jennie Edmundson Hospital Teen Volunteer Program requires you to submit the following information in order to be considered for a volunteer position. Please check off as you complete and return these in the envelopes provided.

- A completed application with Parent/Guardian permission
- Two confidential adult references (forms and envelopes provided)

#### ***Mandatory Criteria includes:***

- Grade point average must be a 2.5.
- Must attend a mandatory orientation.
- Complete a hospital-sponsored health screen.
- Begin volunteering within 3 months of orientation.
- Complete 8 weeks or 16 hours of training

The MJEH Volunteer Services Department performs criminal background checks and post-offer drug testing. Candidates who accept a position as a Teen Volunteer must complete these requirements successfully and complete a health screening.

Thank you for your interest in the Methodist Jennie Edmundson Teen Volunteer Program. We look forward to your participation!

Sincerely,

**Courtney Killion**  
Volunteer Coordinator

**Methodist Jennie Edmundson Hospital**  
933 East Pierce Street | Council Bluffs, IA 51502  
712.396.6341 office | 712.396.7780 fax  
courtney.killion@nmhs.org

# Methodist Jennie Edmundson

## Hospital Teen Volunteer Program

We are happy that you are interested in becoming a volunteer at Methodist Jennie Edmundson Hospital. **In order to become a Teen Volunteer you will need to attend an Orientation Session.**

After the required Orientation, you will then begin a probationary training period in which you will learn “hands on” the tasks that the Teen Volunteers are involved with. During this period you will be paired with another teen volunteer who will teach you the different responsibilities. Following the probationary training period, a written test will be given to ensure competency in all service areas. Upon successful completion of the exam, you will be accepted as a full-fledged Teen Volunteer!

During Orientation you will sign up for your volunteer shift. We have shifts every day, including the weekend, from 4:30pm-6:30pm and a Saturday morning shift from 10:30am-12:30pm. **Teen Volunteers work their designated shift each week.**

For individuals involved in extracurricular activities, we allow a Leave of Absence (LOA). Simply fill out an LOA form and return it to Volunteer Services. You are excused from your shift during this period of time.

### Teen Volunteers Must...

- Be between the ages of 14-18 and attending middle or high school
- Have a desire to help people
- Be responsible and have moral integrity
- Be kind, considerate, clean and neat
- Take directions and follow orders
- Display a pleasant attitude
- Maintain a 2.5 GPA average in school
- Complete reference requirement and background check
- Have current immunizations
- Set up a health screening with the MJEH Employee Health Nurse
- Commit to one 2-hour shift per week

### Uniform

- **Probies**
  - White shirt and blue vest-provided
- **Official Volunteer**
  - Navy MJEH Polo-provided
- **Khaki-colored pants-All Volunteers**
  - Clean and wrinkle free
  - No corduroys, shorts, jeans or cargos.
- **Comfortable shoes-All Volunteers**
  - Closed toe and heel
  - No platforms or heels
- **Nametag-All Volunteers**
  - First nametag is free
  - Replacements are \$10

Methodist Jennie Edmundson Hospital is one of the few hospitals allowing Teen Volunteers to actually have **patient contact without adult supervision**. This is a privilege that we are proud of and we continue to work very hard to maintain. While working on the floors, teens are responsible for charting the amount of water that the patient consumes before refilling the pitcher, stocking closets, restocking towels and linens, visiting with patients, escorting patients to various parts of the hospital, running errands and helping the nurses.

**However, they will not be asked to perform any nursing duties.**

Other duties of a Teen Volunteer include working at the Information Desk, answering phones, directing visitors and delivering newspapers to patients, guests, and employees.

If you have any questions, or would like to sign up for Orientation, please contact **Volunteer Services at 712.396.6040**.

**We look forward to hearing from you!**

# Top 10 Reasons to Volunteer

Thinking of becoming a volunteer? See a list of reasons that will help you make up your mind.

## #10: It's good for you.

Volunteering provides physical and mental rewards. It:

- **Reduces stress:** Experts report that when you focus on someone other than yourself, it interrupts usual tension-producing patterns.
- **Makes you healthier:** Moods and emotions, like optimism, joy, and control over one's fate, strengthen the immune system.

## #9: It saves resources.

Volunteering provides valuable community services so more money can be spent on local improvements.

- The estimated value of a volunteer's time is \$15.39 per hour.

## #8: Volunteers gain professional experience.

You can test out a career.

## #7: It brings people together.

As a volunteer you assist in:

- Uniting people from diverse backgrounds to work toward a common goal.
- Building camaraderie and teamwork.

## #6: It promotes personal growth and self-esteem.

Understanding community needs helps foster empathy and self-efficacy.

## #5: Volunteering strengthens your community.

As a volunteer you help:

- Support families (daycare and eldercare)
- Improve schools (tutoring, literacy)
- Support youth (mentoring and after-school programs)
- Beautify the community (beach and park cleanups)

## #4: You learn a lot.

Volunteers learn things like these:

- **Self:** Volunteers discover hidden talents that may change your view on your self-worth.
- **Government:** Through working with local non-profit agencies, volunteers learn about the functions and operation of our government.
- **Community:** Volunteers gain knowledge of local resources available to solve community needs.

## #3: You get a chance to give back.

People like to support community resources that they use themselves or that benefit people they care about.

## #2: Volunteering encourages civic responsibility.

Community service and volunteerism are an investment in our community and the people who live in it.

## #1: You make a difference.

Every person counts!





## TEEN VOLUNTEER APPLICATION

Date \_\_\_\_\_ Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

School \_\_\_\_\_

Employer Name \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Emergency Contact \_\_\_\_\_

## OTHER INFORMATION

Please use this space to explain why you wish to become a Teen Volunteer and what you expect to gain from this experience.

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

What will you bring to the program?

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

Were you referred to the MJEH Teen Volunteer Program?  Yes  No By whom? \_\_\_\_\_

Have you ever volunteered your time to any other organization?  Yes  No

If so, what organization and what were your responsibilities?

\_\_\_\_\_

What are your other extracurricular activities, special interest, talents and skills?

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

## AVAILABILITY

Will you have a ride to volunteer on a weekly basis?  Yes  No

Which shift are you planning to volunteer? (You may volunteer for more than one shift.)

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday AM  Saturday PM

## TEEN VOLUNTEER STATEMENT

I wish to donate my services to Methodist Jennie Edmundson Hospital and understand there is no payment for services rendered as a volunteer at Methodist Jennie Edmundson Hospital. I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for volunteering or immediate discharge when discovered. I understand that the Hospital and Volunteer Staff may take photographs of me for publications or other uses. I agree to abide by the rules, regulations and policies of the Hospital department in which I serve and Volunteer Services Department. I further understand confidentiality must be maintained concerning patient and family information. I understand that if I do not abide by the Hospital Department and Volunteer Services Department rules, regulations and policies, that I will be terminated from the volunteer program. Methodist Health Systems has adopted a tobacco free policy on all campuses. I understand if I am accepted as a Volunteer, it may be contingent on successfully passing a post offer drug test. Some affiliates require background checks and some positions require various registry checks, as well.

## TEEN SIGNATURE \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

\_\_\_\_\_ has my permission to join the MJEH Teen Volunteer Program.

### As a teen Volunteer, my child will be expected to:

- Volunteer once per week on their designated shift.
- Not have more than 5 unexcused absences (not calling in) from their shift per year.
- Remain at the hospital their entire 2-hour shift.
- Wear the proper uniform (khaki pants, white t-shirt, navy polo and closed toe/heel shoes).
- Be respectful of other patients, visitors, volunteers and employees.
- Follow hospital and volunteer policies and procedures.
- Leave any mobile devices in Teen Lounge, not to be carried or used during shift.

Is your child's method of transportation to and from the hospital assured?  Yes  No

Please specify any health limitations or allergies your child may have.

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

## PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

## BEST PHONE TO REACH YOU AT \_\_\_\_\_



## Confidential Reference Request

Date \_\_\_\_\_ Student Name \_\_\_\_\_

Hello!

The above named teen has expressed an interest in joining the Teen Volunteer Program at Methodist Jennie Edmundson Hospital. Your comments will be helpful in the application process. Please return with the included envelope at your earliest convenience.

Please contact me with any questions or concerns and thank you for your assistance!

**Courtney Killion**  
Volunteer Coordinator

**Methodist Jennie Edmundson Hospital**  
933 East Pierce Street | Council Bluffs, IA 51502  
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## ADULT REFERENCE FORM

This form should be completed by a current school staff member, work supervisor or clergy member. The person completing the form **MAY NOT** be a relative. Reference form should be returned in a sealed envelope.

Date \_\_\_\_\_

Volunteer Full Name \_\_\_\_\_

Reference Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Would you recommend this individual to be a Teen Volunteer at Methodist Jennie Edmundson Hospital?

Yes  No

Please rate the applicant's performance in each area:

	Excellent	Very Good	Good	Average	Below Average	Needs Work
<b>Leadership</b>						
<b>Effort and Initiative</b>						
<b>Self-Confidence</b>						
<b>Attendance</b>						
<b>Character and Integrity</b>						
<b>Reaction to Criticism</b>						
<b>Concern for Others</b>						
<b>Interactions with Others</b>						
<b>Appearance/Hygiene</b>						

Are there any recommendations which would help ensure the success of the applicant as a volunteer?

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Is there any additional information you would like to share about the applicant?

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Signature \_\_\_\_\_



## Confidential Reference Request

Date \_\_\_\_\_

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

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Please contact me with any questions or concerns. And thank you for your assistance!

**Courtney Killion**  
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\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you would like to share about the applicant?

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

Signature \_\_\_\_\_