

# 2018 Renown Summer High School Volunteer Program

## Application Notes

- Read the Program Overview.
- Complete the Questionnaire and Volunteer application.
- Ask a teacher or counselor to write you a letter of recommendation for this program. They should return it to you in a sealed, signed envelope. Please allow them at least a week to write the letter. (**Remember that we are on break until January 16, 2018!**)
- Email all **THREE** items (questionnaire, application, and letter of recommendation) to Renown (contact information is on the Overview sheet). If you need assistance scanning/emailing these documents, please see Mrs. Welmerink in the Counseling Office.
- Applications are due by March 16. However, applications will be reviewed and on a first-come, first-served basis. There are 60 total spots for this program. Renown will also be interviewing students interested in participating in this program. *They are looking for students that are responsible and will be a good match for this program.*
- If you participated in this program summer 2017, please email Ms. Peukert to indicate your interest in participating again this year. You do not need to complete the application packet.

**Please spend time on your application but turn it in well before the deadline if you are interested.**

# Renown Health 2018 High School Volunteer Summer Program

## Program Dates:

June – August 2017, deadline for program applications is March 16, 2018

**Who is this program designed for:** High School students who will be starting in their junior and senior year, ready to explore the medical field.

**What you can expect:** Assisting patients, visitors and staff at either Renown Regional Medical Center or Renown South Meadows Medical Center. At the end of this program, you will have completed over 50 hours of volunteer work. Please note, this is not a job shadowing program.

## What's in it for you?

- Enhance your communication, customer service and critical thinking skills
- Work as a team and build relationships
- Take responsibility- The people you volunteer for depend on you
- Have a place to go, have fun and be busy doing something worthwhile
- Enhance your resume and boost your college application
- Feel good, knowing you have the power to make a difference in someone's life

## What will our volunteers do?

- Learn to work at one of our Welcome Desks
- Greet and escort patients and family to their destinations within the hospital
- Visit rooms and lobbies to interact with patients and visitors
- Help with running errands, delivering mail and flowers

## Qualifications and Requirements:

- Completed application and questionnaire form
- One letter of recommendation from a teacher, counselor or coach
- Ability to volunteer twice a week for a scheduled shift of four hours
- Attend mandatory orientation with a parent/guardian
  - Orientation will consist of reviewing policies and procedures and going through the process to obtain a medical clearance (blood work required)
- Pass a background check
- Miss no more than two weeks of scheduled shifts
  - If you are taking an extended vacation over summer break, we will not be able to accept your application. Excessive absenteeism will result in termination from the program

**Where to start:** Complete the application and questionnaire form and email to [VolunteerForms@renown.org](mailto:VolunteerForms@renown.org) by March 16. We will be accepting the first 60 completed and qualified applications.

# Renown Summer High School Volunteer Program Questionnaire

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check your schedule before answering the following questions:

Are you available to attend interviews 5:30-7:30 April 3<sup>rd</sup> 2018? **Yes or No**

If accepted into to the program, are you available to attend **(with a parent or guardian)** orientation on the following date?

May 8<sup>th</sup> 2018 5:30pm-7:30pm **Yes or No**

Additional dates for both interviews and orientation may be provided based on group size.

Please list any dates during the summer you won't be able to volunteer:

\_\_\_\_\_

What are your expectations of the program?

\_\_\_\_\_

\_\_\_\_\_

Who recommended you for this program?

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Please have them provide you a letter of recommendation and submit with your application.

**Please Submit with completed application and letter of recommendation to [VolunteerForms@renown.org](mailto:VolunteerForms@renown.org). Please call 775-982-7124 for questions.**

**RENOWN HEALTH  
VOLUNTEER APPLICATION**

FOR OFFICE USE ONLY

Date Rec'd \_\_\_\_\_

ID # \_\_\_\_\_

**PERSONAL INFORMATION**

Please check appropriate box:  Adult Volunteer  College Volunteer  High School Volunteer  Other \_\_\_\_\_

Ms. Mrs. Mr. Name (Legal) \_\_\_\_\_  
(Last) (First) (M.I) (Nickname)

Current Address: \_\_\_\_\_  
(Street) (apt.#) (City) (Zip Code)

Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Business Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Last four numbers of Social Security: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Circle highest year of education completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 Masters PhD

School Name (Full-time or Part-time): \_\_\_\_\_ Expected Grad. Date: \_\_\_\_\_

Major \_\_\_\_\_

Are you currently employed?  Yes  No Present Occupation or Title: \_\_\_\_\_

Area of interest:  Renown Regional  South Meadows  Other (Please list) \_\_\_\_\_

**VOLUNTEER TIME REQUIREMENTS AND AVAILABILITY**

Minimum Commitment: 150 hours over a twelve (12) month period, able to work a **4 hour shift, once per week**

Availability to volunteer during the timeframe of **Monday - Friday 7am- 7pm**

**Requirements Subject to Change**

Monday Tuesday Wednesday Thursday Friday

Please fill in Mornings \_\_\_\_\_

day(s) and time(s) Afternoons \_\_\_\_\_

you are available

**EMERGENCY INFORMATION**

In case of emergency, please contact:

Name: \_\_\_\_\_ (Relationship)

Current Address: \_\_\_\_\_  
(Street) (apt.#) (City) (Zip Code)

Home Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Business Number ( ) \_\_\_\_\_ - \_\_\_\_\_

## GENERAL INFORMATION

In order for us to provide a satisfying experience for you in Volunteer Services, it helps to know a little more about you. Please tell us about your hobbies, sports or special abilities, achievements, honors and/or awards.

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How did you hear about becoming a Renown Volunteer? \_\_\_\_\_

What are your goals for volunteering at Renown Health? \_\_\_\_\_

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## ELIGIBILITY

Are you a United States citizen or an alien authorized to work in the U.S.?  Yes  No

Have you previously been an employee or volunteer for the Renown Health System?  Yes  No

If yes, please state the organization, assignment, dates, status (employee or volunteer) and name while employed:

Have you ever been convicted or found guilty by any court of a felony offense or any gross misdemeanor or simple misdemeanor offense other than a minor traffic offense?  Yes  No

("A conviction shall include a plea, verdict or finding of guilty..." Labor Code 432.7) A conviction will not necessarily disqualify an individual from the volunteer program. Driving under the influence of alcohol and/or drugs and reckless driving must be disclosed.

If Yes, please state the nature of each offense, the date of conviction and the disposition: \_\_\_\_\_

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## VOLUNTEER AGREEMENT – Please read and initial that you agree

- \_\_\_ As a Renown Health volunteer I agree to uphold the values of the organization by providing a high standard of quality service to our patients and staff.
- \_\_\_ I agree to hold absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel.
- \_\_\_ I can be depended on to work my assigned shift and will call, in advance, if not able to fulfill that obligation. Three (3) no-call no-shows will result in termination from the program.
- \_\_\_ I will commit to 150 hours during the next twelve (12) months.
- \_\_\_ I will wear the proper uniform as outlined in the orientation packet.
- \_\_\_ I understand that I will be expected, before placement, to complete the volunteer orientation and required health screening.

## ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and understand the statements above. The information provided in this application is true in all respects without any willful omissions. I authorize Renown Health System to obtain a background check and a personal reference. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

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

*The organization is not obligated to provide a placement, nor are you obligated to accept the position offered. A volunteer position does not constitute an employee-employer relationship with the medical center.*

*Opportunities for volunteers are provided without regard to color, race, religion, age, creed, national origin, sex, disability, veteran or marital status. In accordance with the Immigration Reform and Control Act of 1986, all offers of service (volunteer) are conditional upon satisfactory proof of the applicant's identity and legal ability to work in the United States.*

**Please Return Completed Application one of three ways: email to [vservice@renown.org](mailto:vservice@renown.org), mail to Volunteer Services 1155 Mill Street Reno NV 89502 or in person drop off at 1155 Mill Street at the Tahoe Tower Ground Floor Volunteer Desk.**