



Dear Students and Parents,

We are excited about the St. Bernards Medical Center's Junior Volunteer Program. Our program is designed to encompass both volunteerism and education.

The program allows students (aged 15 – 18) an opportunity to work in a hospital setting where they will explore careers and gain experience in helping others.

We will have one, three-week session where we will accept 16 students into the program. Student Orientation will be held on **Monday, July 6, 2026**, with the volunteering and education sessions starting **July 8–July 24, 2026**. Each student will volunteer two days per week (Either Mondays & Wednesdays or Tuesdays & Thursdays) at a various station in the hospital **and** attend the education days on Fridays. Shifts for each day are from 9:00 am-3:00 pm.

The Education days on Fridays are a lot of fun and allows our students to obtain their CPR/First Aid certification, learn and get hands on experience in different areas of the hospital. Participants will gain knowledge in surgery, laboratory, nursing, exercise science, rehabilitative services, radiology, pharmacy and much more.

All applicants will have to have at least a **3.0 grade average or higher**, complete an application and go through an interview process. Once the application is received, we will arrange interviews in late April. If accepted into the program, we will do our best to place the volunteers in areas based upon their interest.

Junior Volunteers are expected to be regular in attendance and to wear a uniform each day they volunteer. This uniform consists of black or khaki dress pants or scrub pants, and a Junior Volunteer Polo shirt. The polo will be provided to the volunteers at no cost to them.

Please note that the **deadline for applying is Thursday, April 2, 2026**. We look forward to working with our Junior Volunteers this summer!

Tiffany Horton
Employee Engagement Manager
310 East St., Suite B
Jonesboro, AR 72401
870-207-4945 E-mail: thorton@sbrmc.org

Sheila Shisler
Jr. Volunteer Chairperson



The Heart of Great Medicine

Junior Volunteer Application Information READ CAREFULLY BEFORE COMPLETING APPLICATION

A Commitment

Volunteering is a commitment to your community and to yourself. It is not to be taken lightly. You must be willing to serve where you are needed and commit to completing the program fully if accepted.

Appearance

Your uniform with your volunteer emblem and your junior volunteer badge are your symbols of service and should be worn with professional pride. Volunteers observe the same hospital regulations as everyone else. Because you represent St. Bernards Medical Center, the following rules apply to your uniform:

- Polo shirt and pants should be kept clean and pressed.
- Hair should be neatly groomed.
- Closed Toe Shoes should be comfortable and quiet.
- No perfume/cologne allowed due to patient sensitivities.
- Fingernails must be short and no fake nails allowed for patient safety reasons.
- No jewelry or facial piercings, except a watch or earrings (limit of 2 earrings per ear).
- No smoking, eating or gum chewing while on duty.

Your uniform is a red polo worn with black or khaki dress or scrub pants along with closed toe shoes, and your badge. The polo will be provided free of charge if accepted into the program.

Attendance Requirements

Since we only meet 9 times in total throughout the program, **100% attendance is mandatory**. It is expected to be at the hospital each day scheduled, unless ill, even if that is missing vacation, summer camps or special activities during the program. If **one** day is missed, you will **not** be able to continue in the program. This is strictly enforced, so make sure your schedule allows you to be here for each day before applying.

If ill, a doctor's note must be provided to be excused. If you have anything during this time that will cause you to miss one day, we encourage you to apply next year.

A Junior Volunteer:

- * . . . is an informed volunteer, reliable, on time and remains on duty until his/her assignment is completed.
- * . . . brings an open-minded attitude, interest and attention to his/her work.
- * . . . is cheerful and actively seeks out how he/she can help those in the department serving.
- * . . . signs in and out, indicating where he/she is working.
- * . . . accepts graciously supervision or guidance. Reports immediately to his/her assigned duties.
- * . . . reports immediately to the Emergency Department for any injury or accident occurring while on duty.
- * . . . refrains from using a cell phone while on duty so that one is available to serve area designated.

Ethics

As a junior volunteer, you are subject to the same code of ethics as the professional staff. It is therefore necessary that you:

- . . . do not discuss the patient's illness, his/her family, or his/her problems outside the hospital.
- . . . bring questions, problems, comments or suggestions to your volunteer coordinator or the supervisor you are reporting to.
- . . . do not give answers when in doubt. Check with the Volunteer Coordinator on matters involving volunteer policy.
- . . . remember: ***What you see here, What you hear here, What you say here, When you're in here, Must remain here, When you leave here.***

Application Submission

If after reading this and being a Junior Volunteer is something you really want to do, fill out the application and either mail or bring it in to St. Bernards Human Resources & Talent Acquisition located on 310 East Street, Suite B. Our office hours are Monday-Friday 7:30 am-4:30 pm. It is important to have all the papers filled out by the appropriate personnel.

In addition to having your school counselor sign the attached checklist, it is important to include two personal references. References may be teachers or other adults who know you well. Personal references from friends or relatives are not accepted.

Duties of a Junior Volunteer:

Below are a variety of duties that you may be asked to do during the volunteer portion of each week.

- + Round on patients to provide comfort care such as passing out ice water, pillows, snacks, etc.
- + Escort patients and families to their destination.
- + Greet and welcome guests entering St. Bernards Medical Center.
- + Feed patients that need assistance.
- + Help dismiss ambulatory patients in wheelchairs.
- + Run errands as asked and restock supplies.
- + Help whenever needed with non-medical duties.
- + Arrange Shuttle Services for guests leaving the premises.
- + Answer patients' call lights – report to nurse if medical attention is needed.
- + Take care of patients' flowers – water them, etc.
- + Empty patients' over-bed tray table trash.

Below are duties junior volunteers are **NOT ALLOWED** to do:

- Help patients on or off bedpans.
- Feed tube or syringe patients.
- Enter isolation rooms.
- Give patients medication.
- Any duties which requires a certification

Keep first three pages of information and return the rest, (application, personal references, and counselor checklist) to Tiffany Horton at St. Bernards Human Resources & Talent Acquisition.



JUNIOR VOLUNTEER APPLICATION

Application Deadline: Thursday, April 2, 2026

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address (Print Clearly) _____

Birth date _____ Age _____

School _____ Current Grade: _____

Legal Guardian's Name _____ Polo Size: _____ Womens Mens

Legal Guardian's Phone Number _____

Person to be contacted in case of illness or injury on duty: _____

Name _____

Relationship Phone Number _____

Why are you interested in doing volunteer work: _____

List other volunteer and/or professional experience _____

Hobbies, skills, special interests _____

List extracurricular school, clubs & community activities involved in _____

Which two days would you like to work? Monday & Wednesday Tuesday & Thursday Either

Note: Fridays are Education Days & are mandatory as part of the program. Shifts are 9 am-3 pm. Students schedules will either be Monday, Wednesday, Friday OR Tuesday, Thursday, Friday

Are you willing to consider a volunteer assignment as a job and fill it regularly, except during illness, even though you may have to give up vacation or other activities? Yes No

State briefly what makes you the best candidate for this program? _____

Choice of life work _____

Areas of Services

Number the areas you are most interested in order of preference from **1 (greatest interest) to 3 (least interest)**.

- Patient Care Floors** –round on patients for miscellaneous needs such as ice, snacks, blankets; answer phone & call lights; cleaning rooms; wheel discharged patients to main entrance; shadow nurses/techs, etc.
 - o **Circle Areas Interested In for the Following Options:** Oncology, Pediatrics, Medical/Surgical, Orthopedics, Cardiac, One Day Surgery and Cath Lab Holding
- Laboratory Services** – assists with running specimens to the lab, organizes laboratory slides, shadow laboratory team, and assist with clerical duties as needed.
- Wound Healing Clinic** – escorting patients to exam rooms from waiting room, round on patients for miscellaneous needs such as blankets, cleaning rooms, filing patient charts, watching procedures, etc.

Keep in mind that if accepted into the program, you may be asked to serve in an area that is not your first choice, although we will try to place you in your first choice if possible.

Junior Volunteer Pledge:

Desiring to be of service to people as a junior volunteer:

- I WILL** be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I WILL** conduct myself with dignity, courtesy and consideration.
- I WILL** consider all information which I may hear directly or indirectly concerning a patient, doctor or any member of the personnel confidential, and will not seek information in regard to a patient.
- I WILL** take any problems, criticisms or suggestions to the Junior Volunteer Coordinator.
- I WILL** uphold the policies and standards of this hospital and properly interpret them to the community.

Signature: _____

Date _____

TURN IN APPLICATION & REFERENCE FORMS TO:
TIFFANY HORTON
ST. BERNARDS HUMAN RESOURCES & TALENT ACQUISITION
310 EAST STREET, SUITE B
JONESBORO AR, 72401

IMPORTANT:
Please make sure your e-mail is printed clearly in the application as you will receive an e-mail to the address listed to schedule your interview.



PERSONAL REFERENCE FORMS

Reference #1:

I recommend for _____ to become a junior
volunteer at St. Bernards Medical Center.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective junior volunteer is _____

Signature _____

[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]

Reference #2

I recommend for _____ to become a junior
volunteer at St. Bernards Medical Center.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective junior volunteer is _____

Signature _____

[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]



The Heart of Great Medicine

High School Counselor Checklist

Attention Counselors: Please complete the form below and either e-mail it to thorton@sbrmc.org or mail to:

TIFFANY HORTON
ST. BERNARDS HUMAN RESOURCES/TALENT ACQUISITION
310 EAST ST. SUITE B
JONESBORO AR, 72401

Junior Volunteer Applicant's Name _____

1. Grade Point Average _____ (Students must have a **3.0 GPA or higher** to be eligible)
2. Attendance Record Poor Satisfactory Outstanding
3. Work Habits Poor Satisfactory Outstanding
4. Cooperation Poor Satisfactory Outstanding
5. Will this applicant serve as a valuable asset to our program? Yes No

Please explain _____

Counselor's Signature _____ Date _____

Counselor's Name [please print] _____ Phone _____

Current Grade: _____

School Seal Here: (**Note:** If checklist is e-mailed from the school counselor's e-mail, seal is not required.)



St. Bernards Jr. Volunteer Summer Program Parent/Guardian Permission Form

Student Information

Student Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Grade (SPRING 2026): _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____ Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact (if different from above)

Name: _____ Phone Number: _____

Relationship: _____

Medical Information

Does your student have any medical conditions we should be aware of? No Yes (Please explain):

Allergies: _____

Permission & Acknowledgment: I, the undersigned parent/guardian, give permission for my student named above to participate in St. Bernards Jr. Volunteer Summer Program. I understand that my child will be expected to follow all program rules, guidelines, and staff instructions.

I agree to hold harmless and release the St. Bernards Healthcare (including all its affiliated entities and subsidiaries), its staff, volunteers, and representatives from any liability for injuries or damages that may occur, except in cases of gross negligence.

I also grant permission for my child to receive basic first aid or emergency medical treatment if I cannot be reached.

Photo/Media Release: I give permission for my child's photograph or video to be used for program-related materials (website, social media, flyers, or newsletters).

Yes, I give permission

No, I do not give permission

Signature:

Parent/Guardian Signature: _____

Printed Name: _____

Date: ____ / ____ / ____