



Dear Students and Parents,

We are excited about the St. Bernards Medical Center's Junior Volunteer Program. For 2024, 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 8, 2024, with the volunteering and education sessions starting July 10–July 26, 2024. 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, 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 4, 2024**. We look forward to working with our Junior Volunteers this summer!

***Tiffany Horton***  
***Employee Engagement Manager***  
***410 East Jackson St.***  
***Jonesboro, AR 72401***  
***870-207-4945 E-mail: [thorton@sbrmc.org](mailto: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. It is ***your*** responsibility, not that of your parents. 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. The uniform does not entitle you to special privileges. Because you represent St. Bernards Medical Center to the community, 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, except a watch or earrings.
- 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.

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.
- . . . be understanding and kind without being curious.
- . . . 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.
- . . . are loyal to the patients and staff of St. Bernards Medical Center.
- . . . 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 mail or bring it in to St. Bernards Talent Acquisition located on 410 E. Jackson St. 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, clergy, 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' 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 Talent Acquisition on 410 E. Jackson St.**



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## JUNIOR VOLUNTEER APPLICATION

Due Date: Thursday, April 4, 2024

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

**Fridays will be an education day & are mandatory as part of the program. Shifts are 9:00 am-3:00 pm.**

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; wheel discharged patients to main entrance; etc.
  - o **Circle Areas Interested:** Oncology, Pediatrics, Medical/Surgical, Orthopedics, Cardiac, Wound Healing Clinic, One Day Surgery, Cath Lab, Infusion Center in Cancer Care
- Emergency Services** – help to comfort patients and their family members in Emergency Room, provide ice/blankets, run errands, etc.
- Total Life Healthcare** – Assist with activities (Wii, Arts & Crafts, etc.) with participants in the program. Assist with restorative therapy where you will help with walking or exercises with participants.

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 \_\_\_\_\_

MAIL APPLICATION & REFERENCE FORMS TO:  
TIFFANY HORTON  
ST. BERNARDS TALENT ACQUISITION  
410 E. JACKSON ST.  
JONESBORO AR, 72401

**IMPORTANT:**  
*Please make sure your e-mail is correct and **printed clearly** in the application as you receive an e-mail to the address provided 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.]**



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## High School Counselor Checklist

**Attention Counselors: Please complete the form below and either e-mail it to [thorton@sbrmc.org](mailto:thorton@sbrmc.org) or mail to:**

TIFFANY HORTON  
ST. BERNARDS TALENT ACQUISITION  
410 E. JACKSON ST.  
JONESBORO AR, 72401

Junior Volunteer Applicant's Name \_\_\_\_\_

1. Grade Point Average \_\_\_\_\_
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: *(If checklist is e-mailed from the school counselor's e-mail, seal is not required.)*