

## Volunteer Services Department

### Student Volunteer Program

**Ages 14 – 18 years of age**

**DEFINITION:** A Student Volunteer is a person who renders a service to the hospital without a salary during a summer break in the school year. Student volunteer workers form one of the key elements in hospital public relations and enjoy an interesting and educational experience.

The purpose of the *Student Volunteer Program* is to provide volunteer support to the staff of Snoqualmie Valley Hospital while at the same time providing a gratifying experience for student volunteers through education, recognition, and camaraderie.

**POLICY:** It is the policy of Snoqualmie Valley Hospital to effectively recruit, train, place, evaluate, recognize, terminate and otherwise treat any and all volunteers solely on the basis of qualifications, competency and merit.

It is the Volunteer Services Department's responsibility to develop programs that will enable student volunteers to provide valuable non-critical services to patients, visitors, nursing staff, and departments in supervised positions that bring volunteers personal satisfaction and provide a valuable service to the Snoqualmie Valley Hospital.

Student volunteers are subject to the same rules, regulations, background checks, TB, drug, alcohol testing, and training as adult volunteers and employees. They are required to have parental or guardian signed permission to volunteer.

**PROCEDURE:** To assure appropriate placement of all our family of volunteers to best serve in a safe manner for all concerned staff, patient, patient family members, visitors, and volunteers:

- Student and adult volunteers will only perform tasks as trained and specific to their service area in a supervised environment. (See job descriptions for specifics.)
- All student volunteers will receive the same orientation and information required of new adult volunteers of Snoqualmie Valley Hospital.
- Any requests from a hospital department or clinic for new services of student volunteers will be referred to the Volunteer Services Coordinator for review and approval and existing student volunteers will be made aware of the opportunity.
- All student volunteers will reapply at the end of each school year and serve through the same school year summer. If by special circumstances the student volunteer can continue to serve throughout the school year, and if the Volunteer Coordinator and the assigned department supervisor agree to the continuation, the student volunteer need not reapply.

***TYPE OF JOBS:***

- Greeting patients and visitors to the hospital lobby or Emergency Waiting Room
- Directing patients and visitors to various areas of the hospital
- Read to patients
- Assist with meal set up and be a “dinner buddy” with patients
- Tidy up the Day Room (patient dining area)
- Run errands
- Clerical/Administration
- Transport patients (walking with them or in wheel chairs)
- Assisting in the Volunteer Services Department and other departments
- Observing Departments at work
- Making notebooks
- Making packets
- Organizing equipment
- Cleaning/sterilizing equipment
- Computer input
- Scanning
- Labeling
- Stocking
- Equipment inventory
- Infection Control/Housekeeping
- Student Internships
- Other miscellaneous assistance as requested

If you have questions or want additional information, please contact

**Carol Waters, Coordinator  
Volunteer Services**

**E-mail: [carolw@snoqualmiehospital.org](mailto:carolw@snoqualmiehospital.org)**

**Cell: (206 795 0361)**

**Snoqualmie Valley Hospital  
9575 Ethan Wade Way SE  
Snoqualmie, WA 98065**

| Office Use Only |               |  |
|-----------------|---------------|--|
| Date            | App/Vol. ID # |  |
|                 |               |  |

Volunteer Services Department

**STUDENT VOLUNTEER APPLICATION**

*Students age 14 to 18 are eligible*

**PERSONAL INFORMATION**

|   |  |             |      |
|---|--|-------------|------|
| Name:   |  | E-mail:     |      |
| Mailing Address:                              |  |             |      |
| City:   |  | State:      | Zip: |
| Home Phone:                                   |  | Cell Phone: |      |
| How did you hear about our Volunteer Program? |  |             |      |

**EDUCATION/BACKGROUND**

|                              |  |
|------------------------------|--|
| Years of formal education:   | Currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| School Name:                 | Year in school:  |
| Career Interest:             |  |
| Club affiliations:           |  |
| Special skills or interests: |  |
| _____                        |  |
| _____                        |  |
| _____                        |  |

**VOLUNTEERED/PAID WORK EXPERIENCE**

*List most recent position first*

| From | To | Employer | Job Duties |
|------|----|----------|------------|
|      |    |          |            |
|      |    |          |            |
|      |    |          |            |
|      |    |          |            |

**AVAILABILITY**

*Please circle at least two days and shifts you are available*

|                  |     |     |     |                 |       |     |     |
|------------------|-----|-----|-----|-----------------|-------|-----|-----|
| <b>Sunday</b>    | 9-1 | 1-5 | 5-8 | <b>Thursday</b> | 9-1   | 1-5 | 5-8 |
| <b>Monday</b>    | 9-1 | 1-5 | 5-8 | <b>Friday</b>   | 9-1   | 1-5 | 5-8 |
| <b>Tuesday</b>   | 9-1 | 1-5 | 5-8 | <b>Saturday</b> | 9-1   | 1-5 | 5-8 |
| <b>Wednesday</b> | 9-1 | 1-5 | 5-8 | <b>Other:</b>   | _____ |     |     |

We offer both day and evening orientation, which do you prefer?    Day     Evening

**REFERENCES**

*Please give one personal reference we may contact (other than a relative)*

|          |                      |
|----------|----------------------|
| Name:    | Daytime Phone:       |
| Address: | Relationship to you: |

Office Reference Check: Date

Name:

**EMERGENCY CONTACT**

|                                 |
|---------------------------------|
| In an emergency we may contact: |
| Relationship to you:            |
| Phone:                          |

**INTERESTS/GOALS**

In one paragraph, please explain why volunteering at Snoqualmie Valley Hospital interests you, and what you hope to gain from the experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNIFORMS**

Volunteers wear burgundy vests and name badges at all times while on the hospital premises.

Sizes are based on blouse, t-shirt, or dress shirt sizes.

Unisex size (circle one): *Small Medium Large X-Large*

**AGREEMENT TO CONFIDENTIALITY / PHOTO RELEASE / CONSENT**

*I understand that any information I may obtain directly or indirectly concerning patients, doctors or personnel while I am a volunteer at Snoqualmie Valley Hospital is confidential, and that this confidentiality is protected by federal law.*

*I give permission to Snoqualmie Valley Hospital to photograph my teen while performing services as a volunteer. These photos may be used for recruitment and recognition purposes only.*

*I authorize Snoqualmie Valley Hospital to investigate my teen's background and perform TB testing and drug screening at the hospital's expense prior to placement.*

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RETURN FORM TO:**  
**SNOQUALMIE VALLEY HOSPITAL**  
**ATTENTION: VOLUNTEER SERVICES**  
**9575 ETHAN WADE WAY SE**  
**SNOQUALMIE, WA 98065**