

2018 Student Volunteer Program

Thank you for your interest in the Student Volunteer Program at Knapp Medical Center. Attached you will find the application that will assist us in making the best use of your talents. Requirements for the Student Volunteer program are few, but they focus on sharing and concern for others. You will find our Hospital a fascinating place where volunteers are regarded as an important part of the health care team. The experience you gain as a Student Volunteer will benefit you for years to come. Once the completed Application is turned in and reviewed, we will contact you to set up a time for an interview. If you are accepted, you will receive a letter for orientation. You must be at least 15 years of age by June 1, 2017.

PLEASE READ THE FOLLOWING CAREFULLY: We are offering you a great experience and an opportunity to volunteer here at Knapp Medical Center. The morning shift is from 8:00 a.m. to 12:30 p.m. and the afternoon shift is from 12:30 p.m. to 5 p.m. (If you cannot attend these shifts, we can make adjustments to your schedule, but **you will be expected to come for your assigned days.**) Please make sure the session you select does not conflict with your daily school assignments. **Minimum hours are 100 per session.**

In order for you to be considered for the Program, items 1 through 6 listed below **must be received in the office in a complete packet. Incomplete packets will NOT be processed.**

1. The **completed** application
2. The **completed** Medical Authorization Form.
3. Copy of Immunization Record; **must include current TDAP vaccine.** (Vaccinated within the past 10 years).
4. Current PPD – Skin Test
5. Two letters of recommendation from a counselor and teacher.
6. The **completed** Dress Code Agreement

It is our goal to support the hospital departments with consistent student volunteers throughout the year. We value your commitment to our hospital staff and depts.

It is mandatory that ALL students attend the scheduled orientation. NO make-ups are available. Students are required to purchase a uniform polo through Volunteer Services. The cost of the polo is \$20.00.

We look forward to providing a meaningful and rewarding experience for you as part of the Student Volunteer Program at Knapp Medical Center. Please do not hesitate to call if you have any questions.

Best regards.

Amelda Ambriz

Manager – Volunteer Services / Gift Shop
(956) 973-5144
iambriz@primehealthcare.com

All Application are due April 15th – by 7pm
May be turned in at the Information Desk
NO Exceptions

Student Volunteer Application

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

(City) (Zip Code)

Email Address: _____

Phone: _____ Cell Phone: _____

Birth Date: _____ Grade in School: _____
(Month) (Day) (Year)

Emergency Contact: _____ Relationship: _____
Contact Number: _____

Department(s) To Volunteer: _____

Student – Acceptance Requirement of **100 Hours**

Name of School Attending: _____

ACTIVITY LEVEL:
___ Very Active (capable of walking distances and pushing wheelchairs).
___ Moderately Active (some walking)
___ Limited Activity (requires mostly sitting)
Other: _____

Why do you want to volunteer? _____

What does **Compassion** or **Passionate** mean to you? How would you apply it while volunteering?

PLEASE READ AND ACKNOWLEDGE:**Student:**

After your application has been reviewed, you will be contacted for an interview and given an orientation date. Following satisfactory completion of this training, you will be given a weekly schedule. A picture will be taken for an ID badge, and you will be given a tour of the hospital. Student volunteers furnish their own uniform according to the KMC Dress Code Agreement. (See Attached).

Parent/Guardian:

I hereby give permission for my son/daughter to join the Student Volunteer Program at Knapp Medical Center, and to volunteer in whatever area he/she is assigned. I recognize the responsibility of the organization and will work with my child to comply with hospital regulations, which include providing my son/daughter with transportation and seeing that he/she faithfully fulfills the scheduled assignment of 100 hours.

If Accepted:

I agree to abide by the rules and regulations of the Volunteer Services Department of KMC.

Signature of **Student Volunteer** (Date)

Signature of **Parent or Guardian** (Date)

Please check size of Polo Shirt needed:

Men: S ____ M ____ L ____ XL ____ 2X ____
Women: S ____ M ____ L ____ XL ____ 2X ____

PLEASE RETURN COMPLETED PACKET TO:

KMC Volunteer Services
Attn: Imelda Ambriz, Manager – Volunteer Services / Gift Shop
PO Box 1110
Weslaco, TX 78596

Volunteer Services Use Only:

Date application received: _____ Verified by: _____

Check for completion

- Application with signatures
- Two Recommendation letters
- Medical Authorization Form
- Dress Code Agreement with signatures
- Copy of Immunization Record

____ **Accepted**

____ **Declined**

Student Volunteer Medical Authorization Form

To the parent/guardian:

The following is needed in case your child becomes ill or is injured on duty in the hospital as a Student Volunteer. This information will be held in the strictest confidence.

I, _____, parent/guardian of _____ give authorization for basic first aid and/or emergency medical attention to be administered at Knapp Medical Center. I authorize the following persons to be contacted in the event of illness or an accident while my child is on duty as a Student Volunteer.

1. _____
Name Contact Numbers

2. _____
Name Contact Numbers

Please give us any additional information we might need to know in case of an emergency (i.e. allergies, medications, etc.):

****All Charges Related To The Medical Care Of Your Child Will Be Your Responsibility**

Name: _____ **Date:** _____
Signature of Parent/Guardian

KMC Student Volunteer Dress Agreement

A neat, professional appearance is an important part of our working environment. Knapp Medical Center and Knapp Medical Center Volunteer Services have a Dress Code. Student Volunteer will wear a uniform consisting of a volunteer polo, khaki pants, and shoes with closed toes, heels and non-skid soles. It is mandatory that you wear your badge at all times.

Polo:

- Purple polo with KMC Volunteer logo (purchased through Volunteer Services).
- Polo must be tucked in whenever you volunteer.

Pants:

- Full length Khaki pants
- **Unacceptable:** Baggy pants, capri pants, shorts, any type of denim stretch pants, leggings and any pants that are not khaki color.
- Belt, if worn, should be brown or black leather.

Shoes:

- Shoes must have closed toes, heels, and non-skid soles. Flat heels only.
- Tennis shoes are appropriate and socks are required.

KMC Identification Badge:

- Your KMC Identification Badge should be worn on the right side of your polo collar at all times. **It is mandatory.** IF YOU DO NOT HAVE YOUR NAME BADGE, YOU WILL BE SENT HOME.
- Lost badges will be replaced at a cost of \$15.00

Jewelry/Hair Accessories:

- Ear studs are permissible, but no dangling earrings.
- Additional earrings and/or extreme piercing (for example; eyebrow ring, nose ring, tongue ring and lip rings) are **NOT** acceptable. Gentlemen may **NOT** wear earrings.
- **NO** Caps are allowed at anytime during your volunteering schedule.
- Ladies must keep long hair tidy in an appropriate pony tail or bun.

Personal Hygiene/Makeup:

- Personal hygiene is a must
- Fingernails must be kept clean and be of an appropriate length.
Black nail polish is **NOT** permitted and/or acrylic nails.
- Bright colored hair dye is not allowed (i.e. green, red, blue, purple, etc.)
- Makeup should be in good taste.
- Perfumes and aftershaves should not be worn while on duty.

Note: Any other deviation from the student uniform that is deemed inappropriate by a supervisor will be brought to the Student's attention and addressed as needed.

Volunteer Services expects every student volunteer to comply with this policy everytime they come to Knapp Medical Center to volunteer. **Failure to comply with any part of this policy will result in immediate termination and the Student volunteer will be dropped from the program. We have read and understand the student volunteer dress code policy .**

Student Volunteer Applicant

Date

Parent or Guardian

Date

TB Screening and Skin Testing Record

Name: _____ DOB: _____ Department: Volunteer Services

Student Volunteer #: _____ Date: _____

A Tuberculin skin test (PPD) is required for all employees. New employees will need the two-step TB testing if no documented proof of annual testing or PPD done within the last 6 months. The first PPD will be given during the hire process prior to orientation and the second PPD will be scheduled within two weeks from 1st PPD. PPD testing /TB screening is due annually (January or July). The **employee MUST return to Employee Health for the PPD reading 48-72 hours post administration of test.** (After hours / weekends PPD must be read by the Nursing Supervisor.)

Signs & Symptoms of Tuberculosis (please circle as applies to your health in previous 6 – 12 months)

- Loss of weight without trying or dieting in the last 6 months? Yes / No
- Loss of appetite? If yes, how long? _____ Yes / No
- Persistent night sweats? If yes, how long? _____ Yes / No
- Do you have a frequent persistent cough? If yes, how long? _____ Yes / No
- Feeling of weakness / fatigue? If yes, how long? _____ Yes / No
- Shortness of breath? If yes, how long? _____ Yes / No
- Coughing up blood? If yes, how long? _____ Yes / No
- Persistent low grade fever? If yes, how long? _____ Yes / No
- Swollen glands in neck or other areas of body? Where? _____ Yes / No

Medical History

- History of positive TB skin test or blood test? If yes, what year? _____ Yes / No
- Have you ever taken medication to prevent or treat TB? (INH or Rifampin) Yes / No
- Have you ever had a BCG vaccine? If yes, what year? _____ Yes / No
- Immuno-compromised or taking medications which will suppress the immune system? Yes / No

Travel History: Have you traveled outside the country in the last 6 – 12 months? Yes / No

Authorization / Declination of Tuberculin Skin Testing

____ I **consent** to the Tuberculin Skin Test and understand I must return within **48-72** hours to have it read.

____ I **decline** the Tuberculin Skin Test due to ____ Previous Positive, **Chest x-ray** ____ Allergic Reaction ____ got elsewhere (**Proof**)

I understand the signs and symptoms of TB disease, the need for TB testing and have had the opportunity to ask questions. I understand that I must provide proof of a positive PPD history or PPD allergy. I understand that it is my responsibility to meet the TB/CXR testing requirements and failure to comply will result in suspension and / or termination.

Signature: _____ Date: _____

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Tuberculin Skin Testing: (Tuberculin PPD-Aplisol – Manufactured by PAR, 0.1 ml Intradermal)

NEW HIRE – 2nd Step Annual PPD Repeat PPD: Annual Screening (CXR) Post-exposure: Baseline / Follow

Date: _____ Time: _____ Site: Right / Left Forearm Lot # _____ Exp. Date: _____ Given By: _____
Date Read: _____ Results: _____ mm Negative/ Positive Read By: _____

Action Taken: Educational Material provided Referred to primary physician / County Clinic **Chest X-ray Done:** _____

If PPD read by House Supervisor, return form to Employee Health drop box.

PARENT PERMISSION FORM

Emergency Treatment

In the event that I cannot be contacted, I permit emergency personnel to take whatever measures are necessary to treat my child for minor emergencies.

Date	Signature of Parent or Legal Guardian	Emergency Phone Number
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Immunization Information

The Texas Department of Health recommends that those born since January 1, 1957, have two doses of the measles vaccine (MMR) since 12 months of age. The two doses of measles vaccine must be at least 30 days apart. Before Student Volunteers are allowed to volunteer in the hospital, the form below must be signed by parents or guardians verifying that the student has been immunized properly for measles. For Student Volunteers unable to verify proper immunization, arrangements may be made for a measles booster to be administered by the Knapp Employee Health Nurse. We need to know if a measles booster is needed.

If you have additional questions or concerns, please feel free to contact your family physician.

I certify that my son/daughter _____
has been properly immunized for measles (MMR) according to the Texas Department of Health guidelines stated above. (At least two doses of the measles vaccine since age 12 months).

Immunization dates: 1. _____ 2. _____

I understand that despite the exercise of due care, there is a possibility that my son or daughter may contract measles and that Knapp Medical Center neither accepts liability nor responsibility should this occur.

Tuberculosis (Tb) Test

Date of Last Tuberculosis Test (TB): _____

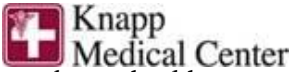
Knapp requires annual TB testing. I understand he or she may be required to have a current TB Skin Test administered by Knapp Medical Center.

Signature (Parent/Legal Guardian)	Date
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(Please make sure a copy of your Immunization record is attached.)

OSHA Categories Of Exposure

The Occupational Safety and Health Administration (OSHA) of the Department of Labor published a joint advisory notice with the Department of Health and Human Services entitled “**The Protection Against Occupational Exposure To Hepatitis B (Hbv) And Human Immunodeficiency Virus (HIV)**,” 52 Federal Register 41818, October 30, 1987,



to educate health care employees to applicable guidelines for protection against these and other bloodborne pathogens. OSHA mandates that ALL job positions and tasks that workers are expected to encounter be classified according the relative degree of risk of HBV and HIV infection. The categories are listed below.

Your present job category is:

_____ **CATEGORY I** - Jobs with tasks that routinely involve exposure or potential exposure to blood, body fluids, or tissues. All procedures or other job related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of these fluids are Category I Tasks. Use of protective measures shall be required for every employee in this category.

_____ **CATEGORY II** – Jobs with tasks that do not routinely involve exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks. The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may result during work. Appropriate protective measures shall be readily available to every employee engaged in Category II tasks.

X **CATEGORY III** - Jobs with tasks that do not routinely involve exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment. The normal work routine involves no exposure to blood, body fluids, or tissues. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones and personal contacts, such as handshaking are Category III tasks.

Student Volunteer Name: (please print) _____

Signature: _____

DEPARTMENT NAME: Volunteer Services

Infection Control Nurse: _____ DATE: _____
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