Junior Volunteer Summer Program
July 6 – August 28, 2020
(ALL forms must be completed and returned by June 15, 2020)

1. You must be 14 years of age and completed 8th grade by July 1, 2020, TO APPLY.

2. Complete the Junior Volunteer Application including the agreement on the back of the application signed by you and your parent or guardian and return by June 15, 2020 to:
   Judy Villani, Director of Volunteer Services
   Niagara Falls Memorial Medical Center
   621 Tenth Street
   Niagara Falls, NY 14302

   (Application may be faxed to 278-4614)

3. Give the Junior Volunteer Reference Form to your school counselor to complete. Your school counselor must send or fax the form to the Volunteer Office by June 15, 2020.

4. I will schedule an appointment, if necessary, for an interview for new volunteers in the Volunteer Office in June. Interviews will last 15 minutes. No interviews will be given without an appointment. Please do not hesitate to call me if you have any questions.

5. Please have your family doctor complete the enclosed health form and return it with the completed application. You are required to have two measles, mumps, and rubella (MMR) inoculations, and a Diptheria-Tetanus (within the last 10 years) prior to volunteering. You may get these inoculations from your doctor or from the health department. This is a New York State Health Department regulation and a Niagara Falls Memorial Medical Center policy.

Junior Volunteer Orientation will be held on
Tuesday, June 23rd from 10am – 12noon
in the hospital auditorium.
This orientation is REQUIRED for all new volunteers.

PLEASE NOTE: Acceptances are based on the recommendation of the school counselor and good citizenship.
NIAGARA FALLS
MEMORIAL MEDICAL CENTER

JUNIOR VOLUNTEER APPLICATION

Print Name: ____________________________________________________________

Telephone: _____________________________ Date of Birth: ________________

E-Mail Address: _______________________________________________________

Address: ____________________________ City: ___________ Zip: ___________

Parent's Name: ____________________________ Parent's Work Phone: __________

School: ____________________________ Graduation Year: ______ Grade Completed 6/19: ______

Emergency Contact: ____________________________ Relationship: _____ Phone: ___________

Director of Volunteer Services determines assignments based upon the needs of NFMMC.

Day(s) (Please circle day & time you wish to volunteer)
Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Time(s) 9am-12noon 12noon – 3pm 1pm-4pm 3pm-7pm

Areas of Interest (Please check):
_____ Finance: 9:00 – noon and/or 3:00 – 5:00 (Monday – Friday only)
_____ Patient Transport (Escort): 9:00 – 3:00 (Monday – Friday only)
_____ Occupational/Physical Therapy: 9:00 – noon & 1-4 (Monday – Friday only)
_____ Nursing Unit – Hours & days flexible 9:00am – 8pm all week
_____ Office Assistant: 9:00 - noon and/or 12:30 – 3:30 (Monday – Friday only)
_____ Pharmacy: 9:00 – noon and/or 12:30 – 4:30 (Monday – Friday only)
_____ Gastro: 8:30: noon and/or noon – 3:00 (Monday – Friday only)
_____ Surgery & Recovery: 9:00 – noon and/or 12:30 – 3:30 (Monday – Friday only)
_____ Nursing Home Activities: 9:15 – noon and/or 1:15 – 3:30 (all week)
_____ Other: (please add a choice not listed) ______________________________

Please state briefly why you wish to become a Junior Volunteer:
If accepted as a Medical Center volunteer, I agree that:

1. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and not seek to obtain confidential information from a patient.

2. My services are donated to the Medical Center without expectation of compensation or future employment and given with humanitarian, religious, or charitable reasons.

3. I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign political petitions on Medical Center premises unless I receive the express authorization of the Director of Volunteer Services to engage in these activities.

4. I shall submit to a TB skin test (PPD). I understand that there is no cost to volunteers for this service. I hereby authorize person(s) making tests to report the results to the Medical Center.

5. I shall be punctual and conscientious; conduct myself with dignity, courtesy, and consideration of others and endeavor to make my work professional in quality.

6. I shall attempt to resolve any problems related to my volunteer activities with my department supervisor or with the Director of Volunteer Services.

7. I shall make my best effort to fulfill my commitment to the Medical Center by completing all assignments I accept.

8. I shall at all times uphold the philosophy and standards of the Medical Center.

9. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of:
   A) Failure to comply with Medical Center policies, rules, and regulations.
   B) Absences without prior notification.
   C) Unsatisfactory attitude, work, or appearance.
   D) Any other circumstances which in the judgment of the Director of Volunteer Services would make my continued service as a volunteer contrary to the best interests of the Medical Center.

10. No cell phones or other computer devices are to be used in a NFMMC department when volunteering. Niagara Falls Memorial Medical Center (NFMMC) is not responsible for any lost or stolen personal items.

I have read each of the above conditions and agree to be bound by them.

Junior Volunteer Signature: ___________________________ Date ________________

Volunteer Parent Signature: ___________________________ Date ________________

(If volunteer is under age 18)

This signature also provides approval to administer the PPD (TB) skin test.
Each applicant for our Junior Volunteer Program has been asked to notify your office of his or her interest in being a junior volunteer. Please complete and return this form for each potential volunteer. You may mail or fax the form. Thank you for your cooperation.

Student's Name: ________________________________

School: _______________________________________

Please rate the student on a scale from 1-10 in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Poor</th>
<th>Average</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Good attendance/reliability</td>
<td>1 2 3</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>2. Sense of responsibility</td>
<td>1 2 3</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>3. Ability to follow directions</td>
<td>1 2 3</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>4. Consideration of others</td>
<td>1 2 3</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>5. Neatness</td>
<td>1 2 3</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
</tr>
<tr>
<td>6. Good manners/discretion</td>
<td>1 2 3</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
</tr>
</tbody>
</table>

Highly recommended: ____________________________________________

Recommended with the following reservations: _______________________

Not recommended (explain): ________________________________________

Signed: ____________________________________ Date: ________________  
(School Counselor)

Return to: Judy Villani - Director of Volunteer Services  
Niagara Falls Memorial Medical Center  
621 Tenth Street  
Niagara Falls, NY 14302  
FAX: 278-4614
Junior Volunteer Health Form

DOCTOR OR HEALTH SERVICES NURSE SECTION

Dear Doctor or Health Services Nurse:

The New York State Health Department and Niagara Falls Memorial Medical Center (NFMMC) policy require that we have the following medical history recorded for each volunteer before he/she becomes an active volunteer. As an active volunteer, he/she may be assigned to work directly with patients and could be performing a variety of tasks. These tasks may include pushing patients in wheelchairs & carts, lifting moderate loads, running errands, standing or driving a van.

This section must be completely filled out by the applicant's doctor or nurse to ensure that the volunteer (applicant) is free of communicable diseases, and that the applicant is physically able to perform the tasks outlined. All information is required to volunteer at NFMMC.

Applicant's Full Name: ___________________________ Date of Birth: ________________

The applicant is in general good health and is free from communicable disease? ___ Yes ___ No

If no, please explain: ____________________________________________________________________________

List any restrictions: ____________________________________________________________________________

Two MMR inoculations are required for anyone born since January 1, 1957. If two MMR inoculations were not given, please provide other proof of immunity:

Date of first MMR: ___________________________ (after 12 months of age)

Date of second MMR: ___________________________

Other proof of immunity: _______________________________________________________________________

Date of last Diphtheria-Tetanus (must be within last 10 years): ___________________________

Applicant has had CHICKENPOX? ___ Yes ___ No ___ Unknown

Doctor or Health Services Nurse Signature: ________________________________________________

Print name of person completing the form: _________________________________________________

Address: ____________________________________________________________________________

City/State/Zip: _________________________________________________________________________

Phone: ______________________________________________________________________________

Please return to: Director of Volunteer Services
Niagara Falls Memorial Medical Center
621 Tenth Street, Niagara Falls, NY 14302 FAX: 278-4614
Are you considering a career in the healthcare?  
We will try to match your career interests to a volunteer assignment at the hospital.

Do you like helping others & giving back to the community?  
Memorial Medical Center is the perfect place!

Do you want to find a part-time job or prepare for college?  
Volunteer time and experience can be useful in many ways. As experience listed on your job applications, for school related community service requirements and as part of your college application process.

Apply Now to be a Junior Volunteer at Niagara Falls Memorial Medical Center  
See your school counselor for details or call 278-4440.