



METHODIST HOSPITAL
The Next Generation of Care

Dear Prospective Junior Volunteer:

Thank you for your interest in the Junior Volunteer program at Methodist Hospital. Our volunteers perform a very useful service to our community while learning about working in a health care environment.

Junior Volunteers serve in many areas of the hospital. They work in their assigned area for a 3-4 hour shift about once every two weeks. We expect a serious commitment from our volunteers, much as one is expected to be committed to a job. We provide training to the volunteers, schedule their work, keep track of hours worked, and write letters of achievement after a minimum of 40 hours are served. If this sounds like the kind of volunteer service you are interested in, we encourage you to complete the enclosed application carefully. Incomplete applications may be disqualified. The application must be completed by the applicant, not a parent.

Please return the application in person, on the dates given on the website (www.methodisthospital.org). You will not be given an interview at this time. No preference will be given to those who turn in their applications first. All complete applications received will have the same chance of acceptance. Once we receive your completed application, it will be evaluated by the Junior Volunteer Coordinator and others with responsibility for managing the program. Those applicants selected will be invited to the Volunteer Office for an interview process at an appointed date and time. Potential volunteers identified through the interview will be notified of an opportunity to attend a small group activity designed to help us know you better. The second interview will determine where you will be assigned. Successful applicants and their parents will be invited to attend an orientation meeting. Following the orientation meeting, several training sessions are held. Applicants are not placed in the program immediately; we have a waiting list. Therefore, we encourage you to complete carefully and return your application as soon as you first decide that you would like to volunteer here.

Sincerely,

Leticia Brizuela-Rodriguez
Junior Volunteer Coordinator
626-574-3753
Leticia.brizuela-rodriguez@methodisthospital.org



METHODIST HOSPITAL

The Next Generation of Care

JUNIOR IN-SERVICE AREAS

ADMITTING

This area is open 7 days a week. Junior Volunteers help register admissions, take patients to their rooms, deliver paperwork, answer questions of visitors, escort visitors to places they wish to find, and assist admissions staff with tasks.

DIETARY

This area is open seven days a week. Junior Volunteers spend their time assisting in the Dietary Office and the Cafeteria.

NURSERY SCHOOL

The nursery school on the hospital grounds cares for the children of hospital employees. They are open Monday through Friday. Volunteers are given jobs to do by the Nursery School Director and /or staff.

NURSING FLOORS

Juniors will be assigned to a specific unit such as 3 Tower, 4 Tower, 5 Tower. Volunteers check the patients' room as trained, answer call lights, stock supplies, make charts, run errands, discharge patients, provide comfort visits to patients and help the staff as requested. This area involves direct patient contact.

CENTRAL SERVICES

Here, volunteers distribute equipment and supplies throughout the hospital.

INTENSIVE CARE/ CARDIAC CARE

Volunteers in Intensive Care will do paperwork, answer phones, greet visitors, run errands for staff, and assist staff in tasks in the Unit.

HOSPITALITY VOLUNTEERS

Hospitality volunteers will offer beverages, magazines and friendly conversation to patients and visitors on our nursing units. A warm personality and a desire to help people are essential.

INFORMATION DESK

Volunteers greet visitors to the hospital and assist them with directions, visitor passes, and escorting people to their destination.

TRANSITIONAL CARE

Junior Volunteers in this department will answer telephones, greet patients' family members and visitors, and will direct visitors to patient rooms.

MAGAZINE DISTRIBUTION

Volunteers distribute donated magazines and books to lobbies, waiting rooms and various other areas in the hospital, for our visitors' and patients' reading pleasure.



METHODIST HOSPITAL
The Next Generation of Care

Please PRINT. Complete all items carefully:

Date: _____

Name: _____ Age: _____ Male Female
(last) (first) (middle) (circle one)

Address: _____
(number, street) (city, zip code)

Phone: () _____ Birthdate: _____
(month, day, year)

Cell Phone: () _____

E-mail address: _____

With Whom Do You Live? _____
(both parents, mother, father, other)

Print Name of Mother _____

Father _____

Other _____

High School: _____ Graduation Year: _____

Junior Volunteers serve in many different areas of the Hospital, depending on their job assignments. Assignments may change from time to time. Some jobs are more strenuous than others; some involve patient contact; others may not. The Hospital does require that Junior Volunteers be in good physical and emotional condition and that they have a yearly Mantoux PPD tuberculin skin test. This skin test can be done at the Hospital free of charge upon acceptance into the program.

Please complete the following questions and attach extra sheet of paper for answers #2-6:

1. Do you speak a language other than English? ____ Yes ____ No
 If 'yes,' what other language(s) do you speak? _____
2. Why do you want to become a Junior Volunteer at Methodist Hospital?
3. What are your goals for the near future?
4. What (or who) brings you most meaning to your life? Why?
5. What is one thing you care deeply about? Illustrate?
6. What does volunteering mean to you? What do you feel you can contribute to Methodist Hospital's mission?



METHODIST HOSPITAL
The Next Generation of Care

Please indicate days and times available to volunteer (circle days and write in times):
(To start as early as 3:15pm and no later than 4pm on weekdays) (Weekends vary) Please check.

Days: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday
Times: _____

I also will agree to the following membership requirements: Please check.

- [] Give a minimum of forty (40) hours of service per year to the hospital.
[] Respect the confidentiality of all information I may obtain directly or indirectly, concerning patients, physicians, personnel and hospital business.

(applicant's signature)

Person to notify in case of emergency:

Name: _____ Relationship to you: _____
Address: _____
City: _____ Zip: _____
Phone: () _____

OR

Name: _____ Relationship to you: _____
Address: _____
City: _____ Zip: _____
Phone: () _____

PARENTS' CONSENT

Having read the completed application, we, the parents of the above-named applicant do hereby consent to our son/daughter becoming a member of the Junior Volunteers of Methodist Hospital of Southern California, and doing volunteer work in the hospital. We realize that to remain a member they must fulfill the above listed requirements.

(mother's or guardian's signature)

(father's or guardian's signature)