



# Knapp Medical Center

## SUMMER 2016 JUNIOR VOLUNTEER PROGRAM

Thank you for your interest in the Junior Volunteer Program at Knapp Medical Center. It is time for us to plan the program for the summer of 2016. You must be at least age of 15 by June 1, 2016;

**PLEASE READ CAREFULLY:** We are offering three 3-week sessions. Each session will be 5 days a week, Monday – Friday, 4:30 hours a day for three weeks. There are two shifts available – 8 am to 12:30 and 12:30 to 5pm. **You will be expected to come every day for those three weeks.** Please make sure the session you select does not conflict with your school or vacation calendar.

- Session A begins Monday, June 6 and goes through Friday, June 24, 2016
- Session B begins Monday, June 27 and goes through Friday, July 15, 2016
- Session C begins Monday, July 18 and goes through Friday, August 5, 2016

We have a limited number of positions. Many of you have a busy schedules during the summer and you need to consider whether a commitment to the hospital program will fit into your summer schedule.

For consideration, items 1 through 5 below must be received in the office in a **COMPLETE PACKET** no later than **April 15, 2016**. **Incomplete packets will NOT be processed.**

1. The completed Application
2. The completed Medical Authorization Form.
3. Copy of Immunization Record; **must include current TB test within last six months & current TDAP vaccine.** (Vaccinated within the past 10 years).
4. Two letters of recommendation from a counselor and teacher.
5. The completed Dress Code Agreement

**EXPECT a phone call for your Interview appointment, failure to attend this interview will keep you from being accepted into Junior Volunteer program. NO EXCEPTIONS.**

If you are accepted into the program, **Acceptance Letters** will be mailed out by **May 2, 2016**

**Do not apply to volunteer if you are not going to be able to commit to a full session of 5 days for 3 weeks. NO EXCEPTION.** It is our goal to support the hospital departments with a consistent student volunteer throughout the summer program.

**It is mandatory that ALL students attend the scheduled orientation. NO make-ups are available.**

The **MANDATORY** orientation date is:

**May 28, 2016** from 8:30am to 3pm at Knapp Medical Conference Center.

Students are required to purchase a uniform polo through Volunteer Services for a cost of \$20.00

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

**Completion of this application does not guarantee acceptance. Decisions of Volunteer Services are final.**

Best regards.

*Imelda Ambriz*

Volunteer Services Manger

(956) 969-5144 / [iambriz@primehealthcare.com](mailto:iambriz@primehealthcare.com)

**Knapp Medical Center**

**JUNIOR VOLUNTEER APPLICATION**

**PRINT CLEARLY**

Name: \_\_\_\_\_  
(Last) (First)

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Work # \_\_\_\_\_ Cell: \_\_\_\_\_

In Care of Emergency Notify \_\_\_\_\_ Work:# \_\_\_\_\_ Cell: \_\_\_\_\_

ARE YOU INTERESTED IN THE MEDICAL CAREER? IF YES, EXPLAIN: \_\_\_\_\_

WHAT SCHOOL ORGANIZATION ARE YOU INVOLVED WITH? \_\_\_\_\_

WHAT ARE YOUR HOBBIES? \_\_\_\_\_

CHECK THE ONE SESSION AND TIME YOU ARE AVAILABLE TO VOLUNTEER

SESSION A: June 6 – June 24      8:00 – 12:30 pm: \_\_\_\_\_ 12:30 – 5pm: \_\_\_\_\_

SESSION B: June 27 – July 15      8:00 – 12:30 pm: \_\_\_\_\_ 12:30 – 5pm: \_\_\_\_\_

SESSION C: July 18 – August 5      8:00 – 12:30 pm: \_\_\_\_\_ 12:30 – 5pm: \_\_\_\_\_

**REMEMBER:** Don not apply to volunteer if you are not going to be able to commit to a full session of 5 days for 3 weeks. (NO EXCEPTIONS).

If your first choice is not available, do you have a second choice? \_\_\_\_\_ Which one? \_\_\_\_\_

**PLEASE READ AND ACKNOWLEDGE:**

**Student:**

After your application has been reviewed, a selection process will take place and you will be notified of your upcoming interview. Once the interview process has taken place, an acceptance or decline letter will be mailed by May 2. If accepted, you will be required to complete a mandatory orientation designed to help you be successful in your role as a volunteer. Following satisfactory completion of this training, you will be given a weekly schedule for the selected 3-week period. Junior 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 Junior Volunteer Program at Knapp Medical Center, and to work in whatever services he/she is assigned. I recognize the responsibility of the organization and will cooperate 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.

**If Accepted:**

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

\_\_\_\_\_  
Signature of Junior Volunteer (Date) Signature of Parent or Guardian (Date)

Please check size of polo needed: Men: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

Women: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

**PLEASE RETURN COMPLETED PACKET TO:**

**KMC Volunteer Services  
Attn: Imelda Ambriz, VS Manager  
PO Box 1110  
Weslaco, TX 78596**

**Volunteer Services Use Only:**

Date application received: \_\_\_\_\_ Verified by: \_\_\_\_\_

Check for completion

- Application with signatures \_\_\_\_\_Accepted \_\_\_Declined
- Two Recommendation letters
- Medical Authorizaiton Form Date notification sent \_\_\_\_\_
- Dress Code Agreement with signatures
- Copy of Immunization Record with current TB test (within 6 months)

**KNAPP MEDICAL CENTER  
JUNIOR 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 junior Volunteer. This information will be held in highest confidence.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give authorizaiton 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 junior volunteer.

1. \_\_\_\_\_  
Name Contact Numbers
2. \_\_\_\_\_  
Name Contact Numbers

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

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian

## KMC JUNIOR 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. Junior Volunteer will wear a uniform consisting of a volunteer polo, khaki pants, and shoes with non-skid soles and closed toe and heel, plus mandatory badge.

### Polo:

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

### Pants:

- Full length Khaki pants
- Belt, if worn should be brown or black leather.
- **UNACCEPTABLE:** Baggy pants, capri pants, shorts, any type of denim stretch pants, leggings and any other than khaki color.

### Shoes:

- Shoes must have non-skid soles, flat heels, closed toe and heel.
- 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.
- **IF YOU DO NOT HAVE YOUR NAME BADGE, YOU WILL BE SENT HOME.**
- Lost badges will be replaced at a cost of \$15.00 to the junior volunteer.

### 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.
- Ladies must keep long hair in an appropriate pony tail or bun.

### Personal Hygiene/Makeup:

- Personal hygiene 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 junior uniform that is deemed inappropriate by a supervisor will be brought to the junior's attention and addressed as needed.

**VOLUNTEER SERVICES EXPECTS EVERY JUNIOR 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 JUNIOR VOLUNTEER WILL BE DROPPED FROM THE PROGRAM. WE HAVE READ AND UNDERSTAND THE JUNIOR VOLUNTEER DRESS CODE POLICY .**

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Junior Volunteer Applicant

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Parent or Guardian

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Date

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Date

## TB Screening and Skin Testing Questionnaire for Volunteers

Name: \_\_\_\_\_ Department: Volunteer Services

Volunteer #: \_\_\_\_\_ DOB: \_\_\_\_\_

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

A Tuberculin skin test (PPD) is required for all volunteers – this is Mandatory. All PPD's must be within 6 months of volunteering.

### Risk Assessment Screening: (Please circle if applies)

- History of positive TB skin test? \_\_\_\_\_ Yes / No
- Cough longer than three weeks? \_\_\_\_\_ Yes / No
- Persistent night sweats? \_\_\_\_\_ Yes / No
- Persistent low grade fever? \_\_\_\_\_ Yes / No
- Swollen glands in neck or other areas of body? \_\_\_\_\_ Yes / No
- Recurrent/ persistent kidney/ bladder infections? \_\_\_\_\_ Yes / No
- Immunocompromised or taking medications which will suppress the immune system? \_\_\_\_\_ Yes / No
- Received TB medication/ therapy? \_\_\_\_\_ Yes / No
- Loss of appetite? \_\_\_\_\_ Yes / No
- Chest pain when coughing \_\_\_\_\_ Yes / No
- Coughing up blood? \_\_\_\_\_ Yes / No
- Shortness of breath? \_\_\_\_\_ Yes / No
- Feeling of weakness/ fatigue? \_\_\_\_\_ Yes / No
- Loss of weight without trying or dieting? \_\_\_\_\_ Yes / No

*If you have a history of PPD or allergic reaction to PPD derivatives, you must bring 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 it is my responsibility to meet the TB/CXR testing requirements and failure to comply will result in suspension and /or termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KNAPP MEDICAL CENTER**  
**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.

**Volunteer Name: (please print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DEPARTMENT NAME:** Volunteer Services

<b>INFECTION CONTROL NURSE:</b> _____	<b>DATE:</b> _____
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