Dear Teen Volunteer Applicant,

Thank you for your interest in volunteering at The Valley Health System. You have chosen to be part of a dynamic team of volunteers who enhance the patient experience at our facilities. Please carefully review and complete all sections of the application. Teenagers who are interested in volunteering must meet the following requirements:

- Must be 16 - 18 years old and enrolled in high school (16 by June 1st for Summerlin Hospital)
- Have a grade point average of 2.5 or higher
- Be able to perform tasks independently with minimal supervision
- Meet minimum health requirements
- Communicate well in English
- Be willing to purchase volunteer shirt

In an effort to ensure the application review process is timely, please review the list of items needed to complete your application. All parts of the application must be turned in as one completed packet by Feb. 28th of each year, to be considered for Summerlin Hospital’s Summer Teen Volunteer Program. Please also note that incomplete applications will not be processed. We suggest making a copy of your application for your records prior to submitting.

Teen Volunteer Applicants (ages 16-18)

_____ Application
_____ Parental Consent Form
_____ Consent to Release School Records
_____ School Guidance Counselor/Teacher Evaluation
_____ Essay - 300-500 words

Upon receipt and consideration of your completed application, you will be contacted for an interview to discuss the exciting volunteer opportunities at one of The Valley Health System hospitals. We ask for a minimum commitment of hours annually; this commitment requirement varies by hospital.

Every new volunteer is required to attend New Volunteer Orientation, an educational session covering such topics as safety, infection prevention and patient confidentiality. Volunteers are also required to have an initial and annual tuberculin skin test. If you have any questions about the volunteer application process, please feel free to contact the Office of Volunteer Services at your hospital of interest.

Thank you for your interest in volunteering.

At which hospital(s) are you interested in volunteering?

- [ ] Centennial Hills Hospital
  Contact: Tara Babcock
  6900 N Durango Drive
  Las Vegas NV 89143
  Ph:702-835-9860
  Fax:702-629-1650
  Email:tara.babcock@uhsinc.com
  www.centennialhillshospital.com

- [ ] Desert Springs Hospital
  Contact: Kathleen Shelby
  2075 E Flamingo Rd
  Las Vegas NV 89119
  Ph:702-369-7782
  Fax:702-853-8571
  Email:Kathleen.shelby@uhsinc.com
  www.desertspringshospital.com

- [ ] Henderson Hospital
  Contact: Marlene Hughett
  1050 Galleria Drive
  Henderson NV 89011
  Ph:702-963-7584
  Fax:702-963-7555
  Email:marlene.hughett@uhsinc.com
  www.hendersonhospital.com

- [ ] Summerlin Hospital
  Contact: Jody Pelser
  657 Town Center Drive
  Las Vegas NV 89144
  Ph:702-233-7532
  Email:jody.pelser@uhsinc.com
  www.summerlinhospital.com

- [ ] Spring Valley Hospital
  Contact: Therese Elliott
  5400 S Rainbow Blvd
  Las Vegas NV 89118
  Ph:702-853-3538
  Fax:702-853-3057
  Email:therese.elliott@uhsinc.com
  www.springvalleyhospital.com

- [ ] Valley Hospital
  Contact: Kathleen Shelby
  620 Shadow Lane
  Las Vegas NV 89106
  Ph:702-388-4574
  Fax:702-388-4750
  www.valleyhospital.net
Teen Volunteer Application

IF ACCEPTED AS A HOSPITAL VOLUNTEER, I AGREE THAT:

1. I shall hold as absolutely confidential, all information I obtain directly or indirectly concerning patients, doctors or staff, and not seek to obtain confidential information.

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

3. I shall submit to an annual tuberculin skin test and any other health examination which may be necessary as part of my volunteer services.

4. As a TEEN VOLUNTEER I am between 16 years and 18 years old and currently attending high school.

5. I understand I am required to take safety and educational training yearly or as required by the hospital.

6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and with consideration of others, in my endeavors as a professional volunteer.

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

8. I shall at all times uphold the mission, vision, values and standards of the hospital.

9. I understand the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with hospital policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory behavior or conduct, work appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued services as a volunteer, contrary to the best interests of the hospital.

I have read each of the above conditions and I agree to be bound by them as well as all hospital policies and procedures with The Valley Health System.

__________________________________  __________   ______________________   ________
Applicant Signature                  Date                  Parent Signature                Date
Office of Volunteer Services - Parental Consent Form

This consent form assures that you understand and agree to the following:

1. Your child meets the age requirement of 16-18 years of age and enrolled in high school.

2. He/she volunteers with your approval.

3. Both you and child realize that volunteering at a hospital within The Valley Health System is a very important commitment.

4. Your child must follow all rules and regulations established by the Office of Volunteer Services and The Valley Health System, especially as it relates to attendance at volunteer orientation and maintaining patient confidentiality at all times.

5. I understand my child will have a two-step tuberculin skin test prior to volunteering and that The Valley Health System will administer this test at no cost to me. I further understand my child must have a tuberculin skin test annually in order to continue volunteering.

6. Your child must be regular in attendance and in the proper uniform.

7. Your child commits to volunteering the minimum number of volunteer hours specified by the hospital where volunteer service will be completed.

It is the policy of The Valley Health System that any minor volunteering should have a parent’s consent for any emergency treatment needed while volunteering.

I hereby give permission for my child to perform volunteer services at The Valley Health System.

I realize the need for my child to be dependable, courteous and uphold the hospital code of ethics. I will be glad to cooperate with him/her in complying with the rules and regulations set up for both the volunteer’s and hospital’s protection.

I will not hold The Valley Health System or its hospitals responsible for any illness or injury incurred by my son/daughter, which is related to a previously existing medical condition/disability.

I understand it is my responsibility to inform the Office of Volunteer Services of any such pre-existing condition/disability prior to my child’s receiving his/her assignment.

I give permission to the provided references to release information on my child as requested on the reference form by the Office of Volunteer Services at The Valley Health System.

I authorize a representative of the my child’s school to complete the School Guidance Counselor/Teacher Evaluation Form in connection with my child’s application to participate in the Teen Volunteer Program at The Valley Health System. I understand the purpose of the form is to aid The Valley Health System in selecting qualified Teen Volunteers.

It is my understanding that all information will be kept in strict confidence.

Printed Name (parent/guardian): ______________________________________________________

Signature (parent/guardian): ______________________________________ Date: _______________
Student Counselor/Teacher Evaluation Form

The student named below is applying for membership in the Teen Volunteer program at The Valley Health System. The following information is requested to assist in evaluating the applicant’s eligibility.

Please return form to the student.

Dear Counselor/Teacher:

As Parent/Guardian I hereby give my permission for the release of this requested information.

Parent/Guardian Signature:___________________________________ Date:_________________

Student’s Name:___________________________________ School:___________________________________

In recommending this student for volunteer service, please take into account that every volunteer assignment in a hospital setting is a serious assignment. The Teen Volunteer must be able to adjust to working in an environment where patients and their families are experiencing varying levels of stress. As the volunteer moves about the hospital, he/she must be able to conduct himself/herself in a mature manner, with poise and courtesy.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Superior</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to follow directions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I recommend this student for volunteer services   □ Yes □ No

Comments:

Printed Name: ___________________________________________   Title: ________________________________

Signature: ____________________________________________   Date: _____________________
Birthdate (MM/DD/YY): ________________

I certify that I meet all criteria The Valley Health System requires in order to be a teen volunteer and that I am 16-18 years of age, enrolled in high school.

### Applicant Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>___________</td>
<td>Cell Phone: ___________</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td>___________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Contact Information

| Parent or Guardian’s Name: | ___________ |
| Home Phone:               | ___________ | Work Phone: ___________ | Cell Phone: ___________ |
| Preferred Method of Contact: | Home Phone ☐ | Cell Phone ☐ | Email ☐ |

### School Information

| Name of School: | ___________ | Grade: | GPA: | Graduation Year: | ___________ |

### Work or Volunteer Experience

<table>
<thead>
<tr>
<th>Volunteer Experience:</th>
<th>Name of Organization:</th>
<th>Dates of Service:</th>
<th>Position:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Experience:</td>
<td>Name of Organization:</td>
<td>Dates of Services:</td>
<td>Position:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Experience:</td>
<td>Name of Employer:</td>
<td>Dates of Employment:</td>
<td>Position:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personal Interests - Tell Us About Yourself

How did you hear about our Teen Volunteer Program?

Are you interested in a Medical Career? If yes, what area?

In what area(s) are you interested in Volunteering? 1. __________________________ 2. __________________________

Who encouraged you to volunteer?

Have you previously applied to the Teen Volunteer Program? If yes, when?
The Valley Health System

Teen Volunteer Application

Availability – Please indicate below ALL days and times you are available to volunteer

<table>
<thead>
<tr>
<th>Times</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 am - 12 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 pm - 4 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 pm - 8 pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

References

1. Name: ________________________________
   Relationship: _________________________
   Address: ____________________________________
   Phone: ____________________________________
   Email: ____________________________________

2. Name: ________________________________
   Relationship: _________________________
   Address: ____________________________________
   Phone: ____________________________________
   Email: ____________________________________

The information provided is accurate and correct to the best of my knowledge. My signature indicates that I give my approval and permission for The Valley Health System to check my references. I understand I will not be compensated for my services and I understand that the Office of Volunteer Services is not obligated to provide a placement, nor am I obligated to accept the position offered. My signature indicates if an assignment is accepted, I agree to abide by all The Valley Health System rules and regulations as they will be outlined in the New Volunteer Orientation and Volunteer Handbook.

Applicant Print Name: ______________________________________________
Applicant Signature: ________________________________________________ Date: ________________

For Office Use Only

Date Application Received: __________________________ Application Complete: YES or NO

Interviewer ___________________________ Date ____________ Time ________

Orientation Date: ________________ First Day Scheduled: ________________ Supervisor Notified: ______

Assignment: ___________________________ Day(s) ___________ Time(s) ___________

Comments: 
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________