

Lompoc Valley Medical Center High School Teen Volunteer Program

Guidelines and Application

Thank you for your interest in volunteering at Lompoc Valley Medical Center. We look forward to sharing this valuable opportunity with you. We are excited to welcome you as part of our team, working with our dedicated healthcare professionals committed to providing safe, high-quality, compassionate, patient-centered healthcare services to our community.

General Requirements:

- Currently a high school student who is at least 15 years old.
- Return the completed application to Human Resources (incomplete applications will not be considered).
- A minimum G.P.A. of 2.50, along with a copy of the student's transcript.
- Submit two (2) letters of recommendation or complete the attached forms from a teacher or academic counselor (included in the application packet).
- A minimum of one 2-hour shift per week and a minimum of a three-month commitment (unless other arrangements are approved). More than one shift a week is permitted.
- Complete a personal interview with Volunteer Services staff. (Interviews are scheduled after completed applications are reviewed.)
- Attend the High School Teen Volunteer Orientation to complete the safety and privacy policy paperwork.

Vaccination Requirements

- You must provide a copy of your Covid-19 Vaccination Card with one booster or a completed exemption form that the Human Resources Department will provide.
- An immunization record is required, including a flu shot record or a declination that the Human Resources Department will provide.
- Required T.B. test: Lompoc Valley Medical Center will administer the skin test at no cost. The application includes a T.B. consent form for a parent/guardian to sign. The Human Resources Department will coordinate arrangements for the test.

If you have any questions, please contact the Human Resources Department at (805)737-3344.



Lompoc Valley Medical Center

Teen Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Email _____

Emergency Contact: _____ Phone: () _____

Relationship: _____

Have you ever Volunteered for Lompoc Valley Medical Center? YES NO If yes, when? _____

Tell Us About Yourself

Day(s) you are available to volunteer? (circle): M T W TH F SA SU _____ :

What area are you most interested in? (circle): Patient Areas Administrative/Clerical

Please check the time(s) you are available: 9:00am-12:00pm 12:00pm-3:00pm 4:00pm-7:00pm

What Departments are you interested in? (optional)

Do you speak another language? YES NO If yes, what language: _____

How did you learn about Lompoc Valley Medical Center's Program: _____

Are you volunteering for the summer only? YES NO

EMPLOYMENT OR VOLUNTEER EXPERIENCE INFORMATION

Please list any work and/or volunteer position(s) you have held. Include company/institution and supervisor's name. Please list most current positions first. If you have never worked or volunteered in past, please go to the next section.

Previous Employment/Volunteer Organization

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

***If you have never worked or volunteered, please list one academic or non-personal reference (i.e., teacher, guidance counselor, pastor, rabbi, etc.):**

Name: _____ Relationship (i.e., teacher, pastor, etc.) _____
Phone Number: _____
Your reference cannot be someone you are related to: _____

Education Information

Which high school do you attend: _____
School Location (city): _____ What grade are you in: _____
What is your G.P.A.: _____

Personal Statement

Please briefly describe why you are interested in volunteering at Lompoc Valley Medical Center:

Parent or Guardian Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Email _____

Cell Phone: () _____

Relationship: _____

- I have answered each question fully and correctly. I understand that any deliberate misstatement will disqualify me or will cause immediate termination of my volunteer assignment. I authorize Lompoc Valley Medical Center to fully investigate my references.
- I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***PLEASE NOTE THAT THIS APPLICATION MUST BE THOROUGHLY COMPLETED. ***



**Lompoc Valley Medical Center Teen Volunteer Program
IMMUNIZATION HISTORY**

NAME: _____

MMR Vaccine #1: Date: _____

MMR Vaccine #2: Date: _____

Chicken Pox Vaccine #1: Date: _____

Chicken Pox Vaccine #2: Date: _____

OR Chicken Pox disease verified in writing by MD, with copy attached.

Date of Verification: _____ Yes No

Copies of all immunization records attached. Yes No

You must attach a copy of your immunization records to this form.

TB Screening Test and Flu Shot—Parental Consent

In compliance with regulatory requirements and hospital policy, Volunteers are required to have an *annual* flu shot or a signed declination on file.

Volunteers are required to have an annual TB Screening Test to participate in the program. The volunteer may use Lompoc Valley Medical Center’s laboratory for the test. Please obtain the laboratory order from the Human Resources Department.

By signing this form and the attached form, I, as parent/guardian of this student, am authorizing the Lompoc Valley Medical Center Laboratory Services Department representative to administer this test *annually*.

_____ has my permission to receive the pre-volunteer and annual TB screening test provided by Lompoc Valley Medical Center.

Parent/Guardian Name (print)

Parent/Guardian Signature Date

Student Name (print)

Student Signature Date



Teen Volunteer Program AGREEMENT

The above requirements must be met to participate in the Volunteer program at Lompoc Valley Medical Center. Applicants who do not comply with these requirements, or who return incomplete information, will not be invited to participate. Additionally, your status as a volunteer may be terminated at any time if you fail to follow the policies and procedures of Lompoc Valley Medical Center.

You may also be dismissed for absences without notice, for unsatisfactory attitude, unsatisfactory performance or appearance, and any other circumstances which could be harmful to the best interests of Lompoc Valley Medical Centers Teen Volunteer Program.

Signature of Applicant

Date

Signature of Parent/Guardian

Date



Lompoc Valley Medical Center Absence Expectation Form

Volunteer Services exist to meet the service needs of Lompoc Valley Medical Center. Our mission is accomplished through the dedicated support and service of our many dedicated volunteers, who are an important part of our health care team. We strive to serve the patients, families, and staff at Lompoc Valley Medical Center effectively and committedly, your presence is essential.

PLEASE REVIEW, SIGN and RETURN the Required Absence Acknowledgement Form, as it will be effective immediately:

- **EXCUSED ABSENCES:** Prior to the shift, the teen or parent/guardian notifies the volunteer office that a shift will be missed. Excessive absences will result in dismissal from the program. Please inform the Volunteer Services Staff and complete the absence form if you have a planned absence.
- **UNEXCUSED ABSENCES:** This is a no call and a no-show situation. If a volunteer misses three (3) shifts, without notifying the Volunteer Services staff, he/she will be dismissed. If the Volunteer is sent home due to a dress code violation, it will be an unexcused absence.
- **TARDIES:** If a volunteer will be late for a shift, the volunteer must notify the Volunteer Services Staff.

Please sign below, indicating your compliance with our revised absence policy.

I acknowledge that I understand and will comply with the Lompoc Valley Medical Center attendance expectations form and understand that it represents the requirement for the Teen Volunteer Program.

If you have any questions about Lompoc Valley Medical Center’s attendance expectations, please contact the Human Resources Department at (805) 737-3344.

Volunteer Name (Print)

Volunteer Signature **Date**

Parent/Guardian (Print)

Parent/Guardian Signature **Date**



Electronic Device Usage Policy Acknowledgement Form

Volunteer Services exist to meet the service needs of Lompoc Valley Medical Center and our community. Our mission is accomplished through the dedicated support and service of our many dedicated volunteers, who are an essential part of our healthcare team, and it is important to create a positive impression, as service is our priority. Cell phone, PC, or tablet use is not allowed while volunteers are on duty, as this will create a negative impression for our patients, visitors, and families. The following protocol will apply if a volunteer utilizes an electronic device while on duty.

- The first time a volunteer is verbally warned.
- The second time, he/she will be sent home for the remainder of the shift.
- The third time a volunteer will be excused from the program.

If the volunteer has a cell phone or electronic device during his/her shift, the item should be stored in the volunteer’s bag and/or if the volunteer prefers to have their personal phone remain with them it must not be visible during the volunteer’s shift and must be set to silent with all notifications turned off.

Thank you for your understanding regarding the electronic device requirement, as our goal is to provide the best care possible for our families and patients.

Please sign below, indicating your compliance with our cellphone and electronics usage agreement.

I acknowledge that I understand and will comply with Lompoc Valley Medical Center Teen Volunteer device usage agreement and understand that it represents the requirement of Lompoc Valley Medical Center.

If you have any questions, please contact the Human Resources Department at (805) 737-3344.

Volunteer Name (Printed)

Signature of Volunteer

Date

Parent/Guardian (Print)

Parent/Guardian Signature

Date



Volunteer PROGRAM

NAME OF APPLICANT: _____ AGE: _____

RECOMMENDATION
(Teacher, Counselor, Pastor, Coach, etc.)

The above-named student is applying to be a volunteer at Lompoc Valley Medical Center. To maintain the required compliance with Lompoc Valley Medical Center, each student is required to submit two references to participate in the Teen Volunteer Program. Please complete and return this form in a **sealed envelope**, as it becomes part of the student's application packet.

Date: _____ _____
Print Name

Your Position: _____ _____
Signature

Organization: _____ _____
Daytime Phone

	Excellent	Above Average	Average	Below Average	Unsatisfactory	Not Applicable
Attendance						
Ability to get along with others						
Dependability						
Follows Instructions						

Do you have any concerns about this student concerning honesty, integrity, or confidentiality?

Yes **No**

Additional Comments: _____



Volunteer PROGRAM

NAME OF APPLICANT: _____ AGE: _____

RECOMMENDATION
(Teacher, Counselor, Pastor, Coach, etc.)

The above-named student is applying to be a volunteer at Lompoc Valley Medical Center. To maintain the required compliance with Lompoc Valley Medical Center, each student is required to submit two references to participate in the Teen Volunteer Program. Please complete and return this form in a **sealed envelope**, as it becomes part of the student's application packet.

Date: _____ _____
Print Name

Your Position: _____ _____
Signature

Organization: _____ _____
Daytime Phone

	Excellent	Above Average	Average	Below Average	Unsatisfactory	Not Applicable
Attendance						
Ability to get along with others						
Dependability						
Follows Instructions						

Do you have any concerns about this student concerning honesty, integrity, or confidentiality?

Yes **No**

Additional Comments: _____



TUBERCULOSIS HEALTH SCREENING FORM

Circle One →	Employee	Physician	Volunteer	Patient <i>(do not send to HR)</i>	Other:	
Circle One →	New	Annual	2nd Step	Re-Test	Other:	
Name				DOB	/ /	
Department				Phone #		
1. Have you ever had a positive PPD test? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, when?						
What medication(s) did you take?				For how long?		
2. Were you ever given a BCG vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This is a vaccine given in the shoulder in countries other than the USA)</i>						
3. Have you travelled outside of the United States within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?						
4. Have you been told by your health practitioner that your immune system is suppressed or compromised due to a medical condition and/or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No						
5. In the past 2 years have you received any chemo or radiation therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
6. In the past 1 year have you taken any steroids or prednisone for 1 month or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
7. Have you previously worked in a nursing home, hospital, shelter, jail, or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No						
8. Are you currently being treated for any illness? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No						
9. Do you have any chronic illnesses? If yes, please list. <input type="checkbox"/> Yes <input type="checkbox"/> No						
10. Do you have any of the following:		<ul style="list-style-type: none"> • Chronic cough <input type="checkbox"/> Yes <input type="checkbox"/> No • Fever or night sweats <input type="checkbox"/> Yes <input type="checkbox"/> No • Involuntary weight loss <input type="checkbox"/> Yes <input type="checkbox"/> No • Chronic fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No 				
Date: ___/___/___		Signature: _____ Parent Signature: _____				
Date / Time given	Lot # / Exp. Date	Given by	Site	Date / Time Read	Read By	Results
<i>Note to HR: if PPD not given, please attach CXR or QuantiFERON Gold results unless exempt from TB testing</i>						
Infection Preventionist note:						
Date: ___/___/___		Infection Preventionist's Signature: _____				

Teen Volunteer GUIDELINES

Volunteer Shift Assignments

- Volunteers may not arrive at the hospital more than 30 minutes before their assignment and must be picked up no later than 30 minutes after the conclusion of their assignments.
- Volunteers are required to sign in and out when they arrive or depart from their shift assignment.
- Volunteers are assigned to a specific area and may not change work areas without authorization from the Volunteer Staff Services.
- Volunteers may not have personal visitors during their volunteer shifts.
- Volunteers can take a ten-minute break if the volunteer shift exceeds 2 hours.

Meals

- Every volunteer may enjoy a complimentary “Daily Special” meal or item from the Ocean's Sevens Café before or after their scheduled shift.
- Food is not permitted at the workstations or in patient room areas.

Absences

- Teen Volunteers are allowed three (3) excused absences. Please see the attached absence expectations.

Electronics and Cell Phones

- A signed electronic device usage expectation form will be placed on file with the Human Resources Department.

Uniform:

- Lompoc Valley Medical Center requires the assigned uniform smock to be worn during all shifts.
- Attire must be professional.
- Ripped clothing and hoodies are not acceptable.
- Long-sleeved shirts can be worn underneath smocks.
- The Issued Identification Badge must be worn at all times during your shift.
- Shoes must be close toed with rubber soles. No heels or sandals may be worn.
- Hair: Must be neat and well-groomed
- Hats, caps, and bandanas may not be worn.
- When the volunteer’s assignment ends, the issued smock must be returned to the Human Resources Department, or the volunteer will be liable for the cost of the smock.

Badges:

- Lompoc Valley Medical Centers' issued Identification badge must be attached to the collar of your volunteer smock or an ID lanyard and visible at all times while you are on volunteer duty.
- The identification badge is Lompoc Valley Medical Centers' property and must be returned upon termination or resignation of volunteering.



Teen Volunteer Position Description

Service Summary:

All duties outlined within this document should be performed according to established policies and procedures of Lompoc Valley Medical Center.

All Teen Volunteers will be required complete first day safety/orientation for the following topics:

- An overview of Lompoc Valley Medical Center's Mission & Vision
- Emergency Codes, Fire Safety and Personal Safety.
- HIPAA Confidentiality
- Infection Control/Standard Precautions.
- Wheelchair Training
- Other Policy & Procedures related to Lompoc Valley Medical Center & the Volunteer Services Department.

Staff members from various departments may be directly responsible for the Teen Volunteers in their assigned placement areas. Additional assignments will require orientation to that specific department.

District Responsibility:

- Support of the District Mission and Values.
- Demonstrate Respect, Professionalism and Courtesy to all patients, visitors, other providers and coworkers, as delineated in the LVMC "Commitment to Care".
- Constantly use C-I-CARE principles when communicating with others.
- Performance Improvement Activities.
- Professional Development.

Duties Description Review:

Acute Facility

Nursing

Passing water, ice and meal trays.
Passing Newspapers and roving book cart.
Taking supplies to rooms and stocking supplies.
Helping with walking outpatients upon discharge.
Escorting visitors to and from rooms.
Helping wipe down wheelchairs and IV poles.
Helping with clerical tasks.
Other duties assigned.

Physical Therapy

Greet and set up for incoming patients.
Prepare area for patient care.
Cleaning patient areas.
Assisting therapist with tasks as needed.
Help with clerical tasks.
Other duties as assigned.

Diagnostic Imaging

Get Outpatients for their exam.
Return Outpatients to the waiting room after their exam.
Clean exam rooms after patients and prepare for the next patient.
Stocking the rooms.
Possibly assisting the Transporters by pushing the wheelchair.
Shadowing the Techs and asking questions.
Other duties assigned.

Registration

Deliver Flowers.
Escort Patient/Visitors.
Help with Clerical Tasks.
Other duties assigned.

Comprehensive Care Center

The Activity Department

Refreshing/filling resident water pitchers
Pushing residents to activity rooms, resident rooms and dining rooms.
Passing meal trays.
Assisting in activities in both the Activity Dining Room and the East Serenity Room.
Indoor Strolls
Reading to Residents
1:1 Visits with Residents
Other duties assigned.

Teen Volunteer: _____ **Date:** _____

Director/Supervisor: _____ **Date:** _____