January 2019

Thank you for your interest in the 2019 Northern Light Eastern Maine Medical Center Student Summer Volunteer Program. To be eligible for consideration, you must be a high school student entering freshman through senior year in the fall of 2019. Our application process is designed to be similar to applying for a job to give you experience in job search and interview skills. Please be mindful of the deadlines throughout the process. Due to the high volume of applications there are no exceptions to deadlines.

As you consider your application, please be aware that our program is very structured. You are expected to adhere to our attendance guidelines with minimal absences—your commitment to the program is crucial for its continued success. The time requirement is at least eight hours per week for the duration of the program and your schedule will be the same each week. Specific schedule questions and concerns may be addressed during your personal interview.

The application process is outlined below:

1. Return your completed application (along with two references - see #2) by March 31st. Please be sure all the requested parental/guardian signatures are provided.

2. Arrange for two non-family member adults to provide a letter of reference. An email from your reference is also acceptable. Please note: you will not be scheduled for an interview until your application, including these letters, is complete. We have included a sample reference request form if you choose to use it.

3. Once your application is complete, I will contact you (either by email or phone) for a personal interview; they are typically scheduled during April vacation week, however other arrangements can be made as necessary. Please be certain to activate and routinely check your voice mail and email. If you do not have an active non-school email address, please create one for yourself and include on your application as it is our primary means of contact with students.

4. If you have any questions, please feel free to contact me. Thank you for your interest in volunteering at Northern Light EMMC-- I look forward to hearing from you soon.

Sincerely,

Carrie A. Brown
Student Volunteer Coordinator
cabrown@northernlight.org
(207) 973-7850
NEW STUDENT VOLUNTEER APPLICATION

NAME: ___________________________  TODAY’S DATE: ____/____/____

MAILING ADDRESS: ___________________________  PHONE: ___________________________

CITY/TOWN: ___________  ZIP: ______  EMAIL: ___________________________

HIGH SCHOOL: ___________________________  ENTERING ______GRADE IN FALL 2019

Are you able to commit to 8 hours a week of volunteering for a minimum of 6 weeks? Yes ___ No ___
Program dates are scheduled for June 18-August 10

Please explain why you want to volunteer and what you hope to accomplish by volunteering.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Describe what you do with your spare time. Include your extra curricular activities, hobbies, and interests.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If you are interested in a future medical career, please tell us which one and why.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Tell me about your current and past volunteer experiences (if applicable).

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
**Dear Prospective Student Volunteer and Parent or Guardian,**

Volunteering is a serious commitment at EMMC. As a student volunteer, you secure the privilege to participate by signing our Student Volunteer Code. After reading the Student Volunteer Code below, please sign. A parent or guardian also needs to read and sign. Parents will be contacted if and when a violation occurs.

<table>
<thead>
<tr>
<th>THE STUDENT VOLUNTEER CODE</th>
<th>AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I will respect all patients’ rights to privacy.</td>
<td>I, __________________________________ have read and agree to abide by “The Student Volunteer Code.” I understand if I break this Code, I may lose my privilege to volunteer.</td>
</tr>
<tr>
<td>• I will strictly observe EMMC policies and procedures.</td>
<td>Signed, ________________________________ Student Volunteer</td>
</tr>
<tr>
<td>• I will fulfill my time commitment to volunteering at EMMC.</td>
<td></td>
</tr>
<tr>
<td>• I will groom myself in a manner befitting a health care team member.</td>
<td>I, __________________________________ have read “The Student Volunteer Code” and understand the commitment my Student is making and will support his/her volunteer service.</td>
</tr>
<tr>
<td>• I will keep my uniform neat and clean.</td>
<td>Signed, ________________________________ Parent or Guardian</td>
</tr>
<tr>
<td>• I will do my best to understand my duty and complete it to the best of my ability.</td>
<td></td>
</tr>
<tr>
<td>• I will be courteous and report to those responsible if I am unable to fulfill my duties for any reason.</td>
<td></td>
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</tbody>
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**PARENTAL CONSENT AND RELEASE FOR EMERGENCY TREATMENT**

I, ______________________________________________ hereby give permission for my son/daughter, ____________________________________________________________, to volunteer at Eastern Maine Medical Center.

I understand that if an emergency arises, EMMC staff will make every effort to contact:

Parent/Guardian: ___________________________ at ___________________________ day phone ___________________________ Email address

Parent/Guardian: ___________________________ at ___________________________ day phone ___________________________ Email address

If EMMC is unable to reach the above individual(s), I further consent to EMMC taking appropriate emergency steps to safeguard the health and welfare of my son/daughter.

_____________________________ ______________________________
Date Signature of Parent or Guardian
STUDENT VOLUNTEER OPPORTUNITIES

Please indicate 3 areas of interest with #1 as first choice
Placement is contingent upon departmental need and student volunteer availability.
There is no guarantee of placement.

___ SERVICE HOTLINE: This position is based out of the Volunteer Office and offers a variety of opportunities. Students will serve different departments and sometimes help with patients. You will learn excellent customer service, telephone skills and other office skills such as filing, mailings, collating, as well as run errands/deliveries.

___ LIBRARY: Help assist with the rapid turnaround time of medical journals and articles to local, statewide, national and international healthcare providers. Learn and/or observe daily operations of the medical library environment with tasks ranging from shelving medical journals, data entry and others.

___ OFFICE RELATED SERVICES: These areas offer opportunity to assist administrative staff with varying clerical duties and responsibilities ranging from greeting patients to filing. You will gain office experience, insight to the professional environment and develop customer service skills.

___ PATIENT ASSISTANCE: Learn your way around the hospital in this position. You may deliver mail and/or flowers, escort patients and/or families, help with discharge escorts, assist visitors to their destination, and other important errands.

___ MATERIALS MANAGEMENT AND TRANSPORT: Another opportunity to learn your way around the hospital. You may assist with a patient discharge, bed transports, collect wheelchairs and other equipment, unpack inventory supplies, make deliveries throughout the medical center, run errands, etc.

___ THE FLOORS: Learn firsthand about the patient care environment by helping staff with non-clinical tasks. Tasks may range from visiting with patients to answering the nurse call to assembling charts.

___ GIFT SHOP: You will learn the basics of a successful and busy retail shop with tasks ranging from inventory to cash register to stocking. Great preparation for an after school job!

___ NUTRITION SERVICES: There are three areas/opportunities. Please circle which area/s you’re interested in: Cafeteria (retrieve trays, salad prep, bag food items, etc.), Patient Food/Kitchen (tray delivery to patients, wrapping food items and silverware, etc.) and Hospitality (offer spoken menu service to patient, assist with tray assembly and menu tally).

___ STERILE PROCESSING: Assist in non-processing duties. Learn about overall disinfection/sterilization process and its role in patient safety and the delivery of quality care.
SCHEDULE REQUESTS

- Student volunteers are required to commit a minimum of 8 hours of service each week of the program.
- Shifts are full days, 8am to 4pm, with a ½ hour lunch.
- Your schedule will be the same each week (same time and same department).
- Planned absences: This is an 8 week program. Students are required to be present a minimum of 6 weeks. If you have an unscheduled absence, the Volunteer Office will contact one of your parents/guardians by phone and/or email.
- Be aware that your availability may affect your acceptance into the program and/or your placement (department).

Please indicate here any anticipated summer commitments:
For example any camps, planned family vacations, summer courses, etc.
You may simply indicate “one week in July” if exact dates are unknown.
Please note: This information is not used to determine your schedule, this is only to determine acceptance into our program; specific scheduling needs will be addressed during your interview.

Program participation requires a minimum of 8 hours per week. If you are interested in any additional hours each week, how many? _______

Will you be coming to the medical center with an adult who is here certain hours or with another student? Please explain.

I certify that the responses on this application are true and to the best of my knowledge.

Student signature ________________________ date __________

Volunteer Services  |  P.O. Box 404  |  Bangor, ME  04402-0404  |  cabrown@northernlight.org  |  (207) 973-7850
Dear

I am applying to participate in the Summer Student Volunteer Program at Eastern Maine Medical Center. I am required to provide two letters of reference and would like you to write one for me.

For your convenience, I have provided you with a stamped, self-addressed envelope. Please mail your letter directly or you may email a copy of the letter to cabrown@northernlight.org. Please be sure to note “student volunteer reference” in the subject line.

The letters need to be received by March 31st so I can schedule my interview. Thank you for your help, and I appreciate your willingness to write a letter on my behalf.

Sincerely,

Student Volunteer Applicant