



# **ECU Health Beaufort Hospital Volunteer Application 2023**

**Please direct any questions to:**

*Volunteer Services*

*ECU Health Beaufort Hospital*

*628 E. 12<sup>th</sup> Street*

*Washington, NC 27889*

*252-975-4161*

**Completed application must be received by  
5:00pm on Friday, March 31<sup>st</sup>, 2023**

This year's Volunteen Summer Program will be split into two 4-week sessions.

~ **First Session – June 12<sup>th</sup> thru July 7<sup>th</sup>**

~ **Second Session – July 10<sup>th</sup> thru August 4<sup>th</sup>**

Each session will run for 4 weeks and volunteens will be required to pull one 8-hour day each week to meet the 32 hour requirement.

It is our hopes that this split program will allow your active teenager to participate in more camps, enjoy a vacation, and attend their mission trips and other summer events.

**\*\*\*Continued for 2023\*\*\***

**Volunteens must provide proof of a completed COVID vaccination or an approved valid exemption by ECU Health.**

## Letter to Applicant

**Please keep this letter for your reference.**

Thank you for your interest in the 2023 Summer Volunteer Program. Due to the large number of students interested in our program it is essential that you pay close attention to the information given and that you are aware of the DEADLINE by which this information must be returned to the Volunteer Services Department. There are limited spaces available. The application must be submitted to the front desk of the hospital no later than 5:00pm on Friday, March 31<sup>st</sup>, 2023.

Interviews will be scheduled April 17th - April 21st given the application is completed and received by 5pm on Friday, March 31st, 2023. Mandatory Orientation will be held on Thursday, June 8th. Times will be given when acceptance letters are sent. Orientation is mandated by The Joint Commission, a government agency that accredits hospitals. If you are unable to attend orientation our policy will not permit you to participate in the program.

*This year the Volunteer Program will be in TWO sessions:*

~ **First Session – June 12<sup>th</sup> thru July 7<sup>th</sup>**

~ **Second Session – July 10<sup>th</sup> thru August 4<sup>th</sup>**

Each volunteer is required to volunteer ***one full 8 hour day each week***, which will be assigned and remain the same throughout the 4 week session. Each volunteer must volunteer a minimum of 32 hours in order to complete the program and be eligible to return as a volunteer the following summer. You must be available to work your regularly scheduled day. Four full 8 hour days are required to complete the 32 hour commitment.

All eligible applicants must meet the following requirements:

- Must be at least a rising sophomore.
- You must have at least a "B" average.
- You must be free of any disciplinary actions.
- Your schedule must allow you to be free to volunteer four 8 hour days for a ***minimum*** of 32 hours from June 12<sup>th</sup> - August 4<sup>th</sup> depending on which session you serve.
- **MUST** be able to attend Orientation on ***Thursday, June 8<sup>th</sup>***. If you cannot attend, you ***cannot*** volunteer.

If you meet the above qualifications: **CHECK ITEMS OFF AS YOU COMPLETE THEM**

- Complete your application. (Student MUST complete.)
- Carefully** read and sign the Volunteer Contract. (Both student and parent/guardian MUST sign.)
- Complete PPD Consent Form (Parent MUST complete.)
- Complete Consent Waiver and Release form (Parent MUST complete.)
- Submit copy of immunization record with application. (See the attached letter from Occupational Health.)
- Submit copy of report card/school transcript for the most recent grading period.
- Have your (2) teacher recommendations forms completed and returned in sealed envelopes with the teachers' signatures across the flaps.

**(Unsealed and/or unsigned references will *not* be accepted.)**



Which day do you prefer to volunteer? Rank in order of preference from 1-3 (1 being your top choice).

- \_\_\_\_ Monday (8am – 4pm)
- \_\_\_\_ Tuesday (8am – 4pm)
- \_\_\_\_ Wednesday (8am – 4pm)
- \_\_\_\_ Thursday (8am – 4pm)
- \_\_\_\_ Friday (8am – 4pm)

List day(s) you are unable to work:

\_\_\_\_\_

Is there someone you prefer to work with for transportation? Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Polo shirt size: S\_\_\_\_\_ M\_\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_ 2XL\_\_\_\_\_ 3XL\_\_\_\_\_

**I will do what I can to accommodate each request, but I cannot guarantee you will get your first choice placement or preference day. Once you are scheduled, you will be accountable for that particular day.**

***Please answer the following 3 questions:***

1. How do you feel you can make a difference at ECU Health Beaufort Hospital? Please list any special skills you feel could benefit our patients, staff and visitors.

2. What distinguishes you from your peers? Why should you be chosen to be a volunteer here at ECU Health Beaufort Hospital?

3. What do you hope to gain from participating in ECU Health Beaufort Hospital's 2023 Summer Volunteer Program?

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Volunteer, any false statements, omissions, or other misrepresentations made by me on this application will result in my immediate dismissal.

**Applicant's Signature:** \_\_\_\_\_

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

I have read my child's completed application and all registration information. I confirm that all information is correct as stated and consent to allow my child to apply and be considered for the Summer Volunteer Program.

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

## ECU Health Beaufort Hospital - Volunteer Contract

**Please be advised by signing this contract, your signature means you promise to abide by the rules stated therein. If at any time the contract is broken, you are subject to dismissal. If you are dismissed, you will not be eligible to volunteer at ECU Health Beaufort Hospital again. All Volunteers are evaluated during their summer of service. This evaluation determines if a teen is eligible to return as a volunteer the following summer.**

### I. Personal Appearance

- ~ Volunteers will be issued an ECU Health polo shirt. This is to be worn with solid khaki, white, or black pants (no blue jeans/denim of any color, stretch pants, shorts or capris). Pants are not to be worn lower than the waist and shirttails must be tucked in at all times. If the pants have belt loops, a belt must be worn. Females may also wear solid khaki, white, or black skirts of professional length; no more than 3 inches above the knee.
- ~ ID badges are to be visible at all times and worn above the waist.
- ~ Shoes should be comfortable. Tennis shoes are acceptable; slings, flip-flops, or open-toed shoes are not allowed.
- ~ Jewelry – minimal jewelry is best. Jewelry that dangles is not allowed as it poses a safety hazard. Multiple rings are not allowed as they are prone to harboring germs. No visible body piercing, other than ears are allowed.
- ~ Nails must be clean and short in length. No artificial nails. Nail polish must be unchipped.
- ~ Hair must be neatly groomed & color must be natural-looking. Hair that touches the shoulders must be tied back.
- ~ NO Visible tattoos.

**All volunteers must be clean and neat when reporting to work.  
Volunteers are to remain in uniform the entire time they are on duty.**

### II. Behavior

- ~ Volunteers are to be dressed appropriately.
- ~ It is important that we are always able to locate you when you are on duty. Therefore, you should be in your work area, on a job, or eating lunch; after completing a job you should return immediately to your work area. You should ***never*** leave the hospital while on duty, except with a parent or guardian and prior approval from Mrs. Tice or your immediate supervisor.
- ~ No gum, smoking, profanity, or illegal substances are permitted.
- ~ Loitering is not permitted. You are not allowed to have visitors while volunteering.
- ~ Loud talking, gathering in the halls, running and "horseplay" are not appropriate. You will be asked to leave
- ~ ***IMPORTANT: No Cell Phones will be permitted.***  
***You may have your cell phone in your possession in case of emergency, to access your calendar or in the event that you would need to contact your parents or possible transportation, but otherwise, your cell phone should not be visible.***

### III. Personal Responsibility

- ~ Volunteers should be in their assigned area prepared to work at 8am and stay until their shift ends at 4pm. (*Hours will be adjusted accordingly if you arrive late and/or leave early.*)
- ~ Volunteers must complete a minimum of 32 hours.
- ~ Work as a team and take turns in responding to assignments.
- ~ It is your responsibility to get the necessary transportation to and from volunteering.

**Student Applicant:**

I have read and understand this Volunteen Contract and if accepted into the program, I will abide by all the rules included therein. I realize that if I do not honor this commitment I will not be eligible to return as a Volunteen next summer.

Volunteen's Signature: \_\_\_\_\_ Date\_\_\_\_\_

**Parent/Guardian Commitment:**

**Please read and sign below:**

My teenager has expressed an interest in volunteering at ECU Health Beaufort Hospital and has my permission to do so. Both my teenager and I understand that she/he must be available to work her/his regularly scheduled day and serve a minimum of 32 hours during the 4 week program. I have read and understand the Volunteen Contract. If my teenager is accepted into the program, I agree to support the Volunteer Department in enforcing the rules as stated. I realize that if my teenager does not honor this commitment she/he will not be eligible to return as a Volunteen next summer.

Parent/Guardian's Signature: \_\_\_\_\_ Date\_\_\_\_\_

## English or History Teacher Recommendation Form

### ECU Health Beaufort Hospital Volunteers

Applicant's Name: \_\_\_\_\_

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

Teacher's Name: \_\_\_\_\_

Subject: **English History**

School: \_\_\_\_\_

I have known this student for \_\_\_\_\_ semesters.

**\*His/her numeric grade in my class (i.e. 96) \_\_\_\_\_ (THIS MUST BE FILLED IN. THE PARENT/GUARDIAN SIGNATURE ON THE BACK OF THIS FORM GIVES PERMISSION TO RELEASE THIS INFORMATION.)**

**TO THE EVALUATOR:** Our volunteer program is a 4-week summer program that introduces the student to possible careers in the healthcare industry, while allowing them to contribute to their community, their résumés, and their self-esteem. We have a limited number of positions; therefore, the application process is very competitive. *Working in a hospital requires that a student be exceptionally responsible and display a high level of maturity. We appreciate your honest evaluation of this applicant.* Students are evaluated on their school performance, their completed application with essay, interview, and two teacher recommendations. All information submitted is treated confidentially. The deadline for receipt of all applications, including teacher recommendations is 5:00 pm on Friday, March 31<sup>st</sup>, 2023.

<b>Please give honest assessments.</b>	Excellent	Good	Fair	Poor
1. Conduct: Extent to which this student observes good standards of school conduct and obeys school regulations.				
2. Cooperation: Extent to which this student works in harmony with others in class activities.				
3. Responsibility: Extent to which this student accepts responsibility for doing his/her work.				
4. Diligence: Extent to which this student works diligently and purposely without wasting time.				
5. Persistence: Extent to which this student adheres to a task in order to see it through to completion.				
6. Initiative: This student's resourcefulness, self-reliance and energy in meeting new situations.				
7. Accuracy: This student's ability to work with exactness and precision.				
8. Attention: This student's ability to listen and follow instructions.				
9. Communication Skills: This student's ability to speak clearly and correctly.				



10. Self-Control: This student's ability to work quietly and calmly among others in a hospital environment.				
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Please complete pg. 2

## English or History Teacher Recommendation Form ECU Health Beaufort Hospital Volunteers

Are you aware of any significant disciplinary actions that have been taken against this student? If so, please explain.

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If you were a patient at ECU Health Beaufort Hospital would you want this student assisting you?    Yes    No    Not Sure

Please include any additional comments that might be helpful in evaluating this student.

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If you have any questions regarding this recommendation please feel free to contact Jamie Tice, Manager of Volunteer Services at 975-4161. We sincerely thank you for completing this recommendation. **Please return this completed recommendation to the student in a sealed envelope with your signature across the flap. All information will be kept CONFIDENTIAL.**

Teacher's Signature: \_\_\_\_\_

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

**STUDENT AND PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING BEFORE GIVING TO TEACHER.**

**My signature gives you permission to release this information to the ECU Health Beaufort Hospital Volunteer Services Department.**

Signed (Student): \_\_\_\_\_ Date: \_\_\_\_\_

**My signature gives you permission to release this information to the ECU Health Beaufort Hospital Volunteer Services Department.**

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Application deadline is 5:00 pm on Friday, March 31<sup>st</sup>, 2023!**

**Math or Science Teacher Recommendation Form**  
**ECU Health Beaufort Hospital Volunteers**

Applicant's Name: \_\_\_\_\_  
 Teacher's Name: \_\_\_\_\_  
 School: \_\_\_\_\_

Date: \_\_\_\_\_  
 Subject: **Math    Science**

I have known this student for \_\_\_\_\_ semesters.

**\*His/her numeric grade in my class (i.e. 96) \_\_\_\_\_ (THIS MUST BE FILLED IN. THE PARENT/GUARDIAN SIGNATURE ON THE BACK OF THIS FORM GIVES PERMISSION TO RELEASE THIS INFORMATION.)**

**TO THE EVALUATOR:** Our volunteer program is a 4-week summer program that introduces the student to possible careers in the healthcare industry, while allowing them to contribute to their community, their résumés, and their self-esteem. We have a limited number of positions; therefore, the application process is very competitive. *Working in a hospital requires that a student be exceptionally responsible and display a high level of maturity. We appreciate your honest evaluation of this applicant.* Students are evaluated on their school performance, their completed application with essay, interview, and two teacher recommendations. All information submitted is treated confidentially. The deadline for receipt of all applications, including teacher recommendations is 5:00 pm on Friday, March 31<sup>st</sup>, 2023.

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10. Self-Control: This student's ability to work quietly and calmly among others in a hospital environment.				
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Please complete pg. 2

## Math or Science Teacher Recommendation Form ECU Health Beaufort Hospital Volunteers

Are you aware of any significant disciplinary actions that have been taken against this student? If so, please explain.

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If you were a patient at ECU Health Beaufort Hospital would you want this student assisting you?    Yes    No    Not Sure

Please include any additional comments that might be helpful in evaluating this student.

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If you have any questions regarding this recommendation please feel free to contact Jamie Tice, Manager of Volunteer Services at 975-4161. We sincerely thank you for completing this recommendation. **Please return this completed recommendation to the student in a sealed envelope with your signature across the flap. All information will be kept CONFIDENTIAL.**

Teacher's Signature: \_\_\_\_\_

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

**STUDENT AND PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING BEFORE GIVING TO TEACHER.**

**My signature gives you permission to release this information to the ECU Health Beaufort Hospital Volunteer Services Department.**

Signed (Student): \_\_\_\_\_ Date: \_\_\_\_\_

**My signature gives you permission to release this information to the ECU Health Beaufort Hospital Volunteer Services Department.**

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Application deadline is 5:00 pm on Friday, March 31<sup>st</sup>, 2023!

ECU HEALTH BEAUFORT HOSPITAL – *A Campus of ECU HEALTH MEDICAL CENTER*

**OCCUPATIONAL HEALTH**

Leysi Gladding, RN, BSN

252-948-4948

Fax: 252-975-8898

Leysi.Gladding@ecuhealth.org

DATE: January 2023

TO: Volunteen Applicants

The following vaccinations and/or titers are **required** for our volunteens at ECU Health Beaufort Hospital – *A Campus of ECU Health Medical Center*. **Your immunization record showing proof of the following must be submitted with your application:**

- Record of 2 MMR vaccinations or positive titers for MUMPS, Rubella and Rubeola
- Record of 2 Varicella vaccinations or a positive Varicella titer
- Tdap within the last 10 years
- **Record of COVID Vaccinations**

**If you are accepted into our Volunteen Program**, you will be required to receive the following from our Occupational Health Department.

- **VOLUNTEENS** will require 2 current PPD skin tests (within the last 2 years).

Please contact me if you have any questions regarding the information listed above.

Leysi Gladding, RN, BSN



## VOLUNTEEN PROGRAM

### CONSENT FOR PPD (TB SCREENING)

By my signature, I consent for \_\_\_\_\_ (**please print name**) my son/daughter to receive the PPD skin test. I understand that this test is administered annually to all ECU Health Beaufort Hospital employees and volunteers to check for possible exposure to Tuberculosis.

This is not a vaccination and does not contain any live viruses. There is a risk of a local allergic reaction (*slight swelling and redness at the injection site*). This test is administered per NC State Regulations regarding the monitoring of Tuberculosis and Tuberculosis exposure in the health care setting.

This test will need to be read 48 to 72 hours after administration.

Name of Volunteen (please print): \_\_\_\_\_

Name of Parent or Legal Guardian (please print): \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

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

**CONSENT WAIVER AND RELEASE:**  
ECU Health / Vidant Health

Name of person to be filmed/recorded: (print) \_\_\_\_\_

To be signed by the participant, parent or guardian:

I hereby give permission to University Health Systems of Eastern Carolina, Inc. d/b/a ECU Health, and its subsidiaries and affiliated entities, including, but not limited to Pitt County Memorial Hospital, Inc. d/b/a ECU Health Medical Center; Pitt Memorial Hospital Foundation, Inc. d/b/a Vidant Medical Center Foundation; University Health Systems of Eastern Carolina Foundation, Inc. d/b/a Vidant Health Foundation; HealthAccess d/b/a Vidant HealthAccess; ECU Health SurgiCenter of Eastern Carolina, LLC; Vidant Medical Group, LLC; East Carolina Health, Inc. d/b/a ECU Health Community Hospitals; East Carolina Health-Beaufort, Inc. d/b/a ECU Health Beaufort Hospital – A Campus of ECU Health Medical Center; East Carolina Health-Bertie, Inc. d/b/a ECU Health Bertie Hospital; East Carolina Health-Chowan, Inc. d/b/a ECU Health Chowan Hospital; East Carolina Health-Heritage Inc. ECU Health Edgecombe Hospital; East Carolina Health, Inc. d/b/a ECU Health Roanoke- Chowan Hospital; Duplin General Hospital, Inc. d/b/a ECU Health Duplin Hospital; The Outer Banks Hospital, Inc.; ECU Health North Hospital and collectively “ECU Health and Vidant Health entities,” to record, reproduce, publish, print, film, photograph, video, prepare, use, exhibit or distribute in any form whatsoever, including but not limited to electronically or digitally, my name, address, picture, image, portrait, likeness, voice, written testimonial or any and all of them for the purpose noted below and without my prior examination of the finished product.

Any picture, portrait, photograph, photo transparency, audiovisual illustration, computer file, electronic image or other likeness constitutes the property of the ECU Health / Vidant Health entities and may be used without my prior examination of the product.

I hereby waive my rights (or my child’s rights) to privacy in connection with the consent given above and I hereby voluntarily waive, release discharge and agree to defend, indemnify and hold harmless ECU Health / Vidant Health entities, each of their successors, assigns, affiliates and subsidiaries; each of their directors, officers, trustees, agents and employees and any distribute from any liability for any and all claims or causes of action I, my heirs or assigns might now or hereafter and further agree that this consent will not be made the basis of a future claim of any kind.

I understand that I do not have to sign this authorization as a condition of receiving any future medical services from ECU Health / Vidant Health entities and that I may revoke it at any time by sending written notice to: ECU Health, ATTN: Marketing and Communications, 1021 WH Smith Blvd, Greenville, NC 27834.

By affixing the signature below, I \_\_\_\_\_ (print name) hereby certify that I have read and understand this CONSENT WAIVER AND RELEASE.

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

**Witness:** \_\_\_\_\_ **Purpose:** \_\_\_\_\_

**Minors**

I am the parent or legal guardian of \_\_\_\_\_ (print name of minor), and I hereby certify that I have read and understand this CONSENT WAIVER AND RELEASE.

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

**Witness:** \_\_\_\_\_ **Purpose:** \_\_\_\_\_