

Teen Volunteer Application



Dear Prospective New Volunteer,

Thank you for your interest in Swedish Medical Center's Teen Volunteer Program. Our dedicated volunteers are valued members of our Swedish health care team and an integral part of providing exemplary service to our patients and their families.

Our HCA Company mission statement is first and foremost: Above all else, we are committed to the care and improvement of human life. HCA President Milton Johnson, "It's all about relationships" and connecting to people. It is a privilege to care for patients in their most vulnerable state, during difficult times in their lives. Our Health ONE vision is to provide exceptional health to every human being and our shared values is I.C.A.R.E – Integrity, Compassion, Accountability, Respect and Excellence.

It is our goal at Swedish Medical Center to provide clinical excellence and exceptional service to our patients, physicians and employees.

At Swedish, our patients come first! Our Volunteer Service department proudly affords unique volunteer opportunities with our facility consisting of, but not limited to: Neuroscience Lobby, Total Joint Replacement Destination Center, Patient Ambassadors, 9 Multi-Trauma Meal Pals, Front Information Desk, Pathology Lab, Level 1 Trauma Emergency Room and EMS Concierge, American Cancer Society Cancer Resource Center and Oncology Infusion, Radiology MRI, Critical Care, Gynecological and Surgery Waiting Rooms, Gift Gallery, Pre-Admit Testing and Ambulatory Care Clinics, No One Dies Alone Patient Vigil program, Denver Pet Partners Animal Assisted Therapy, Pastoral Care Chaplains, Second Chance Shoppe, Patient Visitation, Nursing floor assistance, Swedish Family Residency and Colorado Stroke Coalition P.O.S.S.E group. All volunteer positions are non-clinical and placement is contingent on the applicants' interests and the needs of Swedish Medical Center.

If you would like to join our wonderful volunteer team, please complete the enclosed application and required background check forms for processing and verification.

Please note all new volunteers are required to commit to a minimum 6 months and 100 hours of service. It is strongly advocated that you assess your schedule and availability to determine if you are able to fulfill this requirement prior to applying.

If your background check is approved by our Human Resource department, we will then be happy to extend an invitation for you to attend a New Volunteer Orientation and discuss individual placement opportunities. Should you have any additional questions, please contact our Volunteer Service office Monday through Friday 8am-4pm by calling 303-788-6560. Applications may be emailed to Director of Volunteer Services Denise.Mathias@healthonecares.com or mailed to: Volunteer Services Swedish Medical Center 501 E. Hampden Ave. Englewood, Colorado 80113.

Thank you again for choosing Swedish for your volunteer experience!

Volunteer Services at Swedish Medical Center – Teen Application

Applicant's Name: _____

Complete Address: _____

Cell Phone: _____ Birthdate: _____ Email address: _____

Emergency Contact Name: _____ Relationship: _____ Cell Phone: _____

Who referred you to Swedish Medical Center and why do you want to affiliate with our Volunteer Program?

Education and Special Training/Skills:

Professional/ Employment Experience:

Previous Volunteer Experience:

Hobbies/Special Skills/Interests: _____

Availability: Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to serve in patient areas. I understand that I may be requested to complete a health screening including a drug screen prior to beginning to volunteer at Swedish Medical Center. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Applicant Signature	Facility Name and COID Swedish Medical Center	Date
Applicant Printed Name	Business Entity Name HealthONE-Swedish Medical Center	

Teen Volunteer Letter of Recommendation for Swedish Medical Center

At Swedish Medical Center, we are known for our expertise and as a premier leader in healthcare in Colorado.

Patients who seek the best medical care come to Swedish. Our Teen Volunteers are an integral part of our Swedish healthcare team and have an impetus on our patient experience.

HCA's Mission Statement: Above all else, we are committed to the care and improvement of human life.

Our Vision: To bring exceptional health to every human being.

Our Values: I.C.A.R.E

- **I** – Integrity –Doing the right thing, even when no one is watching.
- **C** – Compassion-Be empathetic to the needs of others and sympathize with their situation.
- **A** – Accountability-Take ownership for how actions impact outcomes.
- **R** – Respect-Value others and embrace diversity.
- **E** – Excellence-Take personal pride in exceeding expectations.

Please describe below why you believe this student/Teen volunteer applicant would be an asset to our dynamic Volunteer Program and to Swedish Medical Center.

Student's Name: _____

Your Name: _____

Relationship to Student: _____ Contact Phone Number/Email Address _____

I would recommend _____ for the Teen Volunteer Program at Swedish because:

Signature: _____ Date: _____



Volunteer Services at Swedish Medical Center – Teen Volunteer Agreement

At Swedish, our patient's come first – therefore, it is imperative that we are accountable and model our facility values and standards of I.C.A.R.E. As a Teen Volunteer at Swedish, I agree to:

- Commit to a minimum of 6 months service, 4 hours per week = 100 hours. Only 3 absences are permitted during the initial 6 month period. Family emergencies and extenuating circumstances are exempt. Please carefully assess your academic and extracurricular activities prior to applying.
- Adhere to and emulate our values and standards of I.C.A.R.E. = Integrity, Compassion, Accountability, Respect and Excellence at all times with patients, their families, visitors, staff and other volunteer colleagues.
- Be prompt and on time for my assigned volunteer shift – it is an expectation that you arrive to your shift prepared and properly attired. It is a discourtesy for your volunteer colleagues and visitors to our facility to wait for you. On time means arriving 10-15 minutes early and frequent tardiness will not be tolerated. Understand that failure to adhere to our facility dress code will result in being sent home. Please do not report to your shift if you are ill or unable to fulfill your assignment.
- If unforeseen circumstance arise that inhibit you from arriving on time or unable to report for your volunteer shift (i.e. unexpected illness, family emergency, traffic delays, inclement weather et al) please contact the Volunteer Director, by email at Denise.Mathias@healthonecares.com or calling our Volunteer Office at 303-788-6560.
- Submit planned vacation and/or time off requests to the Volunteer Service Director in a timely manner, preferably two weeks' notice. Please confer with your volunteer colleagues to coordinate absences and schedules appropriately. For the front information desk, no more than 1 person may be absent at the same time (same day/same shift).
- Maintain at all times H.I.P.A.A. and confidentiality and security guidelines. Refrain from disclosing or posting any Swedish Medical Center and patient information using Social Media (i.e. Facebook, My Space, Twitter, Snapchat et al).Refrain from cell phone use and texting while volunteering and in public and patient care areas.
- Acknowledge that any inappropriate misconduct and or patient/employee grievance may result in disciplinary action and/or dismissal from the Volunteer Program. Return of I.D. badge upon resignation to the Volunteer Director as the I.D. Badge is the property of Swedish Medical Center. All uniforms must be returned at the end of service or a \$25 replacement fee will incur.

By signing below, I will abide by Swedish's Volunteer Program regulations:

Student Signature: _____ Date: _____

Parent Signature: _____

Volunteer Services at Swedish Medical Center

Copy of Social Security Card:

If you are under the age of 18 years, you are required to include a copy of your social security card for identification verification.



The Teen Volunteer Application will not be processed without this proof of identification.