



Billings Clinic 2010 Student Volunteer Program

Thank you for your interest in joining the Volunteer team at Billings Clinic. Student volunteers will find numerous opportunities to gain a meaningful and rewarding experience while maintaining our commitment to service to our patients and guests. Volunteer commitment is typically working at least one regularly scheduled shift per week (unless otherwise arranged for). Our 2010 student volunteer program runs from June 7-August 14.

New Student Volunteers

- ***Must be 14 years old by June 1, 2010 (sorry, NO exceptions).***
- *Complete and submit the Student Application to Volunteer Services by April 1, 2010*
- *Obtain and submit a personal recommendation from a school counselor, teacher or adult non-family member who has worked with you in a supervisory capacity*
- *Submit written consent from Parent or Guardian*
- *Provide MMR immunization records*
- *Attend an orientation*
- *Attend a training session specific to assignment*
- *Begin volunteering the week of June 7th. The program ends August 14th.*
- ***Purchase uniform. Uniforms for all students include a blue monogrammed polo shirt (\$15), worn with khaki. Absolutely no jeans, shorts, short skirts.***

Returning Student Volunteers

- *Complete and submit the Student Application to Volunteer Services by April 1, 2010.*
- *Attend an orientation*
- *Attend a training session specific to assignment*
- *Begin volunteering the week of June 7th. The program ends August 14th.*
- ***Purchase uniform. Uniforms for all students include a blue monogrammed polo shirt (\$15), worn with khaki. Absolutely no jeans, shorts, short skirts.***



2010 Student Volunteer Application

Date _____

Name _____ Birthdate _____

Address _____ City/State/Zip _____

School _____ Grade _____

Father's Full Name _____ Home Phone: _____

Work Phone: _____

Mother's Full Name _____ Home Phone: _____

Work Phone: _____

Shirt Size (please circle one) Youth: L(14/16) XL(18/20)

Ladies': XS(2) S(4/6) M(8/10) L(10/12) XL(16/18)

Mens': S(36-38) M(38-41) L(41-44) XL(44-48)

Hobbies/sports/extracurricular activities you are involved in (please include other volunteer experience) _____

Are you interested in a medical career? _____

What do you hope to gain from volunteering at Billings Clinic, and why do you want to volunteer in a health care setting?

Circle the words that best describe you:

Bashful

Caring/Generous

Enthusiastic

Friendly

Fun

Have good computer skills

Likes to work alone

Observant

Organized/Neat

Outgoing

Prefers to work w/others

Quiet

Reliable

Thoughtful



RETURNING STUDENTS:

Where did you volunteer last year? _____

Do you want to return to the same area? _____

APPLICATION DEADLINE: APRIL 1, 2010

As a Teen Volunteer I understand I am required to:

- 1) be a student between the ages of 14 & 18 (14 by June 1st).
- 2) have a written consent from a parent or guardian
- 3) have a referral from a school counselor, teacher or adult non-family member who has worked with you in a supervisory capacity (form attached)
- 4) work at least one regularly scheduled shift per week unless otherwise arranged for
- 5) contact the Student Volunteer Coordinator **Immediately** regarding any absences from duty. Failure to do so may result in termination from the program.
- 6) attend orientation & follow policies

Signature of Student Applicant _____

PARENTAL/GUARDIAN STATEMENT OF PERMISSION

I give my son/daughter permission to participate in the Student Volunteer Program at Billings Clinic. I will be supportive of my teenager who is participating in this program.

*All the students will receive a copy of the Student Volunteer Handbook and are provided with the Rules and Regulations Billings Clinic and Volunteer Services standards. **All student volunteers require a TB questionnaire before they begin working in the hospital. Proof of MMR Immunizations must be completed before the student can start working. Students must attend an orientation and training!***

If you have any questions about the program, please call us at 657-4200. Thank you for encouraging your child in his/her volunteer experience.

Student's name

Signature of Parent or Guardian

Daytime phone



2010 Student Volunteer Calendar

Orientation dates (Must attend *one* with parent/guardian):

Wednesday May 19, 2010 @ 5:30:p.m.-7:00p.m. in HCC B&D

Saturday May 22, 2010 @ 9:00a.m.-10:30a.m in HCC A,B,C&D

***Billings Clinic Student Volunteer Program runs
from June 7th thru August 14th.***

Please call the Volunteer office if you have any
questions at 657-4200.