



Billings Clinic 2018 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 (average 3-4 hours) per week (unless otherwise arranged for). Our 2018 student volunteer program runs from June 4th to August 17th.

New Student Volunteers

- **Must be 15 years old by July 1, 2018. Sorry, NO EXCEPTIONS.**
- Complete and submit the Student Application to Volunteer Services by April 27, 2018
- 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 and proof of Varicella Vaccination.
- Attend one orientation scheduled on May 17th, 19th, or 23rd. Parents are encouraged to come (see times on Calendar page).
- Attend the training session specific to assignment (if required, depending on position assigned to you)
- Begin volunteering the week of June 4th. The program ends August 17th.
- **Uniforms for all students include a blue monogrammed polo shirt, worn with khaki pants/capris. Absolutely no jeans, shorts, or skirts.**

Return Application to:

Billings Clinic
Volunteer Services
2800 10th Ave. North
Billings, MT 59101



2018 New Student Volunteer Application

Applications Due: April 27, 2018

Date _____ Circle one: MALE FEMALE

Name _____ Birthdate _____

Address _____ City/State/Zip _____

School _____ 2018/2019 Grade _____

Student Phone: _____ Student E-Mail: _____

Parent/Guardian Name: _____ Parent Phone: _____

Best E-mail for Parent: _____

Do you have a parent who works for Billings Clinic? Yes/No

Shirt Size (please circle one) Youth: L (14/16), XL (18/20)
Women's: XS (2), S (4/6), M (8/10), L (12/14), XL (16/18)
Men's: S (36-38), M (38-41), L (41-44), XL (44-48)

What date do you plan on attending an orientation?
 May 17th May 19th May 23rd

Hobbies/sports/extracurricular activities you are involved in (please include 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 | Like to work alone | Reliable |
| Caring/Generous | Observant | Thoughtful |
| Enthusiastic | Organized/Neat | Fun |
| Friendly | Outgoing | Quiet |
| Prefer to work w/others | Good computer skills | |



APPLICATION DEADLINE: April 27, 2018

As a Teen Volunteer I understand I am required to:

- 1) Have a written consent from a parent or guardian
- 2) Have a referral from a school counselor, teacher or adult non-family member who has worked with you in a supervisory capacity (form attached)
- 3) Work at least one regularly scheduled shift per week unless otherwise arranged for
- 4) Contact the Student Volunteer Coordinator **immediately** regarding any absences from duty. Failure to do so may result in termination from the program.
- 5) 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 test before they begin working in the hospital. Proof of MMR Immunizations and varicella vaccination must be completed before the student can start working.***

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

Student's name

Signature of Parent or Guardian *Daytime phone*

Return application to: Billings Clinic, Volunteer Services,
2800 10th Ave. North, Billings, MT 59101
Questions: Call 657-4200



As a Student Volunteer, you are required to obtain a personal recommendation from a school counselor, teacher or adult non-family member who has worked with you in a supervisory capacity. Your application will not be accepted until this recommendation has been received. Please use the space provided below to obtain your recommendation and return it with your application to the Student Volunteer Coordinator.

RECOMMENDATION

Date: _____ Student Name: _____

Recommendation: _____

Signature of Person Making Recommendation _____

Title _____

Phone number _____



2018 Student Volunteer Calendar

Program runs from June 4th to August 17th

APPLICATION DEADLINE: April 27, 2018

You must attend an orientation session and comply with our health requirements.

Orientation Sessions:

All sessions will be held in the Mary Alice Fortin Health Conference Center, next to the cafeteria in the Hospital (2800 Tenth Avenue North)

Please choose one:

- **Thursday, May 17, 2018 @ 5:00 - 6:00 PM**
*Schedule TB testing
- **Saturday, May 19, 2018 @ 9:00 - 10:00 AM**
*Schedule TB testing
- **Wednesday, May 23rd, 2018 @ 4:30 - 6:00 PM**
TB testing will be given before this Orientation (4:30 to 5:00 PM)
Reads for this test will be **Friday, May 25th** from 3:00 to 5:00 PM on a walk-in basis at Employee Health.

Health Requirements: TB testing and Proof of Immunizations

TB testing is a 2-step process, gives and reads. TB tests must be read within 48-72 hours of test.

TB testing will be done before the May 23rd Orientation (4:30 and 5:00 PM) and read on Friday, May 25th between 3:00 to 5:00 PM.

*If you are not attending the May 23rd Orientation, you will need to schedule testing with Employee Health, 247-6200.

At the time of testing you must have the following forms:

- TB questionnaire
- Parental/Guardian Statement of Permission, signed by parent
- Immunization Records

TB test results from other providers will be accepted. Testing must occur within 30 days prior to start date.

Placement: May 29th to June 1st

You can expect an email confirmation of either your acceptance and placement or waiting list status.

Please contact the Volunteer office if you have any questions:

657-4200 or jselvey@billingsclinic.org