



Dear Prospective Junior Volunteer,

Thank you for your interest in the Junior Volunteer program at Northern Regional Hospital. Our Junior Volunteers graciously commit their time and effort to serve our hospital and patients by helping the professional staff provide quality care.

A Junior Volunteer's commitment is important to the individuals they serve and to the community as a whole. A well-run hospital is an asset to any community – and we are fortunate to have an excellent facility in Surry County from which to obtain quality health care services.

Junior Volunteers can be an invaluable addition to the hospital team when they consider their volunteer opportunity to be a priority in their summer schedule. All volunteers should approach their work with the goal of providing excellent service to the patients, visitors, and staff of our hospital.

While donating your time and efforts to our hospital, you will have the opportunity to see firsthand how a hospital operates. Hospital volunteer work also offers career exploration and learning opportunities. The skills that volunteers acquire through hospital work can be beneficial in future careers or educational endeavors.

An application for the 2022 Summer Junior Volunteer program is enclosed. Completed applications will be accepted through **April 1, 2022**. Applications received after the deadline will not be considered. Current freshmen, sophomores, and juniors are eligible to apply. Once applications have been reviewed, students who are still being considered will be contacted for an interview. This program is highly competitive and only 25 students will be selected to participate this summer. For students who are selected, there will be additional requirements including TB testing, background check, drug screening, and completion of a mandatory orientation session (There are NO makeup orientation dates). More information about these requirements will be provided once selections for the program have been made. These items do not have to be completed at the time the application is submitted.

Again, thank you for your interest. If you have other questions, please call me at (336) 783-8196, or contact me by email at [tbeasley@wearenorthern.org](mailto:tbeasley@wearenorthern.org).

Sincerely,

*Tina L. Beasley*

Tina L. Beasley  
Manager, Volunteer Services



Dear Parent or Guardian,

The Volunteer Services Department of Northern Regional Hospital (NRH) is pleased that your child has shown an interest in volunteering this summer.

In order for your child to apply for a volunteer position with Northern Regional Hospital's Junior Volunteer Program, we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. If you have any questions or would like further information please call Volunteer Services at (336) 783-8196.

In applying for acceptance to the Junior Volunteer Program, the Manager of Volunteer Services assumes that your child will follow the various regulations and policies in place for the program. These rules and regulations have been established to ensure that your child's experience is educational, safe, and fun. Northern Regional Hospital is not interested in students who reject supervision and/or assignments from adults, exhibit poor judgment, are difficult in the classroom, disrespect the rights of others, and demonstrate a lack of respect for one's surroundings or for the property of others. Not all students who apply will be accepted. A total of 25 students will be selected to participate in the program. After applications are submitted and reviewed, screening interviews will take place for those students who are still being considered. After students are selected, letters will be sent out to each applicant to let them know whether they were selected to participate in the program.

Students who are accepted into the junior volunteer program **MUST** attend orientation prior to the start of the program. Orientation information will be sent to the accepted applicants with their acceptance letters. There will be **NO** make-up sessions for orientation.

Background checks and drug screens are required for all students accepted into the junior volunteer program. Parental consent for background checks and drug screens is required for students under the age of 18. These items are provided by our facility at no cost to you. Due to current CMS guidelines, COVID vaccines are also required. The full vaccination series must be completed before orientation. COVID vaccines are not provided by our facility. ***TB tests, background checks, drug screens, and immunization records are NOT required until selections have been made and acceptance letters are sent out. More detailed information about these items will be provided to the students who are accepted into the program at a later date.***

The uniform for Junior Volunteers is khaki pants, white shirts, and a navy scrub jacket. The scrub jacket is embroidered with our hospital logo and will be provided to each junior volunteer at no cost to you. Casual shoes with closed heels, closed toes, and soft soles are required. Junior Volunteers are **NOT** permitted to wear shorts or denim jeans while volunteering. Khaki colored pants should be worn as part of the uniform. Skirts will be permitted as long as they are not above the knee in length. Junior volunteers will be issued a photo ID badge. The ID badge must be worn at all times while volunteering. Junior volunteers are not allowed to wear coats, jackets, or sweatshirts over their uniform. Junior volunteers must be able to be easily identified, so the scrub jacket and photo ID badge must be visible at all times.



The junior volunteer program will begin on June 27, 2022 and end on August 5, 2022. Each Junior Volunteer will be required to volunteer a total of 8 hours per week. A 6-week schedule will be provided at the time of orientation. We do understand that some weeks will be missed due to family vacations, camps, prior obligations, etc. Missed workdays should be discussed with the Manager of Volunteer Services as soon as they are anticipated to arrange for makeup days. Please discuss with your child beforehand the days and hours that he/she will be able to work. Junior Volunteers who have less than 40 total hours by the program's conclusion will not receive credit for the program and will not be allowed to count those hours for school purposes. If it appears that an applicant will be unable to complete at least 40 hours of volunteer service within the six weeks, it is advised the applicant not apply.

Transportation is the responsibility of the Junior Volunteer and/or parent(s). Junior volunteers must arrive on time and be picked up on time. Junior volunteers who drive are allowed to leave for lunch if they choose; however, NO JUNIOR VOLUNTEER will be allowed to leave with another Junior Volunteer for any reason without written parental permission.

Applications must be received no later than April 1, 2022.

We thank you for your support of our program. If you have any questions, please do not hesitate to call me at (336) 783-8196 or email me at [tbeasley@wearenorthern.org](mailto:tbeasley@wearenorthern.org).

Sincerely,

A handwritten signature in black ink that reads "Tina L. Beasley".

Tina L. Beasley  
Manager, Volunteer Services

**Please return completed application in person to Tina Beasley in the Volunteer Services Department at Northern Regional Hospital, or mail the completed application to:**

**Volunteer Services Department  
Attn: Tina L. Beasley  
Northern Regional Hospital  
P.O. Box 1101  
Mt. Airy, NC 27030**



# NORTHERN REGIONAL HOSPITAL

## Junior Volunteer Application

*Please Print. Entire Application **Must** Be Completed.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

School Name \_\_\_\_\_ Grade (current school year) \_\_\_\_\_

Have you ever volunteered at NRH before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any relatives employed at NRH?  Yes  No

If yes, please list their name(s) and relation: \_\_\_\_\_

Are you able to commit to 6 weeks of volunteering?  Yes  No

Days Available:  Monday  Tuesday  Wednesday  Thursday  Friday

Please list any dates you will not be available: \_\_\_\_\_

Jacket Size:  Small  Medium  Large  X-Large  2XL  3XL

Do you wish to pursue a degree in health care?  Yes  No

Have you ever been convicted of any criminal offense other than a minor traffic violation?

Yes  No If yes, please explain: \_\_\_\_\_

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### Contact Information

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact (other than parent)** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### References

(Other than relatives)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_



### Junior Volunteer Teacher Recommendation Form

To the Evaluator: Participation in the Junior Volunteer Program requires a high level of responsibility and commitment. Students must be able to follow instructions and work independently. We appreciate your honest evaluation and assessment of the applicant. Students are accepted based on the application, interview, teacher recommendations, and space available in the program. Thank you for your help.

**Student Name:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

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

Please check one response for each of the following questions:

1. How often is the applicant late or tardy to your class?  
 Never     Rarely     Sometimes     Often     Always
2. How often does the applicant submit good quality class work?  
 Never     Rarely     Sometimes     Often     Always
3. How often does the applicant participate in class discussions?  
 Never     Rarely     Sometimes     Often     Always
4. This applicant completes work on time.             Yes             No
5. This applicant performs what is asked of him/her.             Yes             No
6. This applicant follows rules and has not been subject to any significant disciplinary actions.  
 Yes             No (If no, please specify in comments section.)

Please provide comments about student that may be helpful in consideration of his/her application:

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**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* Teacher recommendations should be kept confidential and will not be accepted unless they are in a sealed envelope and signed across the back. Students should not see the recommendation forms. \*\*\***



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**Student Name:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

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

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1. How often is the applicant late or tardy to your class?  
 Never     Rarely     Sometimes     Often     Always
2. How often does the applicant submit good quality class work?  
 Never     Rarely     Sometimes     Often     Always
3. How often does the applicant participate in class discussions?  
 Never     Rarely     Sometimes     Often     Always
4. This applicant completes work on time.                     Yes                     No
5. This applicant performs what is asked of him/her.                     Yes                     No
6. This applicant follows rules and has not been subject to any significant disciplinary actions.  
 Yes                     No (If no, please specify in comments section.)

Please provide comments about student that may be helpful in consideration of his/her application:

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**Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* Teacher recommendations should be kept confidential and will not be accepted unless they are in a sealed envelope and signed across the back. Students should not see the recommendation forms. \*\*\***



## **Northern Regional Hospital Statement of Confidentiality**

In the process of performing your duties at Northern Regional Hospital, it is possible to become aware of and/or overhear many things regarding our patients' confidential health information. ALL of the information concerning patients or hospital business must be held in the strictest confidence and must not be discussed with others in the hospital who do not have a "need to know" or with any individual outside the hospital, or used by employees for personal reasons.

Students who violate the confidentiality of NRH information and/or patient information **will be subject to IMMEDIATE termination.**

General inquiries concerning patients should be referred to the information desk or the nurse in charge of the unit who will only release information about the general condition of the patient. Calls from the media should be forwarded to the Administration Office.

It is your responsibility as a Junior Volunteer at NRH to protect our patients and their families at all times by adhering to this statement.

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I, the undersigned, being age \_\_\_\_\_, have read, heard explanation, and understand this statement of confidentiality of patient and/or hospital information and agree to hold such information in the strictest confidence.

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**Applicant Signature**

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**Date**





Please sign and return this form with the application.

**Parent or Guardian:**

I understand that if my child is accepted as a Northern Regional Hospital Junior Volunteer, he/she will be required to arrange transportation to and from the hospital, serve an average of eight (8) hours per week, dress according to the dress code, and abide by the rules and regulations established by the Volunteer Services Department and Northern Regional Hospital. I approve of his/her entering this program and authorize the release of school data, give permission for tuberculin testing and drug screening and, in case of an accident, give permission to Northern Regional Hospital to provide treatment for my child.

\_\_\_\_\_  
**Parent Signature**

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

**Junior Volunteer Applicant:**

I understand that I must work at least eight (8) hours a week and adhere to the rules and regulations of the Junior Volunteer Program at Northern Regional Hospital if I am accepted to the program. I also understand that if I fail to meet the 40-hour requirement before the conclusion of the Junior Volunteer Program that I will not receive credit for my participation in the program.

\_\_\_\_\_  
**Applicant Signature**

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



**Mandatory Essay**

Write at least two paragraphs indicating the reasons why you would like to be a Junior Volunteer at Northern Regional Hospital. Please include your expectations for the summer as well as reasons you feel you would be a good candidate for volunteer service. (Include another sheet or use the back of this sheet if you need more space.)

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**Applicant Signature**

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**Date**



### **Applicant Agreement**

- I agree that all the information that has been provided in this application is correct and complete to the best of my knowledge.
- Acceptance into the Junior Volunteer program is contingent upon the completion of all pre-placement procedures which include, but may not be limited to, an interview, verification of references, criminal background investigation, orientation and tuberculosis screening.
- I realize that misrepresentation of facts will be cause for rejection of this application.
- I authorize Northern Regional Hospital to thoroughly investigate the information provided in this application and to conduct a criminal background investigation if I am selected as a Junior Volunteer.
- I agree to abide by the policies in place at Northern Regional Hospital.
- I understand that upon my successful completion of the volunteer placement processes required by Northern Regional Hospital and the receipt of approval for service by Volunteer Services, I will become a Junior Volunteer. As a Junior Volunteer, I acknowledge that I will not receive compensation for services.

### **Volunteer Pledge**

1. I will respect staff, fellow volunteers, visitors, and patients and will always be pleasant and willing to serve.
2. I will dress according to the NRH Dress Code Policy and will wear khaki pants (no shorts) and no open toe/open heel shoes. I will make sure my uniform and ID badge are visible at all times. I understand that dress code violations will **NOT** be tolerated.
3. I am aware that I must be prompt on my scheduled volunteer day and ready to perform my assigned tasks.
4. I am aware that I must give Volunteer Services at least a 24-hour notice if I am unable to make my volunteer commitment.

**PLEASE NOTE: You must return ALL the following documents to be considered for the program. Incomplete applications will not be accepted.**

- All Application Forms
- Signed Statement of Confidentiality
- Essay
- Two (2) Teacher Recommendation Forms  
*(Teacher Recommendation forms must be in an envelope sealed and signed by your teacher.)*

**Applicant Signature** \_\_\_\_\_

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

**Parent Signature** \_\_\_\_\_

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