



AT THE FOREFRONT

**UChicago**  
**Medicine**

**Ingalls Memorial**

## Directions for VolunTEEN Application

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Dear VolunTEEN Candidate:

*Please read and follow the directions below for the VolunTEEN application:*

1. Please fill out both sides of the VolunTEEN application and sign/date the back of the application.
2. **Your Parent/Guardian must sign the Parental/Guardian Consent section on the back of the application.**
3. Please have an adult that is NOT RELATED TO YOU and that you have known for at least one year, complete the VolunTEEN Reference form.
4. Please have your doctor complete the VolunTEEN Health Reference Form and return it with your application materials.
5. You must complete a VolunTEEN Orientation and an interview before being accepted into the program. You will be notified in letter when the next Teen Orientation is scheduled.

Thank you for your interest in becoming an Ingalls VolunTEEN!

Sincerely,

*Rachel Jones*

Rachel Jones

Manager, Volunteer Services

One Ingalls Drive | Harvey, IL 60426  
t 708-333-2300

**ingalls.org**



## **VolunTEEN Application continued**

### **VOLUNTEEN AGREEMENT:**

- VolunTEENs must be at least 14 years of age and in high school
- I understand that I will be expected to volunteer for a minimum of one, 3 hour shift per week. In addition, I agree to continue volunteering until I have completed at least 48 hours of volunteer work.
- I understand that regular attendance is required, and that if I am unable to report at my regular time, I will contact the department in which I volunteer and notify the appropriate staff member. If I accumulate more than three unexcused absences, I will be dismissed from the VolunTEEN program. I understand that I will also be dismissed if I violate any of the policies that would warrant immediate dismissal, as outlined in the Volunteer Handbook.
- At no time will I give medical assistance or advice to a patient. I fully understand that this is the responsibility of the professional medical staff.
- I understand that any information regarding patients or the hospital that is disclosed to me while volunteering is strictly confidential, and must not be repeated to anyone.
- I understand that if accepted, I will be required to wear the VolunTEEN uniform.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

### **PARENTAL/GUARDIAN CONSENT:**

- I have read and agree to the above information pertaining to my child's commitment to volunteer at Ingalls Hospital.
- I understand and agree that my child will be required to receive an annual TB skin test and I give my permission for Ingalls Hospital to perform the TB skin test.
- I give my consent for my child, \_\_\_\_\_, to volunteer at Ingalls Hospital.

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



## VolunTEEN Health Reference Form

*(Take this form to your doctor and have her/him sign and return to you.)*

Dear Doctor:

\_\_\_\_\_ has applied to become a volunteer at Ingalls Hospital.

This volunteer may be assigned to work directly with patients. Therefore, we need record of the applicant's MMR and Hept. B vaccinations, as well as TB skin test.

Thank you for your cooperation in supporting volunteerism in our community! If you have any questions or comments in regard to this applicant, please contact me at 708.915.5214.

Rachel Jones  
 Manager, Volunteer Services

Proof of immunity to Measles, Mumps, Rubella, and Rubeola:

**MMR**      Date \_\_\_\_\_

**Hept. B**      Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

**Tuberculin skin test**

**Mantoux 2 step**      Date \_\_\_\_\_      Results \_\_\_\_\_

   Date \_\_\_\_\_      Results \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_



## VolunTEEN Reference

**Applicant's**

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

I have completed an application to be a volunteer at Ingalls Hospital and have provided them with your name as a reference. I hereby authorize you to release the following evaluation as a supplement to my application.

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

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

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

We would appreciate your cooperation in completing this form. The information will be treated as confidential. Thank you for supporting volunteering!

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rate the applicant in the following areas:

	ABOVE AVERAGE	SATISFACTORY	UNSATISFACTORY
Reliable/Dependable			
Personal Appearance			
Communications Skills			
Ability to get along with others			
Quick learner			
Initiative			

**VolunTEEN REFERENCE continued**

Would you hire this person?      NO ( )      YES ( )

Remarks:

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May we call you for further information about the applicant?    YES ( )      NO ( )

Signature of Reference: \_\_\_\_\_

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

Thank you for taking the time to complete this form and supporting young people in their community! Please return this form to the Volunteer Services Department at: Ingalls Hospital, One Ingalls Drive, Harvey, IL 60426.



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## VolunTEEN Pledge

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*Believing that Ingalls Hospital has a real need for my services:*

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I will conduct myself with dignity, courtesy and consideration.

I will consider all information confidential which I may hear directly or indirectly concerning a patient, doctor or any members of the staff and will not seek information in regard to a patient except as it pertains to my volunteer assignment.

I will discuss any problems or suggestions with the Manager of Volunteer Services or his/her representative.

I will endeavor to make my work of the highest quality.

I promise to observe hospital ethics and regulations.

I shall at all times uphold the philosophy and standards of Ingalls Hospital and shall safeguard its reputation by maintaining the highest standards of confidentiality.

I pledge to service in the capacity of an Ingalls VolunTEEN for at least three hours per month to maintain membership.

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VolunTEEN Signature

Date

One Ingalls Drive | Harvey, IL 60426

t 708-333-2300

**ingalls.org**