

WHAT YOU NEED TO KNOW BEFORE YOU APPLY

Kaiser Permanente San Diego offers a special Junior Volunteer program for 16 and 17 year olds each summer for eight weeks. Students in the program will be trained to serve as a Medical Center or Medical Office Guest Guide. In this role, they will offer directions, answer common questions, escort patients and provide wheelchair assistance to those in need. Each student will be partnered with an experienced volunteer who will provide mentorship, encouragement and support. If students demonstrate enthusiasm, reliability, good customer service skills and initiative during this time, they will be invited to continue as a permanent volunteer and will have opportunities to explore other volunteer positions.

The 2020 Summer program will run **June 15th through August 10th**.

Available locations are: **San Diego Medical Center, Zion Medical Center** and the following Medical Office Buildings: **San Marcos and Otay Mesa**.

Junior Volunteer Basic Requirements

- Be at least 16 years old **by June 1st, 2020**
- Have a cumulative GPA of 3.0 or higher
- Have a valid email address (this is our main form of communication)
- Have reliable transportation to and from volunteer location
- Be able to communicate effectively in English, both orally and written
- Be able to stand and walk continuously for 3 hours
- Have parental permission
- Have a valid Social Security Card

Junior Volunteer Commitment & Expectations

- Volunteer for one 3-hour shift per week from **June 15th – August 7th**
- Complete required health screenings* (requires three trips to Zion Medical Center **with a parent**)
- Must be able to attend group interview (1.5 hours)
- Complete New Volunteer Orientation (3 hours)
- Attend Town Hall Meeting, Monday **August 10th**
- May be absent only one shift during the eight-week program
- Wear a volunteer uniform and photo ID badge
 - Burgundy Volunteer Shirt (provided by Volunteer Guest Services)
 - Photo ID Badge (provided by Volunteer Guest Services)
 - Clean, full-length slacks or pants (no blue jeans, leggings or scrubs)
 - Comfortable, closed-toe shoes

*Health Screening - This process will include a two-step TB test, flu immunization or declination and blood draw (unless you have current immunization records) to check immunization levels for measles, mumps, rubella and chicken pox. This testing may take up to 14 days to complete and may require up to 3 visits to Employee Health at Kaiser Permanente Zion Hospital (this location ONLY). **Parents must be present for all visits.** The testing is free of charge.

Junior Volunteer Application Requirements

- Complete attached Junior Application, including Parent/Legal Guardian Permission form**
- Provide cumulative transcript showing 3.0 GPA or higher
- Provide letter of recommendation by school counselor, teacher, coach or community youth leader
- **Completed application, with all above items, MUST be received by February 28, 2020**

**Parent/Legal Guardian Permission form – Parents must read, and sign the attached letter stating that they understand the volunteer commitment their Junior will be undertaking. As the parent, they must agree to provide the necessary support to ensure completion and success in the program.

Steps and Timeline for Junior Volunteer Selection Process

- **February 28th** Application due, review process begins.
- **Mid-March** Applicants will be notified via email if they have been chosen for a group interview. (Interviews will be held: Saturday, March 14th at 9am, 11am and 1:30pm. Friday, March 20th at 6pm. Saturday March 21st at 9am, 11am and 1:30pm.)
- **Late March** Applicants will be notified
- **April** Applicants must complete health screening at Zion Medical Center by April 30th. (This may require up to 3 separate trips, detailed information will be provided at group interviews and via acceptance email.)
- **April, May, June** Applicants must attend one of five scheduled New Volunteer Orientations. (Orientation dates are: April 28th at 2:00pm, May 16th at 9:00am, May 20th at 9:00am, June 6th at 9:00am, June 12th at 2:30pm)

Ask yourself the following questions BEFORE you apply to be Volunteer

- Am I looking for a short-term shadowing opportunity with a member of the medical staff?
- Have I carefully considered my schedule and know that I can commit to the eight-week summer program (see dates on calendar to the right)?
- Do I have a positive attitude and a sincere interest in serving at Kaiser Permanente?
- Will I treat my volunteer responsibilities with the same respect I do other school, work and sports obligations, committing to serve on a regular shift and time?
- Do I enjoy working in new situations, taking on different duties, or helping in additional ways based on the needs of the people around me?
- Am I able to make repeated trips to Kaiser Permanente hospital to complete the volunteer orientation, medical clearances and training, before my summer assignment begins?

If you answered yes to the questions above, we welcome you to continue pursuing a volunteer position at Kaiser Permanente.

Summer 2020

JUNE

m	t	w	t	f	s	s
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY

m	t	w	t	f	s	s
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

m	t	w	t	f	s	s
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

How to Become a Volunteer:

Fill out the attached application and return it with **all required documentation by February 28, 2020.**

Applications should be returned to:

Kaiser Permanente Volunteer Guest Services Department
9455 Clairemont Mesa Blvd.
HSB 1st Floor Room 1740
San Diego, CA 92123

Or print, fill out, scan and email to: Stacie.M.Scheet@kp.org

Or fill out the form electronically, save a copy to your desktop and email to: Stacie.M.Scheet@kp.org

Don't forget to include the additional documentation: manually signed parent authorization, reference letter, GPA verification.

JUNIOR VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY & COMPLETE ALL FIELDS

1. Personal Information

Applicants Name			
Street Address			
City, State, Zip			
Primary Phone	Check one <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		
T shirt Size			
Email Address			
Birthdate		Social Security #	

2. Previous Paid or Volunteer Experience

Summarize your previous paid and/or volunteer experience and community affiliations.

3. Finish the statement, I would like to volunteer in the health care field because . . .

4. Do you have any limitations you would like us to know about?

5. How did you hear about our program?

6. Are you able to commit to an 8-week program with a regular weekly schedule?

YES NO

7. Choose the location you are interested in:

There are 2 different volunteer settings available:

Medical Center (hospital) OR **Medical Office Building** (clinic)

Please choose **ONE** location where you are willing, and able to volunteer.

If you need help choosing or have questions about specific locations call us at 858-266-2675 before submitting your application.

MEDICAL CENTER VOLUNTEER OPPORTUNITIES

San Diego Medical Center 9455 Clairemont Mesa Boulevard ♦ San Diego, CA

Zion Medical Center 4647 Zion Avenue ♦ San Diego, CA

MEDICAL OFFICE BUILDING VOLUNTEER OPPORTUNITIES

Otay Mesa Medical Offices 4650 Palm Avenue ♦ San Diego, CA

San Marcos Medical Offices 400 Craven Road ♦ San Marcos, CA

8. Sign and date application

- ✓ By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
- ✓ I understand and agree that my services are given with humanitarian or charitable reasons and are donated to Kaiser Permanente without expectation of any compensation, salary, benefits, other payment or future employment.
- ✓ I understand that completing an application does not guarantee acceptance into the Volunteer Program.

Name (Printed)	
Signature	
Date	

9. Complete Parent/Legal Guardian Permission

This form must be printed and manually signed by a parent or legal guardian. Parent support is a vital component for the successful completion of this summer program. Once printed and signed, this form can be scanned and emailed with your application. If mailing your application, include the original copy of this form. (see page 6)

10. Include cumulative high school transcript

Students must have a current GPA of 3.0 to apply. Please provide proof of your Grade Point Average (GPA) by attaching either a hardcopy or electronic copy to your application. This does not need to be a certified copy.

11. Complete Volunteer Emergency Contact Information

Please provide us with a family member who we can contact in the event of an emergency.

Name: _____

Relationship: _____

Primary Phone: _____

PARENT/LEGAL GUARDIAN PERMISSION

**Must be printed and completed manually by
the parent or legal guardian and returned with volunteer application:**

In order for your child to participate in the Kaiser Permanente Junior Volunteer Program, your permission must be in writing and on file in the Volunteer Service Department. (electronic signature is acceptable)

Please check:

- I have read and reviewed the application packet that my child received and completed.
- I understand that a parent/legal guardian must be present for health clearance testing performed at the Kaiser Permanente Employee Health Office. More information on health clearance testing will be provided at the Volunteer Group Interview.
- I understand that all Kaiser Permanente Volunteers must have an annual tuberculin skin test. If the skin test reads positive, a chest x-ray is required and will be performed and paid for by Kaiser Permanente.
- I understand that Junior Volunteers are to be dependable and reliable and will be responsible for arranging his/her own transportation to their volunteer assignment.
- I give my permission for Kaiser Permanente to administer emergency health care to my child if I cannot be contacted.

I give my permission for my child _____ to donate
his/her time to Kaiser Permanente. (child's name)

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Signature

Date

STUDENT REFERENCE FORM

STUDENT TO COMPLETE SHADED AREA

Students Full Name: _____

School: _____ Grade: _____ GPA: _____

Adult Reference (circle one): Counselor Teacher Coach Community Youth Leader

Before providing a reference please consider that student must maintain a cumulative 3.0 grade point average and should not have a history reflecting in-appropriate behavior. The student must be mature in order to perform hospital volunteer work. We request that references not be given for students you do not know well. *Due to the submission process this reference will not be confidential.*

	Excellent	Above Average	Average	Below Average
Willingness to work				
Honesty				
Dependability				
Speech				
Appropriateness of dress				
Manners				
Accepts direction				

Do you feel this student is mature enough for hospital volunteer service? **YES** **NO**

Please express your judgment as to the applicant's probable success in the Junior Volunteer program.

Adult Reference Name (printed)

Date

Adult Reference Signature

Reference: Please return this form to the student to be included in their volunteer application.