



Longmont United Hospital

**Dear Prospective Junior Volunteer:**

Thank you for your interest in Longmont United Hospital's Junior Volunteer teen program. We are very proud of our volunteers and the roles they play as part of our healthcare team. Your willingness to share your time and talent makes a huge difference in the mission of the hospital.

In considering your wish to volunteer, it is very important to evaluate your schedule and the required time to successfully fulfill your volunteer commitment.

The Volunteer Services department is committed to providing equal opportunity for all applicants. Volunteer Services has the responsibility to recruit the most qualified volunteers, determine their capabilities and make assignments accordingly. The qualifications and requirements are as follows:

Basic qualifications for all Junior Volunteers:

- Commit to volunteer once a week for the duration of the session: Fall, Spring and Summer sessions average 10-12 weeks in duration.
- **At least 16 years** of age and enrolled in highschool.
- Honest, reliable and able to be professional in all interactions.
- Friendly and customer-service oriented.
- Physically able to work independently; some services require sitting, standing or walking for long periods.

Requirements for volunteering (**Volunteer opportunities are not clinical internships or rotations**):

- Submit an application.
- Provide two (2) personal recommendation letters from an adult who is NOT related to you.
- Attend an interview with the Volunteer Manager to determine your interest, abilities, schedule and review our openings and needs.
- Agree to a TB test – one-time blood draw (at no cost to you). Anyone under the age of 18 needs a parent/guardian present at time of blood draw.
- Provide documentation of annual flu (influenza) vaccination.
- Provide documentation of COVID vaccination.
- Attend and complete orientation prior to beginning your assignment.
- Attend on the job training specific to your volunteer position.
- Wear the volunteer uniform while volunteering.
- Must wear non-cloth face mask while in hospital at all times.

We are excited to meet you and discuss our volunteer program opportunities with you. If you have any questions, please contact the Volunteer Office.

Thank you,

***Stacey Jackson***

Manager of Volunteer Services

Longmont United Hospital, 1950 Mountain View Ave, Longmont, CO 80501

**Email:** [staceyjackson@centura.org](mailto:staceyjackson@centura.org)

**Phone:** 303.702.5749

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**Mission:** *We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.*

**Vision:** *Every community, every neighborhood, every life – whole and healthy.*

**Core Values:** *Compassion, Respect, Integrity, Spirituality, Stewardship, Imagination, Excellence.*



Longmont United Hospital

FOR OFFICE USE ONLY
Date Received: _____
Notes: _____
_____

## Junior Volunteer Teen Application

High school students only

Please print clearly or type • Complete all questions

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender (optional) :  Male  Female Preferred Name (if different than first) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Preferred phone number to contact me:  Home  Cell  I certify that I am at least 16 years of age

E-Mail Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day (Year Optional)

Primary Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary Non-Household Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Current year in school:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

High School Attending: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_

Career Interests or Goals: \_\_\_\_\_

Please list any special skills, talents, hobbies, extra-curricular activities, interests or other languages that may help place you for volunteer service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer experience (past or current):  Hospital  Nursing Home  School  
 Faith Organization  Other: \_\_\_\_\_

Reasons why you would like to volunteer at Longmont United Hospital? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**TIME AVAILABLE:** Please check the times you are usually available for a volunteer assignment.  
*Check as many as apply*

	6:30am-9:30am	8:00am-12:00pm	11:00am-2:00pm	12:00pm-4:00pm	4:00-7:00pm	Other ( please fill in)
<b>Mondays</b>						
<b>Tuesdays</b>						
<b>Wednesdays</b>						
<b>Thursdays</b>						
<b>Fridays</b>						
<b>Saturdays</b>						
<b>Sundays</b>						

*Depending on placement, shifts are generally two (2) to four (4) hour shifts.*

**VOLUNTEER INTERESTS:** Please check as many as you are interested in. *We attempt to place you in a volunteer service that will meet your interests and fits our availability. Times and services are subject to change.*

**Special Areas:**  Gift Shop     Hand Arts: Knitting & Sewing (at home)     Pharmacy

**Patient Contact:**  Patient Ambassador     Entertainment Cart     Day Surgery

**Visitor & Information Areas:**  Welcome Desk

**Helping with extra projects:** Would you be willing to come to help with extra projects when needed?

Yes     No

**Cross Training:** Would you be willing to cross train in another volunteer service line to help with coverage when needed and being a substitute?

Yes     No    If yes, please indicate which service area(s) \_\_\_\_\_

The organization is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regards to religion, creed, race, national origin, age, gender or sexual identification.

I certify that the information contained in this application is correct and complete to the best of my knowledge. Any misrepresentation of facts will be cause for rejection of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Volunteer Agreement

We very much appreciate you choosing to be a part of our volunteer team at Longmont United Hospital. We will make every effort to see that your experience here will be rewarding. To ensure that you realize the commitment involved, we request that you read the following statements and sign below:

## I understand that:

- Acceptance as a volunteer at Longmont United Hospital is contingent upon satisfactory completion of all pre-placement procedures which include, but are not limited to, an interview, completion of two recommendation letters, TB test results, documentation of Influenza (flu) vaccination, orientation and training.
- Volunteer Services within Longmont United Hospital is a support system for patients, visitors, associates, physicians and fellow volunteers.
- The Volunteer Services department is not obligated to utilize my services as a volunteer nor am I obligated to accept the assignment.
- My services are donated to the hospital without contemplation of compensation or future employment and given with humanitarian and charitable reasons.
- Volunteer opportunities are not clinical internships or rotations.

## Confidentiality:

I will hold as ***absolutely confidential*** all information that I may obtain directly or indirectly concerning patients, staff or personnel, and *not seek* to obtain confidential information that does not pertain to my volunteer position.

## Commitment:

- I will uphold the mission and vision of Centura and Longmont United Hospital at all times.
- I will be professional, punctual and conscientious, conduct myself with dignity, courtesy, respect and consideration of others.
- I will make my best effort to fulfill my commitment to Longmont United Hospital by completing all assignments that I accept. I understand that Volunteer shifts, based on my availability, will be scheduled through the Volunteer Office. I will make every effort to try and find a substitute when unavailable for my volunteer shift and I will contact the Volunteer Office in advance to notify them of any substitutions or absences.
- I will wear the required uniform and my badge while volunteering. I understand that while I am in uniform I represent Longmont United Hospital.
- I have the right to request a new volunteer assignment if my current assignment is not acceptable to me.
- I have the right to request more training if I do not feel comfortable in my role.
- When I need to relinquish my volunteer assignment, I will give as much notice as possible (prefer at least a two-week notice) and return my volunteer badge to the Volunteer Office.
- The Volunteer Services department reserves the right to terminate my volunteer status as a result of:
  - Failure to comply with hospital policies, rules and regulations
  - Several absences without prior notification
  - Unsatisfactory attitude, work or appearance which interferes with our mission

**Health and Immunization:**

- As a Volunteer for Longmont United Hospital I understand I am not entitled to health benefits or other benefits that are extended to employees.
- I understand that if I am injured during the time I am serving as a volunteer that I am not covered under Workers' Compensation and my personal insurance will be billed.
- I understand that I must not lift patients or heavy equipment.
- If I am feeling ill, I will not come to volunteer and I will contact the Volunteer Office to inform them of my absence until I am better.
- I have been advised that there is an inherent risk of contracting a contagious illness when working in a healthcare facility. Examples may include, but are not limited to: Influenza, COVID-19, TB or others. To my knowledge, I am free of any contagious disease
- I certify that I am responsible for discussing my volunteer service at the hospital and all recommended vaccinations with my personal physician/health care provider. Any vaccinations other than those required by the hospital are my responsibility to obtain at my personal cost.

**Drug-Free Workplace:**

In keeping with our mission and core values, Centura Health is dedicated to activities and services promoting health and wellness. Therefore, all volunteers must abide by applicable drug-related laws and must perform their responsibilities unencumbered by the improper possession, distribution, or use of drugs, narcotics, controlled substance or alcohol. The objective is to provide a safe, hazard free environment where patient care can take place under optimum conditions without exposing patients, associates, and others to unnecessary risk or harm.

**Tobacco Free Workplace:**

Individuals applying for a volunteer position at Longmont United Hospital (LUH) need to be aware that LUH is a tobacco-free facility. As such, associates, volunteers, business associates, patients, visitors, and physician staff are prohibited from smoking or using tobacco products in the facility or anywhere on the campus, including parking lots, cars, surrounding sidewalks, and any building owned by Centura. For the safety and consideration of our patients, volunteers are expected to report to work free from the smell of smoke and remain smoke-free during their times of service.

*Tobacco or Tobacco Products:* Includes, but is not limited to, the use of pipes, cigars, chewing tobacco, snuff, cigarettes, marijuana, "vaping" with e-cigarettes (both tobacco and marijuana), and personal vaporizer (PV).

*By my signature below, I am indicating that I have read, understand, and agree to adhere to the expectations and guidelines set for in this document.*

\_\_\_\_\_  
Print Volunteer Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**Parent or Guardian:** I understand and support my child volunteering at Longmont United Hospital as a Junior Volunteer. I have read and understand the expectations of a Junior Volunteer. Should an emergency arise, I hereby authorize Longmont United Hospital to give medical care under the supervision of a licensed physician.

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Junior Volunteer Personal Recommendation

**Dear Teacher/Counselor:**

Each student who applies to volunteer at Longmont United Hospital must have a personal recommendation. We appreciate your evaluations and comments to help us choose candidates who will best benefit our Junior Volunteer program by contributing to the patients, families and staff at Longmont United Hospital. This information will be kept **confidential**. Please return the completed form **as soon as possible**. Thank you for your assistance.

**Student's Name** \_\_\_\_\_

Would the student's grades be adversely affected by a weekly commitment to Longmont United Hospital?

Yes  No

Volunteering within the hospital takes commitment and a considerable amount of responsibility. Would this applicant fulfill these requirements and prove to be an asset to our team?

Yes  No

The following questions assist us in placement of volunteers in an area where their skills will most benefit our patients and staff. Please mark which most matches the applicant's qualities.

	Excellent	Good	Fair	Poor
<b>Communication</b> (Ability to work with others)				
<b>Work Ethics</b> (Ability to work hard, take pride in work)				
<b>Dependability</b> (Ability to commit, follow through on assignments, be punctual)				
<b>Directions</b> (Ability to follow oral and written instructions)				
<b>General Attitude</b> (Respect for others, positive outlook on life)				

Comments: \_\_\_\_\_

\_\_\_\_\_

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

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

**PLEASE RETURN COMPLETED FORM TO:**

Longmont United Hospital • Volunteer Services  
 1950 Mountain View Avenue • Longmont, CO 80501  
 Phone (303) 651-5205 • Fax (303) 678-4851  
[staceyjackson@centura.org](mailto:staceyjackson@centura.org)

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\_\_\_\_\_

\_\_\_\_\_

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