



## Youth/College Application

*Applicants must be 16 by the date of orientation. Volunteers serve Fairview Park Hospital without salary, and work within the hospital under the supervision of specified personnel and the Volunteer Coordinator. Youth/College Volunteers are required to serve a minimum of six hours monthly. To be considered, the following must be completed and submitted to the Volunteer Coordinator.*

- Application  
  Essay  
  Recommendation  
  Guardian Consent Form *\*for applicants under the age of 18*  
 Drug Test Consent  
  Physical  
  Background Form  
  Immunization Record  
  Transcript  
  Three professional references *\*college applicants only*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Shirt Size:  S    M    L    XL    2XL  
 Driver's License Number: \_\_\_\_\_ Name on Badge: \_\_\_\_\_

### Contact in Case of Emergency/Custodial Parent or Guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Year: \_\_\_\_\_  
 Year of Graduation: \_\_\_\_\_ Career Interest: \_\_\_\_\_  
 Honors/Organizations/Extracurricular/Volunteer Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### References

Please choose someone other than a relative who can attest to character/dependability.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I want to volunteer:**    Summers only    Year Round    Varies, depending on school schedule

I would like to volunteer in (list top three areas/departments of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Volunteer Availability:** (Please circle the days and times you are available to work.)

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
EVE		EVE		EVE		EVE		EVE		EVE		EVE	

Were you referred by a volunteer? Who? \_\_\_\_\_

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Have you ever been convicted of a crime? (I understand that if I have been convicted of a crime, I am not automatically disqualified from consideration for volunteer service; but, that giving false or incomplete information is sufficient cause to disqualify me from volunteer services.) \_\_\_ **No** \_\_\_ **Yes** **If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

Are you presently charged with any violation of the law? \_\_\_ **No** \_\_\_ **Yes** **If yes, give date/place/nature of charges:** \_\_\_\_\_  
\_\_\_\_\_

How did you become interested in our program? \_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_

Have you served in a health care setting before? \_\_\_\_\_ **No** \_\_\_ **Yes** **If yes, describe the experience:** \_\_\_\_\_  
\_\_\_\_\_

Are there any work conditions you must avoid/limitations to health? \_\_\_\_\_  
\_\_\_\_\_

**Essay:** Why should you be considered for the Fairview Park Hospital Youth/College Volunteer Program? *Essay may be neatly handwritten below, or typed separately and included with application.*

\_\_\_\_\_  
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Fairview Park Hospital Volunteer Services  
200 Industrial Blvd. | P.O. Box 1408  
Dublin, Georgia 31021  
(478) 274-3640

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**Advisor / Counselor / Instructor Recommendation**

*Please print clearly, or include additional comments on a separate piece of paper.*

***Be sure to include a copy of applicant's transcript***

\_\_\_\_\_ is applying for participation in the Youth/College Volunteer Program at Fairview Park Hospital. Below please find my comments in regards to the student's performance in the following disciplines:

Conduct:

Ability to Understand and Follow Directions:

Initiative:

Attendance:

Punctuality:

Additional Comments:

I, \_\_\_\_\_,

do recommend

do not recommend

this individual for participation in the Youth/College Volunteer Program at Fairview Park Hospital.

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

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**Parent/Guardian Consent Form**  
*\*Required for applicants under the age of 18*

I hereby permit my son/daughter, \_\_\_\_\_, to participate in the Youth/College Volunteer Program at Fairview Park Hospital. I realize the responsibilities of the organization and will cooperate with my son/daughter to comply with the rules and regulations that have been adopted. I will assume responsibility for his/her transportation. I understand that as a Youth/College Volunteer, the applicant will be required to complete a minimum of six (6) hours of volunteer work monthly or be dismissed from the program.

Additionally, I will cooperate with my son/daughter to comply with the established hospital health standards. This includes granting my permission for the employee health nurse to administer a PPD skin test to screen for tuberculosis, submitting a copy of my son/daughter's immunization record to be reviewed by the employee health nurse, and consenting to my son/daughter taking any blood or urinalysis drug screen requested by the hospital. These measures are necessary to ensure the health and well-being of my child.

In the event of a medical emergency, I permit the physicians in the Emergency Department of Fairview Park Hospital to treat my son/daughter.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any know medical conditions/medications: \_\_\_\_\_  
\_\_\_\_\_

List any known allergies: \_\_\_\_\_



## Drug & Alcohol Policy

It is the intent of Fairview Park Hospital to provide a working environment as free from the use of non-prescribed drugs and alcohol as reasonably possible. Given the easy access to controlled substances in the health care setting and the potential risk to patients and others if health care employees are attempting to perform their duties while using or having used drugs or alcohol, Fairview Park Hospital has adopted the following policy regarding drugs and alcohol. We ask for your full cooperation as health care professionals in implementing this policy and, just as important, educating other employees and the general public to the risks of substance abuse.

The sale, manufacture, distribution, purchase, use, possession, reporting to work, or working while impaired by intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances is prohibited while on facility property or during working hours. \*The distribution, sale, purchase, use or possession of equipment, products and materials which are used, intended for use, or designed for use with non-prescribed controlled substances also is prohibited while on facility property or during working hours. Reporting to or being at work with a measurable quantity of non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances in blood or urine is also prohibited. Reporting to or being at work with a measurable quantity of prescribed narcotics in blood or urine or use of prescribed narcotics is also prohibited where in the opinion of the facility such use prevents the employee from performing the duties of his or her job or poses a risk to the safety of the employee, other persons, or property.

An applicant or employee may be requested to undergo a blood test, urinalysis, "breathalyzer" test or other diagnostic test under any of the following circumstances:

1. Following the acceptance of a job offer conditioned upon the passing of a drug test;
2. Where there is reason to believe in the opinion of the facility that an employee is impaired by intoxicants, drugs or narcotics while on facility property or during working hours or that an employee has reported to work with a measurable quantity of intoxicants, drugs, or narcotics in blood or urine;
3. Where an employee is involved in an on-the-job accident;
4. After the discovery of any missing controlled substance or other unusual event that the Facility believes may indicate a violation of this policy or a mishandling of controlled substances.

Where there is reason to believe in the opinion of the Facility that an employee is impaired by intoxicants, drugs or narcotics, or is in the possession of any intoxicants, drugs, narcotics or equipment, products and materials used, intended for use or designed for use with non-described controlled substances, the facility may search any facility property and/or an employee's personal property that has been brought onto facility property (including but not limited to vehicles, handbags, briefcases, etc.) and the employee may be requested to submit to a search by facility representatives of his/her person and/or property.

The facility property covered by this policy includes property of any nature owned, controlled, or used by the facility, including but not limited to parking lots, offices, desks, file cabinets, lockers and vehicles.

An employee's refusal to submit immediately to a requested search of his/her property or to a blood test, urinalysis, "breathalyzer" test or other diagnostic test or a positive result on such test(s) indicating impairment or prior use of intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana or other non-prescribed controlled substances may result in disciplinary action up to and including immediate discharge.

Nothing in this policy alters the fact that all employees of Fairview Park Hospital are employed for an indefinite period and that such employment may be terminated with or without cause or notice at the will of either the employee or the facility.

\*Employees in positions that affect patient care are conclusively presumed to be under the influence of alcohol when the blood alcohol level is 50 mg/dl or greater. Other employees are conclusively presumed to be under the influence of alcohol when blood alcohol level is 100 mg/dl or greater.

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## Alcohol & Drug Standard Policy & Procedure

### APPLICANT'S STATEMENT

Fairview Park Hospital has adopted a DRUG and ALCOHOL POLICY applicable to all of its employees. A copy of this policy has been provided to you.

I certify that I have read and understand Fairview Park Hospital's Drug and Alcohol Policy and I further agree and consent to taking any blood, "breathalyzer" or urinalysis tests requested by the hospital as part of employment physical or otherwise and authorize the release of any test results to Fairview Park Hospital.

If hired by the hospital, I hereby give my consent to any drug or alcohol testing as may be required by the hospital and authorize release of any such test results to the hospital.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Applicants under the age of 18 will be required to have a legal parent/guardian present during the drug/alcohol screening process.*

*\*\*All applicants will receive authorization for testing directly from the Volunteer Coordinator or HR personally during the application process, after the completed application has been received. Applicants must provide a photo ID during the testing process.*

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