



1407 Whisenant Drive
 Duncan, OK 73533
 (580) 251-8495

OFFICE USE ONLY	
START DATE	PLACEMENT
NAME BADGE	DAY
TB TEST	TIME

AUXILIARY TEEN VOLUNTEER APPLICATION

PLEASE PRINT and Complete All of the Following Information.

NAME (LAST, FIRST, MIDDLE)		TEEN CELL #:		DATE
MAILING ADDRESS		CITY		ZIP CODE
HOME TELEPHONE Area Code:	Number:	BIRTH DATE Month:	Day: Year:	AGE
FATHER'S NAME	OCCUPATION	TELEPHONE WORK:	HOME or CELL:	
MOTHER'S NAME	OCCUPATION	TELEPHONE WORK:	HOME or CELL:	
PERSONAL PHYSICIAN	TELEPHONE	ALLERGIES:		
EMERGENCY CONTACT	DAYTIME TELEPHONE	RELATIONSHIP		
SCHOOL	GPA	GRADE NEXT AUGUST	YEAR GRADUATE HIGH SCHOOL	
ORGANIZATIONS CURRENTLY INVOLVED IN:				
HOBBIES:				
SPECIAL TALENTS/LANGUAGES:				
PHYSICAL LIMITATIONS:				
Because of the importance of Teen Volunteer assignments during the summer, please list times you will have to be off (summer school, family vacations, etc.)				
It is most important to be neat and clean at all times. Are you willing to accept:				
Criticism?	Yes	No	Supervision?	Yes
Does it bother you to be around ill people?	Yes	No	Have you had chicken pox?	Yes
SCHEDULE PREFERENCE				
Days of week available to work:				
Prefers only office work?				
Yes	No	Shirt Size: _____		

I promise to abide by the rules and regulations of the Teen Volunteer Program as set forth by the Department of Volunteer Services.

Signature

Date

*Parents: Please sign the consent below
 (If student is under 18)*

Signature of Parent

Date



TEEN VOLUNTEER AGREEMENT

If accepted into the volunteer program, I agree to:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and staff and not seek to obtain confidential information from a client.
2. Become familiar with the organization's policies and procedures and uphold its philosophy and standards.
3. Donate my services to the organization without contemplation of compensation.
4. Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. Furnish and maintain an appropriate uniform and maintain a well-groomed appearance during my volunteer time.
6. Attend orientation and inservice training as scheduled.
7. Carry out assignments and seek the assistance of the job supervisor when necessary.
8. Take any problems, criticism or suggestions to my service area supervisor or to the Director of Volunteer Services.
9. Work a specified number of hours on a schedule acceptable to the organization and me.
10. Adhere to the department's sign-in and recording-of-hours procedures.
11. Notify the volunteer office if unable to work as scheduled.
12. I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of (a) failure to comply with organizational policies, rules, and regulations; (b) unsatisfactory attitude, work, or appearance; (c) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions, and I agree to be bound by them.

Volunteer Signature

Date



Acknowledgment of Confidentiality Instructions

I acknowledge that I understand that any and all information obtained by me in the course of my volunteer service at Duncan Regional Hospital pertaining in any way to any patient of the Hospital shall be regarded as confidential, and any communication by me to any person, except as required to perform my services, of such information will be grounds for my immediate termination of service to DRH.

Signature of Volunteer

Date



Consent For Testing Minors For Tuberculosis By The PPD Test

The Centers for Disease Control have recommended that every person with patient contact in the hospital must be tested for exposure to tuberculosis. This is accomplished by injecting a small amount of a test solution in the forearm. This makes a small blister or bleb which rapidly disappears. The site is checked in 48 to 72 hours. Most often the test is negative and no further action is required.

A positive PPD is a sign of tuberculosis infection. The body has been exposed to the organism. The condition is not infectious, but must be referred to the Stephens County Health Department for evaluation and recommendations.

The only reasons not to take the PPD test is pregnancy, a previously positive test, or having tuberculosis disease itself.



As the Parent or Guardian of _____, who is
age _____, I have read the information on tuberculosis and give consent for him/her to
receive a PPD test at Duncan Regional Hospital. The results of this test are confidential,
however, I understand that all positive PPDs must be reported to the State Health Department.

The test will be administered by the Team Member Health Nurse.

Signature of Parent/Guardian

Date