



Closer Care. Better by Far.

2025 Junior Volunteer Application Packet

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Office Use Only	
Completed Appl rec'd back date	
Volunteer #	
Scanned Date	
Volgistics Date	
Excel Log Date	

Scotland Health Care System

Volunteer Services

500 Lauchwood Drive
Laurinburg, NC 28352
(910) 291-7314

Dear Prospective 2025 Junior Volunteer,

Thank you for your interest in becoming a Junior Volunteer at Scotland Memorial Hospital! Enclosed is a Junior Volunteer Application. Please read carefully and return the application and all required supporting documents listed below. **The application and all supporting documents must arrive together, fully completed and signed. Please return to the Volunteer Services office no later than 4:30 PM, Friday, April 25, 2025 for consideration as a Junior Volunteer.**

The summer Junior Volunteer Program is a three-session program during the period **June 11th through August 06**. Junior Volunteers are scheduled to work only one 2-week session and will be expected to completely fulfill one of the three sessions:

- Session 1 June 16th thru June 27th
- Session 2 June 30th thru July 11th
- Session 3 July 14th thru July 25th
- Volunteer hours are Monday - Friday, 10 am to 3:00 pm. Once accepted, Junior Volunteers are **required to attend orientation on Wednesday, June 11th 10 am to 3 pm at the WR Dulin Conference Center**. Located on opposite side of Urgent Care across from the emergency room.

Junior Volunteer candidates:

- Must be 15 years of age by May 30, 2025
- Should have at least a "C" average and good school attendance.
- Be available the full 10 days of the 2-week program.
- Application must be completed by candidate only (not by parents or friends)

AND

Completed documents include:

- Fully completed and signed application, including signature of parent/dependent
- Copy of most recent report card (2nd quarter grades acceptable)
- Two completed reference forms with names and signatures in separate, sealed envelope
- Copy of immunization records
- Forms checklist (located on page 12 of the application packet)
- Small picture of applicant

A selection committee will review all candidate requests meeting the above requirements. Candidates will be notified of their selection status by the second week of May. There is a limit of 40 Junior Volunteers to be accepted.

Thoughtful consideration as to personal schedules and prior commitments must be considered prior to volunteering. Lack of fulfillment may result in future disqualification.

We look forward to hearing from you!

Sincerely,

Nancy C Rogers

Nancy Rogers

Volunteer Manager

910-291-7314

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2025 Junior Volunteer Application
Volunteer Services, Scotland Health Care System
 500 Lauchwood Drive, Laurinburg, NC 28352
 910-291-7314

Please return to the Volunteer Services office no later than 4:30 PM, Friday, April 25, 2025, in order to be considered for selection as a Junior Volunteer.

PLEASE PRINT NEATLY AND LEGIBLY

Previous Volunteer __ Yes __ NO

Today's Date _____

Shirt Size (please circle) XS S M L XL 2X 3X 4X

Name _____
 (First) (Middle Initial) (Last) (Name preferred to be called)

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Cell Phone _____ Email _____

Date of Birth _____ Current Age _____ (All Junior Volunteers must be 14 years old by May 30.)

School attending this year _____ Grade in now _____

School attending in the fall _____ Grade in fall _____

IN CASE OF AN EMERGENCY NOTIFY:

1. _____
 (Parent/Dependent) (Relation) (Home Phone) (Work/Cell Phone)
2. _____
 (Parent/Dependent) (Relation) (Home Phone) (Work/Cell Phone)

INTERESTS AND ACTIVITIES

Are you interested in a medical career? __ Yes __ No If yes, what field? _____

What previous volunteer experiences have you had? _____

List any special activities at school, church, or elsewhere. _____

Describe your hobbies, skills, and special interests: _____

Are you bi-lingual? Can you hold a conversation? If so, which language(s)? _____

How did you learn about the Junior Volunteer program? _____

Name any friends or relatives working or volunteering at Scotland: _____

Which sessions are you available, please circle: (June 16 – June 27) (June 30 – July 11) (July 14 – July 25)

Please keep in mind when choosing dates of vacations, band camp, drivers' education and any other days that would keep you from completing your obligation.

STATEMENT OF UNDERSTANDING

Being a Junior Volunteer not only means a commitment to helping others, it also means a commitment to Scotland Memorial Hospital. This commitment means being reliable, dependable, responsible, willing to work where assigned and following through on assigned tasks. You must also be able to accept supervision and have the discipline to follow procedures and policies necessary to carry out an assignment.

Can you make this commitment? Yes____ No____

Application Not Complete Without Signature of Parent/Dependent

PARENTAL/DEPENDENT SIGNATURE

If accepted, my dependent may serve as a volunteer at Scotland Memorial Hospital. By completing this application, I understand Scotland Memorial Hospital is not obligated to provide my child with a volunteer placement. I understand final placement is contingent upon satisfactory completion of all pre-placement procedures including verification of references and orientation. I realize that misrepresentation of facts will be cause for rejection of this application. I understand the responsibilities of being a volunteer and the commitment required, and if my dependent is accepted, I will help my child to comply with the rules and regulations. I agree to abide by the policies of Scotland Memorial Hospital.

Signature of Parent/Dependent_____ Date_____

Application Not Complete Without Your Signature

JUNIOR VOLUNTEER APPLICANT SIGNATURE

I authorize verification of all statements contained in this application for volunteer work and approval for the Volunteer Services office to check references. I understand that by completing this application that Scotland Health Care System is not obligated to provide me a placement. I understand that all volunteers represent Scotland Health Care System and as such, are subject to all requirements and regulations set forth by Scotland Memorial Hospital. I understand that if accepted I am making a commitment and will do my best to fulfill my duties as a volunteer diligently and will follow a schedule mutually agreeable to both Volunteer Services and me. I certify that the information given is true and correct to the best of my knowledge.

Signature of Applicant_____ Date_____

Please hand-deliver this application and all supporting documents by 04/30/2024 to:

**Volunteer Services
Scotland Health Care System
500 Lauchwood Drive
Laurinburg, NC 28352**

*Please return to the Volunteer Services office no later than **4:30 PM, Friday, April 25, 2025.** to be considered for selection as a Junior Volunteer.*

CONSENT FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES

This will authorize my/our child/dependent _____, a minor to participate in such volunteer activities at Scotland Health Care System, Laurinburg, NC, as from time to time may be prescribed by the hospital's Volunteer Manager or the designated representative. I (We) understand that my (our) child or dependent services are donated to the hospital without contemplation of compensation or future employment, and are given for humanitarian, religious or charitable reasons.

I (We) release Scotland Health Care System and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the hospital, while participating in such volunteer activities.

In the event said minor is in need of emergency medical treatment, I (we) authorize the Emergency Department physicians as my (our) agent to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physicians or at said hospital. This authorization is given to provide in advance of any specific diagnosis, treatment, or hospital care being required, but is giving to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

Signature of parent of dependent_____ **Date**_____

RECORD OF TUBERCULOSIS SCREENING

Name: _____ SS# _____ - _____ - _____

Date of Birth: ____/____/____ Department: _____ Title: _____

Date of Last Chest X-Ray: _____

Have you ever had:

1. Tuberculosis? ☐ Yes ☐ No If yes, when and where were you treated? _____

2. TB Skin Test? ☐ Yes ☐ No ☐ Don't Know If yes, was it positive? ☐ Yes ☐ No If positive, how long ago, and where did you receive this test? _____

3. Been inoculated with BCG? ☐ Yes ☐ No If yes, how long ago and where did you receive this inoculation? _____

Please answer the following questions:

TB Risk Questionnaire: Check Yes or No

- | | |
|---|--|
| 1. Were you born outside the USA in one of the following parts of the World: Africa, Asia, Central America, South America, or Eastern Europe? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphomas, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you work as a healthcare worker in direct contact with patients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TB Symptom Questionnaire

Please answer the following questions. Do you currently have any of the following symptoms?

- | | |
|---|--|
| 1. Unexplained cough lasting more than 3 weeks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Unexplained weight loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Unexplained appetite loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Unexplained fever? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Night sweats | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Chest pain? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Unexplained fatigue? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The above health statement is accurate to the best of my knowledge. I will notify Employee Health and see my MD and/or local Health Department if my health status changes.

Signature

Date

Witness

Date

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Photo Release of a Minor

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and the use of these photographs singularly or in conjunction with other photographs for advertising, publicity, commercial or other business purposes by SHCS and/or their marketing representative.

I further consent to the reproduction and/or authorization by SHCS to reproduce and use said photos for the use in all domestic and foreign markets.

I hereby release SHCS and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies their directors, officers, agents and employees from all claims of every kind in account of such use.

Print Name of Junior

Junior Signature

Date

For Minors

I represent and warrant that I am the parent or legal dependent of said volunteer and consent to the agreement.

Print Name of Parent/Dependent

Signature of Parent/Dependent

Date

Please return to the Volunteer Services office no later than **4:30 PM, Friday, April 25, 2025.** in order to be considered for selection as a Junior Volunteer.

Junior Volunteer Medical Release Form

Teen Name _____

Address: _____

Home Phone: _____

Parent(s)/Dependent: _____ Work Phone: _____

Parent(s)/Dependent: _____ Work Phone: _____

Alternative Contact(s): _____ Phone: _____

PARENT/DEPENDENT – Please check the appropriate statements.

_____ I give permission for immediate emergency medical treatment. Notify me and/or any persons listed above as soon as possible.

_____ I **DO NOT** give permission for emergency medical treatment until I have been contacted.

List **ALL** allergies, medication reactions or other conditions that may need to be known in an emergency:

I give my permission for my dependent _____ to participate as a teenage volunteer at Scotland Health Care System.

Parent/Dependent Signature: _____ Date: _____

******* Please note, you do not need a TB test. The completed TB Form will be all that is needed.**

Volunteer Applicant's Agreement

If accepted into the volunteer program, I agree to:

1. Uphold the mission, vision, and values of Scotland Health Care System and abide by the Code of Ethics. Abide by the Policies and Procedures of SHCS, the Volunteer Services Dept. and the department to which I am assigned.
2. Always keep all patient information and hospital business completely confidential.
3. Strictly adhere to the volunteer service guideline (job description) and be aware of volunteer limits and boundaries.
4. My lunch break is for a 30-minute period, and I cannot leave the campus of the organization during this time.
5. I am expected to be courteous and helpful to patients, visitors, physicians, staff, and volunteers within the organization. I will always practice "good guest relations", and I will endeavor to be a good role model for my fellow Junior Volunteers.
6. I am expected to keep personal telephone calls to a minimum and will make necessary calls from the office of the Volunteer Services only. I understand that I am not to receive personal calls except from my immediate family. These calls will be received in the Volunteer Services Department only. Cell Phones cannot be used while on duty. You will be given one warning and if caught again ask to leave and not return.
7. Refer any problems, criticisms, or suggestions to the Volunteer Office.
8. Carry out assignments according to the schedule agreed upon and call-in advance when unable to work as scheduled.
9. Maintain a professional appearance (appropriate uniform and well-groomed appearance) and demeanor while on duty.
10. Attend mandatory orientation and training as scheduled.
11. I am expected to perform the work assigned to me to the best of my ability. If I have questions concerning my work, I will ask my supervisor. I will discuss other concerns with the Volunteer Coordinator.
12. If sent on an errand, I am expected to return to my workstation as soon as the errand is complete. If I am released from my assigned area before the end of the shift, I will return to the Volunteer Services office for reassignment.
13. I am expected to be on time and will notify the Volunteer office if I am unable to come in to work because of illness or other personal reasons.
14. I understand that if my behavior is deemed unprofessional, I am subject to dismissal from the Junior Volunteer Program.

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

Volunteer Signature: _____ Date: _____

Parent/Dependent Signature: _____ Date: _____



Please return to the Volunteer Services office no later than **4:30 PM, Friday, April 25, 2025**, in order to be considered for selection as a Junior Volunteer.

Teacher Reference Form #1

For Junior Volunteer Applicants

The following student has expressed an interest in becoming a part of the summer program for Junior Volunteers at Scotland Health Care System. These youth provide patient care assistance and clerical support in various departments of the facility. Although they are supervised, they are expected to be dependable, honest, and truly interested in the program.

Applicants were told that the requirement for acceptance was a character reference from their school counselor.

Please assist us by evaluating this prospective applicant. Thank you in advance for your assistance and support of this program. Your ***prompt*** reply will be greatly appreciated, as we need this form in order to process the application. Please call 291-7314 if you have questions.

Reference for: _____ Address _____

Grade _____ School _____

Teacher _____

Please check the level of performance that reflects your opinion of this student.

<u>Characteristic</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
1. Communication: Gets along with others	_____	_____	_____	_____
2. Dependability: trustworthy, follows through	_____	_____	_____	_____
3. Attitude: positive, cheerful, willing to assist	_____	_____	_____	_____
4. Appearance: neat, good personal hygiene	_____	_____	_____	_____
5. Personal Values: honest & good character	_____	_____	_____	_____
6. Leadership: takes initiative, respected by peers	_____	_____	_____	_____
7. Potential: personal goals, high achiever	_____	_____	_____	_____

I recommend this student for the Scotland Junior Volunteer program YES _____ NO _____

Additional Comments: _____

Teacher's signature _____ Phone _____ Date _____

Please return to student in a sealed envelope with your signature across the flap.



Please return to the Volunteer Services office no later than **4:30 PM, Friday, April 25, 2025**, in order to be considered for selection as a Junior Volunteer.

Teacher Reference Form #2

For Junior Volunteer Applicants

The following student has expressed an interest in becoming a part of the summer program for Junior Volunteers at Scotland Health Care System. These youth provide patient care assistance and clerical support in various departments of the facility. Although they are supervised, they are expected to be dependable, honest, and truly interested in the program.

Applicants were told that the requirement for acceptance was a character reference from their school counselor.

Please assist us by evaluating this prospective applicant. Thank you in advance for your assistance and support of this program. Your ***prompt*** reply will be greatly appreciated, as we need this form in order to process the application. Please call 291-7314 if you have questions.

Reference for: _____ Address _____

Grade _____ School _____

Teacher _____

Please check the level of performance that reflects your opinion of this student.

<u>Characteristic</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
8. Communication: Gets along with others	_____	_____	_____	_____
9. Dependability: trustworthy, follows through	_____	_____	_____	_____
10. Attitude: positive, cheerful, willing to assist	_____	_____	_____	_____
11. Appearance: neat, good personal hygiene	_____	_____	_____	_____
12. Personal Values: honest & good character	_____	_____	_____	_____
13. Leadership: takes initiative, respected by peers	_____	_____	_____	_____
14. Potential: personal goals, high achiever	_____	_____	_____	_____

I recommend this student for the Scotland Junior Volunteer program YES _____ NO _____

Additional Comments: _____

Teachers signature _____ Phone _____ Date _____

Please return to student in a sealed envelope with your signature across the flap.

Please return to the Volunteer Services office no later than **4:30 PM, Friday, April 25, 2025.** in order to be considered for selection as a Junior Volunteer.

YOUR Volunteer Application Checklist: HAVE YOU COMPLETED AND ATTACHED THE FOLLOWING?

(☒ Check off to be sure your application is complete!)

<input type="checkbox"/> Application	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Small Picture of applicant
<input type="checkbox"/> Parent Signature	<input type="checkbox"/> Medical release	<input type="checkbox"/> TB Form
<input type="checkbox"/> Report Card	<input type="checkbox"/> 2 (Two) Teacher/Counselor References	
<input type="checkbox"/> Consent for Minor	<input type="checkbox"/> Photo Release	<input type="checkbox"/> Applicant Agreement

ncr 08/14/14, 02/24/15, 02/23/16, 01/23/2018, 03/02/18, 02/10/20, 01/29/23, 2024

For Office Use Only:

Application Returned: _____

Volunteer Number: _____

Session: _____

Processed By: _____

Placement Area: _____

Notes:

Uniform: If you are accepted in the program you will be notified by email.

Your uniform will consist of your Junior Volunteer shirt, long tan/stone/khaki/black skirt or pants and tennis shoes. (Pants are to reach the top of your shoes. (You **may not** wear capris, shorts, or jeans.) Please wear your long khaki/black/stone/tan pants to orientation. (All shoes must be closed toed.) Shirts will be distributed the week before Orientation. Must be picked up and worn on the day of orientation.

We'll be taking a group picture at orientation.