



AUXILIARY

Piedmont Columbus Regional Auxiliary has been sponsoring a Youth Volunteer Program for over 55 years. Our goal is to attract and retain Youth Volunteers who are passionately pursuing careers in healthcare. As the healthcare industry evolves, Piedmont Columbus Regional Auxiliary enhances its Youth Volunteer Program to follow suit. We strive to stimulate and engage the young adults who are participating in our program.

This summer, each volunteer accepted into our program must commit to **2 weeks** (10 consecutive business days) at our hospital. We want our students to have a strong idea of all the different careers that are available to them in healthcare. During that time, students will experience 3 different placements, including some non-clinical areas. The hours each day are 9-3, so each student will accrue 60 hours of volunteer time during their program. At this time, students are not able to apply for more than one rotation. The schedule is as follows:

- 1st rotation: June 3-June 14
- 2nd rotation: June 17-June 28
- 3rd rotation: July 8-July 19

The attached application is for the Youth Volunteer to complete. After the deadline, applications will be reviewed, and invitations for interviews will be issued to selected candidates **via volunteer's email given on the application.**

Your application must contain the following:

1. Completed application signed by volunteer and parent/guardian
2. 200 word essay that answers the following questions
 - a. Why do you want to be a volunteer?
 - b. Why are you interested in healthcare?
 - c. Why should we select you as a volunteer?
3. A copy of applicant's state or school-issued ID or a school portrait
4. Reference forms (use only the ones provided; references may add additional pages if needed)

If your application is missing pieces or is incomplete when received, it will not be considered for the program.

Important Dates to put on your calendar:

- **March 1st**—applications due
- **March 8th**—students invited to interview **via student email on application**
- **April 9th**—Youth Volunteer Interviews (Returning Volunteers are exempt from interviews)
- **April 18th**—Mandatory Parent Night—6.30-7.30—**Mandatory for Returning Volunteers and New Applicants**; we will not consider applicants if their parent/guardian does not attend.
- **May 30th**—Mandatory Orientation for Returning and New Volunteers. Orientation will be held in 2 sessions, 8-12 p.m. and 1-5 p.m. Students will be asked to designate which orientation they prefer to attend, but slots are available on a first come, first served basis.
- *Interviews that cannot be held on April 9th will be scheduled on an individual basis only through April 19th.



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Today's Date: _____

RETURNING VOLUNTEER? ___ Yes ___ No

Former placement(s) _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Youth Cell #: (____) ____ - _____ Youth Email: _____

We will use this email to contact you regarding your application and interview.

Birthdate: __/__/__ Age: ____ School: _____ Grade: _____

Does your school require volunteer service hours? ___ Yes ___ No How many? _____

Uniforms: \$35—full scrubs. Do not send money with application. You'll purchase your uniform after you've been notified of selection. Your scrubs must be purchased through the Uniform Shop at PCR Midtown campus by May 17th.

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Cell #: (____) ____ - _____ Alternative #: (____) ____ - _____ Email: _____

This is my emergency contact.

Name: _____ Relationship: _____

Cell #: (____) ____ - _____ Alternative #: (____) ____ - _____ Email: _____

This is my emergency contact.

VOLUNTEER SERVICE AREA

Your acceptance into our program is based on the following:

- Your availability
- Your completed application and references
- Your face-to-face interview
- Your submitted essay

Each volunteer accepted into our program must commit to **2 consecutive weeks (10 days)** at the hospital. During that time, students will experience multiple placements, including some non-clinical



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areas. We want our students to have a strong idea of all the different careers that are available to them in healthcare. The hours each day are 9-3, so each student will accrue 60 hours of volunteer time during their program. Students will not be able to volunteer outside of their assigned 2 week period. Please number the rotations from 1 to 3 according to your ability to participate, with 1 being your first choice and 3 being your last choice.

- 1st rotation: June 3-June 14
- 2nd rotation: June 17-June 28
- 3rd rotation: July 8-July 19

Youth Volunteer shifts are Monday – Friday; 9:00 AM – 3:00 PM. **THERE ARE NO EVENING OR WEEKEND SHIFTS.**

Photograph Release:

1. I hereby relieve and agree to hold Piedmont Columbus Regional Healthcare System, Inc. and its affiliated companies, free and harmless from any and all liability arising out of the interviewing and/or photographing and subsequent publication or broadcasting of such photography. I understand that the interviewing and/or photographs are being carried out with my authorization for the use indicated above and thereby, I assume full responsibility for any subsequent liability arising out of the use of these photographs.
2. I understand that I have a right to request cessation of recording or filming and I have a right to revoke this authorization in writing up until a reasonable time before the recording or film is used.

CONFIDENTIALITY STATEMENT

I understand and agree that, in the performance of my duties as a Youth Volunteer with Piedmont Columbus Regional Health, I must hold patient/medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers, other students, or family. I also understand that any violation of patient confidentiality may result in termination from the Youth Volunteer Program.

Youth Volunteer Signature: _____ Today's Date: _____

By signing this application, I hereby certify that all of the information contained is true to the best of my knowledge. I also understand that my acceptance into this program hinges heavily, among other previously listed items, on my ability to commit to the volunteer timeframe outlined above.

Youth Volunteer Signature: _____ Today's Date: _____

Parent Signature: _____ Today's Date: _____

For questions: Molly McVey (706) 571-1480 or Molly.McVey@piedmont.org
Send completed application to: Molly McVey, Coordinator
 Piedmont Columbus Regional Auxiliary
 710 Center Street
 Columbus, GA 31901



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Counselor Reference Form

Thank you for helping Piedmont Columbus Regional Auxiliary Youth Volunteer Program “GROW ITS OWN” network of healthcare providers. Students aged 14-18 who showing a strong interest in healthcare are encouraged to apply. Through their participation, students will gain work experience, insight into the healthcare field, learn to communicate more effectively with others, and increase their awareness of the communities in which they live.

Your recommendation will help us to determine the qualifications of the applicant. **PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.**

This reference form is to be completed by the applicant’s guidance counselor/advisor. The counselor must not be a relative or legal guardian of the applicant. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

Applicant’s name: _____

Counselor’s name: _____ email: _____

School name: _____

After considering each question below, please rate the applicant’s skill level by circling the appropriate response on the scale.

1. What is the applicant’s attendance/punctuality?

Poor				Average			Excellent		
1	2	3	4	5	6	7	8	9	10

2. How would you rate the applicant’s level of respectfulness?

Poor				Average			Excellent		
1	2	3	4	5	6	7	8	9	10

3. To the best of your knowledge, is this student seriously interested in a career in healthcare?

___Yes ___No

4. Other comments regarding the applicant’s qualifications. Feel free to attach an additional sheet.

Based on the above responses,

- I do recommend this applicant as a volunteer
- I do **NOT** recommend this applicant as a volunteer

Counselor signature: _____ Date: _____

Piedmont Columbus Regional Auxiliary thanks you for your time!

Questions or comments? Please contact: Piedmont Columbus Regional Auxiliary Molly.McVey@piedmont.org



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Teacher Reference Form

Thank you for helping Piedmont Columbus Regional Auxiliary Youth Volunteer Program “GROW ITS OWN” network of healthcare providers. Students aged 14-18 who showing a strong interest in healthcare are encouraged to apply. Through their participation, students will gain work experience, insight into the healthcare field, learn to communicate more effectively with others, and increase their awareness of the communities in which they live.

Your recommendation will help us to determine the qualifications of the applicant. PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE FLAP.

This reference form is to be completed by the applicant’s guidance counselor/advisor. The counselor must not be a relative or legal guardian of the applicant. ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Applicant’s name: _____

Teacher’s name: _____ email: _____

School name: _____

After considering each question below, please rate the applicant’s skill level by circling the appropriate response on the scale.

1. What is the applicant’s attendance/punctuality?

Poor 1 2 3 4 Average 5 6 7 Excellent 8 9 10

2. How would you rate the applicant’s level of respectfulness?

Poor 1 2 3 4 Average 5 6 7 Excellent 8 9 10

3. To the best of your knowledge, is this student seriously interested in a career in healthcare?

___ Yes ___ No

4. Other comments regarding the applicant’s qualifications. Feel free to attach an additional sheet.

Based on the above responses,

- I do recommend this applicant as a volunteer
I do NOT recommend this applicant as a volunteer

Counselor signature: _____ Date: _____

Piedmont Columbus Regional Auxiliary thanks you for your time!
Questions or comments? Please contact: Piedmont Columbus Regional Auxiliary Molly.McVey@piedmont.org