

**Kaiser Permanente San Diego Member Service Area
Volunteer Guest Services Department**

2021 JUNIOR APPLICATION PACKET

WHAT YOU NEED TO KNOW BEFORE YOU APPLY

Kaiser Permanente San Diego offers a special Junior Volunteer program for 16 and 17 year-olds. Students in the program will be trained to serve as a Guest Guide at our Welcome Center areas or Vaccination Clinics. In this role, they will offer directions, answer common questions, escort patients and provide wheelchair assistance to those in need. Each student will be partnered with an experienced volunteer who will provide mentorship, encouragement and support.

Available locations are: **San Diego Medical Center, Zion Medical Center**

Junior Volunteer Basic Requirements

- Be at least 16 years old by application date
- Have a cumulative GPA of 3.0 or higher
- Have a valid email address (this is our main form of communication)
- Have reliable transportation to and from volunteer location
- Be able to communicate effectively in English, both orally and written
- Be able to stand and walk continuously for 3 hours
- Have parental permission
- Have a valid Social Security Card

Junior Volunteer Commitment & Expectations

- Complete and pass virtual group interview
- Volunteer for one, 3-hour shift per week for minimum of 6 months
- Complete required health screenings* (requires three trips to Zion Medical Center **with a parent**)
- Complete Virtual New Volunteer Orientation (2 hours)
- Wear a volunteer uniform and photo ID badge
 - Burgundy Volunteer Shirt (provided by Volunteer Guest Services)
 - Photo ID Badge (provided by Volunteer Guest Services)
 - Clean, full-length slacks or pants (no blue jeans, leggings or scrubs)
 - Comfortable, closed-toe shoes

*Health Screening - This process will include a two-step TB test, flu immunization or declination and blood draw (unless you have current immunization records) to check immunization levels for measles, mumps, rubella and chicken pox. This testing may take up to 14 days to complete and may require up to 3 visits to Employee Health at Kaiser Permanente Zion Hospital (this location ONLY). **Parents must be present for all visits.** The testing is free of charge. The COVID Vaccine is optional and will be available once the Junior Volunteer completes New Volunteer Orientation.

Junior Volunteer Application Requirements

- Complete attached Junior Application, including Parent/Legal Guardian Permission form**
- Complete attached COVID-19 Acknowledgement
- Provide cumulative transcript showing 3.0 GPA or higher

**Parent/Legal Guardian Permission form – Parents must read, and sign the attached letter stating that they understand the volunteer commitment their Junior will be undertaking. As the parent, they must agree to provide the necessary support to ensure completion and success in the program.

**Ask yourself the following questions
BEFORE you apply to be Volunteer**

- Do I have a positive attitude and a sincere interest in serving at Kaiser Permanente?
- Will I treat my volunteer responsibilities with the same respect I do other school, work and sports obligations, committing to serve on a regular shift and time?
- Do I enjoy working in new situations, taking on different duties, or helping in additional ways based on the needs of the people around me?
- Am I able to make repeated trips to Kaiser Permanente hospital with a parent to complete medical clearances?

If you answered yes to the questions above, we welcome you to continue pursuing a volunteer position at Kaiser Permanente.

How to Become a Volunteer:

Fill out the attached application and return it with **all required documentation** via one of the options below::

Print, fill out and mail to:

Kaiser Permanente Volunteer Guest Services Department
9455 Clairemont Mesa Blvd.
HSB 1st Floor Room 1740
San Diego, CA 92123

Or print, fill out, scan and email to: Stacie.M.Scheet@kp.org

Or fill out the form electronically, save a copy to your desktop and email to: Stacie.M.Scheet@kp.org
Don't forget to include the additional documentation: manually signed parent authorization, GPA verification.

JUNIOR VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY & COMPLETE ALL FIELDS

1. Personal Information

Name			
Street Address			
City, State, Zip			
Primary Phone	Check one <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		
T shirt Size			
Email Address			
Birthdate		Social Security #	

2. Previous Paid or Volunteer Experience

Summarize your previous paid and/or volunteer experience and community affiliations.

3. Finish the statement, I would like to volunteer in the health care field because . . .

4. Do you have any limitations you would like us to know about?

5. How did you hear about our program?

6. Are you able to commit to a 6-month program with a regular weekly schedule?

YES NO

7. Choose the location you are interested in:

We are currently placing volunteers at our two medical centers. Please indicate which location(s) you are willing, and able to volunteer.

MEDICAL CENTER VOLUNTEER OPPORTUNITIES

San Diego Medical Center 9455 Clairemont Mesa Boulevard ♦ San Diego, CA

Zion Medical Center 4647 Zion Avenue ♦ San Diego, CA

8. Sign and date application

- ✓ By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
- ✓ I understand and agree that my services are given with humanitarian or charitable reasons and are donated to Kaiser Permanente without expectation of any compensation, salary, benefits, other payment or future employment.
- ✓ I understand that completing an application does not guarantee acceptance into the Volunteer Program.

Name (Printed)	
Signature	
Date	

9. Complete Volunteer Emergency Contact Information

Please provide us with a family member who we can contact in the event of an emergency.

Name: _____

Relationship: _____

Primary Phone: _____

10. Complete Parent/Legal Guardian Permission

This form must be printed and manually signed by a parent or legal guardian. Parent support is a vital component for the success of your child in the Junior program. Once printed and signed, this form can be scanned and emailed with your application. If mailing your application, include the original copy of this form. (see page 6)

11. Complete COVID-19 Teen Volunteer Parent Release

This form must be printed and manually signed by a parent or legal guardian. This is to acknowledge that you are allowing your child to volunteer in a COVID+ environment. Once printed and signed, this form can be scanned and emailed with your application. If mailing your application, include the original copy of this form. (see page 7)

12. Include cumulative high school transcript

Students must have a current GPA of 3.0 to apply. Please provide proof of your Grade Point Average (GPA) by attaching either a hardcopy or electronic copy to your application. This does not need to be a certified copy.

PARENT/LEGAL GUARDIAN PERMISSION

**Must be printed and completed manually by
the parent or legal guardian and returned with volunteer application:**

In order for your child to participate in the Kaiser Permanente Junior Volunteer Program, your permission must be in writing and on file in the Volunteer Service Department. (electronic signature is acceptable)

Please check:

- I have read and reviewed the application packet that my child received and completed.
- I understand that a parent/legal guardian must be present for health clearance testing performed at the Kaiser Permanente Employee Health Office. More information on health clearance testing will be provided at the Volunteer Group Interview.
- I understand that all Kaiser Permanente Volunteers must have an annual tuberculin skin test. If the skin test reads positive, a chest x-ray is required and will be performed and paid for by Kaiser Permanente.
- I understand that Junior Volunteers are to be dependable and reliable and will be responsible for arranging his/her own transportation to their volunteer assignment.
- I give my permission for Kaiser Permanente to administer emergency health care to my child if I cannot be contacted.

I give my permission for my child _____ to donate
his/her time to Kaiser Permanente. (child's name)

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Signature

Date

COVID-19 TEEN VOLUNTEER PARENT RELEASE

During this pandemic, we are so very grateful that your youth is willing to volunteer at our hospital. Please review the statements below and sign at the bottom of this form if you approve them to continue volunteering. We will provide your youth with training and all required protective equipment (i.e. mask, face shield, gloves)

I understand that my youth is requesting to volunteer at Kaiser Permanente San Diego Medical Center during this pandemic. Please check that you understand and agree that:

- My youth's services donated to Kaiser Permanente San Diego are entirely voluntary.
- I understand that my youth is coming into a facility with full knowledge and understanding that all of our Medical Centers and Medical Offices are treating and receiving COVID-19 Patients.
- I understand and agree that my youth is expected to wear their hospital provided mask and face shield at all times while in a clinical environment.
- I understand and agree that my youth will wear their badge, and mask at all times while on the hospital campus.
- I understand and agree that my youth will follow all required infection control practices (i.e. washing hands, using hand sanitizer, not coming in if sick)
- Should my youth choose not to follow all required safety/infection control precautions, KP may discontinue their service as a volunteer immediately.
- Should at any time I feel that my youth is unable to complete their volunteer duties I may discontinue their service as a volunteer with notice.

I have read the statements above, fully understand and agree to give my permission for my child

_____ (child's name)

to volunteer in for Kaiser Permanente San Diego.

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Signature

Date