

Thank you for your interest in **Regina Hospital's Youth Volunteer Program**.

Volunteering is a good way to make new friends and experience the personal gratification of having served your community. Here is the process of getting ready to share your time and energy with us.

- Enrollment – Please complete the attached enrollment paperwork. I hope we can offer you an area of service that is compatible with your interests and availability. Regina Hospital is required to perform a background check, so please thoroughly review the application and complete the attached forms.
 - A parent or guardian must complete the consent section.
 - The recommendation section needs to be completed by a school counselor, teacher, coach, youth group leader or other adult non-family member who has worked with you in a supervisory capacity.
- Getting Started - The Volunteer Office will contact you after reviewing your application to discuss next steps and schedule an orientation session.
- Health – Prospective volunteers must verify immunity to measles, mumps, rubella, chicken pox, and tuberculosis. If you are not sure about some of your vaccinations, a blood test may be required to verify immunizations at no cost to you. Additionally, if any vaccines are needed, they may also be offered to you at no cost.
- General Orientation – We will schedule a time for you to attend a general orientation session to learn what you need to know about Regina Hospital before you get started.

I look forward to meeting with you and pursuing your interest in volunteering at Regina Hospital, AllinaHealth. Please feel free to contact me if you have any questions.

Sincerely,

Pam Kochendorfer

Volunteer Services Coordinator

651.404.1451

Email: pamela.kochendorfer@allina.com



YOUTH VOLUNTEER SERVICES ENROLLMENT FORM (Age 13-17)

Name _____ Birth date _____
 Address _____ City _____ State _____ Zip _____
 Land Phone: _____ Cell Phone _____
 Email address: _____
 Driver's License #: _____ State _____

GENERAL INFORMATION

School presently attending: _____ Grade: _____
 Graduation year _____

Are you performing this volunteer service because it is required? YES NO (circle one)

- If YES: 1) Reason hours are needed _____
 2) Number of hours required _____
 3) Completion deadline _____

How would you arrange transportation? _____
 When are you available _____

Please provide a brief statement as to why you want to volunteer at Regina Hospital:

AREA(S) OF INTEREST

Please indicate general area(s) that may interest you, keeping in mind that your choices may change as you discover more about us.

- ____ Orthopedic and sports therapy unit helper (age 14-17) light office duties, runs errands, supplies
 ____ Light clerical duties for a department in the hospital
 ____ Other _____

SIGNATURES

The information provided in this enrollment form is true. I understand that if this information is false in any way, I will be dismissed without notice regardless of when the false information is discovered. I realize that if accepted as a volunteer, I must abide by the rules, regulations and expectations of the Volunteer Department and Regina Hospital.

Youth signature _____ Date _____

Parent/Guardian signature _____ Date _____

Return application to:
 Regina Hospital Volunteer Program
 1175 Nininger Road
 Hastings, MN 55033
 or email: Pamela.kochendorfer@allina.com

Questions?
 Call Volunteer Services at 651.404.1451
 or email: Pamela.kochendorfer@allina.com



YOUTH VOLUNTEER PARENTAL CONSENT FORM

In order for your child to become a volunteer with us, we need your consent and your involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like us to consider your child as a possible volunteer. Feel free to call Volunteer Services at 651.404.1451 if you have any questions, would like further information, or would like to discuss this with someone.

- Your child will receive orientation and training which is necessary for the safe and responsible performance of the duties he or she will be asked to perform.
- Your child will be expected to meet all the requirements of the position, including regular attendance and adherence to policies and procedures.

VERIFICATION OF IMMUNITY

Occupational Health nurses will verify immunity to the following diseases: measles, mumps, rubella, chicken pox, and tuberculosis. If your child's immunization record is unavailable, we will provide a free test at the Allina clinic, Hastings laboratory to verify immunity. *Parental consent will be required for vaccination only.*

IN CASE OF INJURY

If your child is injured while performing volunteer services, it is Regina's policy to provide immediate first-aid treatment at the expense of the hospital. Your own insurance company shall be the primary carrier in the case of an injury that requires further treatment.

- I give permission for immediate emergency medical treatment. Notify emergency contact person listed below as soon as possible.
- I DO NOT give permission for emergency medical treatment until I have been contacted.

IN AN EMERGENCY PLEASE NOTIFY

Name _____ Relationship _____

Address _____ City _____ State Zip _____

Land Phone: _____ Cell Phone: _____ Alt Phone: _____

I understand that my child wishes to be considered for volunteer work and if accepted by Regina Hospital, I hereby give my consent for them to serve in that capacity. I understand that my child will not receive monetary compensation for the services contributed.

Parent/Guardian signature

Date

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YOUTH VOLUNTEER RECOMMENDATION FORM

Youth who wish to volunteer at Regina Hospital are required to submit a personal recommendation from a school counselor, teacher, coach, youth group leader or other adult non-family member who has worked with him or her in a supervisory capacity.

_____ is interested in volunteering at Regina Hospital.
Volunteer candidate name

Name of person providing this recommendation: _____
Please print name

How long have you known this youth? _____

What is your relationship? _____

What three words would you use to describe this youth?

1 _____ 2 _____ 3 _____

Describe how this youth gets along with people in general _____

Your recommendation _____

Signature _____ Date _____

Phone: _____ Best time to reach you: _____

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