

TGMC
Volunteer
Auxiliary

8166 Main Street *P.O. Box 6037* Houma, LA 70360 *985-873-3588

May 30, 2019

Dear Junior Volunteer Applicant,

Thank you for your interest in participating in the Terrebonne General Medical Center Junior Volunteer program. TGMC has a very successful Volunteer Program and we are glad that you are considering us to share your time with.

The volunteers at TGMC create a special partnership with staff and play an important role in our commitment to deliver quality patient care. A volunteer's willingness to give of their time and talents helps to enrich the healthcare experience of our patients.

Applications must be returned to the Volunteer Office or front lobby hostess desk by **Friday, June 7, 2019**. There are limited positions available and they will be filled on a first come first serve basis. You will be notified by mail of your acceptance into the program. Junior volunteers will only be permitted to work up to 4 hours a day 2 days a week.

Once you are accepted into the program, I will schedule a time to interview you, orient you and have you meet with the employee health nurse.

If you have any questions regarding the program, do not hesitate to contact me at 985-858-7133 or at josh.faucheux@tgmc.com.

Sincerely,

Joshuah Faucheux
Volunteer Coordinator / Retail Manager
Terrebonne General Medical Center



**Terrebonne General Medical Center
JUNIOR VOLUNTEER APPLICATION**

Name: _____ Date: _____

Address: _____
Street City State / Zip

Phone: _____ Cell Phone: _____

Are you under the age of 18: (Yes / No) If yes, how old are you: _____

Email Address: _____

School Attending: _____

High School Graduation Date (year): _____

Emergency Contact Person: _____
Name Relationship Phone #

Family Physician: _____ Phone: _____

Are you physically able to perform the job duties associated with the position you are applying for?

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(only applicable if under the age of 17)

Opportunities for volunteers are provided without regard to race, color, sex, age, religion, national origin, marital status, sexual preference/orientation, qualified disability and veteran status.

**Terrebonne General Medical Center
TEEN VOLUNTEER PARENT/GUARDIAN PERMISSION
& JUNIOR VOLUNTEER COMMITMENT FORM**

The State of Louisiana requires that parental permission be obtained before any Teen Volunteer begins providing volunteer services in the hospital.

Your son or daughter has applied to become a Terrebonne General Medical Center Junior Volunteer. We are looking for teen volunteers who honor the commitments they make, who will treat information about patients as strictly confidential, who are enthusiastic, pleasant, considerate, and honest.

In return, we can provide:

- The opportunity to work with a variety of interesting people.
- Experience in doing different kinds of work.
- A chance to learn responsibility and show leadership.
- A chance to explore some health care careers.

We **cannot** provide:

- Continuous supervision of your child.
- Transportation unless it is off campus for a hospital sponsored event.
- Hours outside of normal office hours between 7:30 AM until 5:00 PM.

We understand there will be times when your son or daughter can't come, such as illness, emergencies, or vacations. We ask that volunteers call us when they are ill or have an emergency, and give as much notice as possible about vacation plans. If we don't receive a call, we will be counting on him/her to be here.

- I hereby give permission for my child, _____, to perform volunteer services at Terrebonne General Medical Center under the direction of the Volunteer Services Department.

Parent/Guardian signature

Date

COMMITMENT TO VOLUNTEER

I hereby agree to abide by the policies and procedures of the Volunteer Services Department and understand that any infraction of these rules may lead to termination from the program.

I, (print name) _____, make a commitment to give to Terrebonne General Medical Center a **minimum of 40 volunteer hours and to complete the program.**

I further agree that if I do not complete my commitment, no reference/issuance of my service hours will be given.

Junior Volunteer

Date

**TERREBONNE GENERAL MEDICAL CENTER
VOLUNTEER SERVICES**

Junior Volunteer Program
Medical History Section

Name (student): _____ Date of Birth: _____

Primary Physician: _____ Office number: _____

Emergency contact (Name): _____ Phone number: _____

Relationship to contact: _____

Personal Medical History

Do you have	Yes	No	Describe
Visual Disorders			
Hearing Disorders			
Drug allergies			
Have you had:			
Asthma			
Allergies			
Chicken Pox			Must show proof of two Varicella vaccines or a positive Varicella Titer. NO VERBAL HISTORY IS ACCEPTED.
German Measles			
Mumps			

Please provide a copy of your immunization record.

Immunization Record

List dates

Td (Tetanus) or Tdap	
MMR (Mumps/Measles/Rubella) Vaccine	#1
	#2
Varicella (Chicken Pox)	#1
	#2
Tb Test – Negative/Positive – Date completed	

Are you presently under a doctor's care? YES/NO If so, why? _____

Are you presently on any medication? YES/NO If so, what kind? _____

Do you have a chronic illness? YES/NO If so, what? _____

I _____ parent of _____ do hereby give my permission for my child to have a Tb skin test with a purified protein derivative for Tuberculosis and to be treated at Terrebonne General Medical Center in case of an emergency.

Signature: _____ Date: _____

This section to be filled out by the Employee Health Nurse.

Date PPD applied:		By:	Site:
Date PPD read:		By:	Result:
Date PPD applied		By:	Site:
Date PPD read:		By:	Result:

TGMC Volunteer Auxiliary

JUNIOR VOLUNTEER DRESS CODE

ATTIRE

1. Junior Volunteers **must** wear the following:
White, pique knit, pull over shirt or button down white shirt.
Khaki pants.
Rubber sole shoes. (black or brown school shoes or white tennis shoes.)
2. The following items **are not** permitted:
Jeans
Culottes
Sweatpants
Leather Pants
Capri Pants
Shorts
City Shorts
Stirrup Pants
Skorts
Cargo Pants
3. Pants should not be tight fitting and must cover the ankle. When belt loops are present, a belt must be worn.
4. Shirts must be tucked in.

HAIR

1. All junior volunteers must keep their hair clean and neatly groomed. Hair long enough to interfere with job performance or safety must be pulled back and secured.
2. Facial hair (including sideburns) must be short, neatly groomed and worn in a conservative and neatly trimmed manner.
3. Hair may not be dyed unnatural colors.
4. Hairstyles should be professional in nature and not draw undue attention.

MAKE-UP

1. Make-up should be used to enhance a natural look and should not detract from a person's appearance.
2. All make-up should be in a conservative manner.

JEWELRY

1. Female junior volunteers may wear earrings on the lower part of the ear only. No more than 2 earrings per ear are permitted. All earrings shall be no larger than a quarter. Dangling earrings are not permitted for safety reasons.
2. Rings or other jewelry worn in the nose, lips, tongue, etc are not allowed.
3. Body piercing cannot be visible.
4. Male junior volunteers cannot wear earrings.

FOOTWEAR

1. All shoes must be clean and in good condition. Shoelaces must be tied for safety.
2. **If athletic shoes are worn, they are to be solid white with only minimal other color.**
3. **Canvas athletic shoes are not to be worn.**
4. Sandals or open toe shoes can not be worn.
5. Socks are to be worn at all times.

ID BADGES

1. All junior volunteers are required to wear their ID badge as this ensures our patients and visitors that you are a part of the TGMC team.
2. ID badges must be worn while on duty and should be worn on the upper torso with the name visible.
3. ID badges are required to work. If you lose or damage yours, you are required to purchase one from the Human Resources Department for \$7.00.

VIOLATIONS OF THE DRESS CODE

1. **First Violation – Junior volunteer will be verbally warned.**
2. **Second violation – Junior volunteer will be terminated from the program and a phone call will be made to the parents.**