Dear Prospective Youth Volunteer,

Thank you for your interest in our Summer Youth Volunteer Program. This program has been designed to supplement and enhance the quality of care provided to patients, families, visitors, and the community. Our volunteers provide valuable services throughout MedStar Southern Maryland Hospital Center in different departments.

Enclosed you will find the following documents:

- Overview of the Summer Youth Volunteer Program
- Application
- List of additional materials needed to complete the application
- Acknowledgement form
- Authority to Treat form
- Confidentiality statement
- Health screen form (Provided by MedStar)
- Authorization Release for Background Investigation (Provided by MedStar)

Please feel free to contact me if you have any questions.

Sincerely,

Joanne H. Johnson
Volunteer Services Coordinator
MedStar Southern Maryland Hospital Center
301-877-4553 Office
301-877-4869 Fax
joanne.johnson@medstar.net
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER
SUMMER YOUTH VOLUNTEER PROGRAM – AN OVERVIEW

For the months of June, July, and August MedStar Southern Maryland Hospital Center offers a youth volunteer program. Starting in January, the Volunteer Services Coordinator and the Volunteer Advisory Committee will review incoming youth volunteer applications. Youth applicants must be between the ages of 15 – 17 (applicants who are currently 14 but are turning 15 on or before June 22nd are still eligible to apply). They must commit to a minimum of 6 weeks of service (the program is 7 weeks long) at a minimum of 4 hours per week. The program ends August 7, 2020.

The application deadline is Wednesday, March 31, 2020. Any applications received after this date will be reviewed ONLY if there are vacancies remaining.

In order to be eligible, applicants must submit a complete application along with the following documents:

- Two letters of recommendation from a teacher, a guidance counselor, church pastor, or a previous work and/or volunteer supervisor. Letters from family members or family friends will not be accepted.
- A copy of the most recent report card. Prospective volunteers must have an overall “C” average or better.
- A 200-400 word typed statement explaining why they want to volunteer in a hospital setting.
- Resume (optional)

After receiving completed volunteer application packets, the prospective youth volunteer candidate will be contacted for an interview with the Volunteer Services Coordinator. Prospects should dress in business casual attire for their interview. Please be prompt for your interview. (A “no show” will result in no future interview.) The Youth Volunteer Program is highly competitive and due to limited space within the hospital departments, the total number of available slots in this summer’s program is 15.

- Weekday interviews will be scheduled May 6 – 11, 2020, Monday through Friday from 8:00 a.m. – 3:30 p.m.
- Saturday interviews will be scheduled May 2, 2020, and May 9, 2020, from 8:00 a.m. – 3:30 p.m.

All selections will be made by May 16, 2020. All applicants will be notified by mail. Letters will be sent out shortly after this date.

If accepted, youth volunteers must complete a T-Spot test and a titer. A T-Spot test is the skin test that is conducted to determine whether or not a person has been exposed to TB. A titer shows if a person has immunity to certain diseases. If it is determined that a person does not have immunity to a certain disease, then he/she may receive the vaccine from Employee Health. These
tests are available free of charge in Employee Health from 8:00 a.m. – 3:30 p.m. Monday through Friday. These tests must be completed by June 10, 2020, in order for the youth volunteer to start volunteering.

Youth volunteers are expected to be in proper uniform when working. They must pay a deposit for their uniform. If the youth returns his/her uniform at the end of the program cleaned and in reusable condition, then the deposit will be returned.

Youth volunteers are only allowed to work Monday through Friday between the hours of 8 a.m. - 4 p.m. There are no exceptions to this rule.

The first week of the program begins on Friday, June 22, 2020. A mandatory youth volunteer orientation will take place on this day from 9:30 a.m. – 2:30 p.m.

Youth volunteers work in different nursing units and departments throughout the hospital. Tasks include filing, data entry, scanning documents, mailings, answering the phone, making copies, making deliveries, putting packets together, delivering patient mail, literature distribution, and so forth. Youth volunteers are entitled to a free lunch for the day provided they are working at least 4 hours for the day.

Everyone has to reapply for the program, even if they were a volunteer at MedStar Southern Maryland Hospital Center last summer.

APPLICATION SUPPLEMENTAL MATERIALS

- Please include two letters of recommendation from any of the following: a school counselor, a teacher, a pastor, a previous volunteer supervisor, or a work supervisor.

- Please include a typed written statement of 200-400 words. This statement must answer the following questions:
  
  o Why do you want to volunteer in the hospital?
  o What are you hoping to get out of this experience?
  o What academic and/or personal experiences will help you as a volunteer?

- Please include your most recent report card. Volunteers must have an overall grade average of “C” or better.

- Please do not recopy the original application as a two-sided document.

- Resume (optional).
MEDSTAR SOUTHERN MARYLAND HOSPITAL  
Summer Youth Volunteer Program Application

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Present School Grade

In Case of Emergency, notify:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number 1</th>
<th>Phone Number 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are fulfilling community service hours for high school graduation, how many do you need and when do they need to be completed by?  

How did you find out about this program?  

What high school do you attend?  

Do you have a relative/friend employed at MedStar Southern Maryland Hospital Center:  

- [ ] Yes  
- [ ] No  
If yes, please specify:  

<table>
<thead>
<tr>
<th>Relative</th>
<th>Friend</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you fluent in any other languages besides English:  

- [ ] Yes  
- [ ] No  
If yes, please specify:  

Please rate your proficiency with the following computer programs (H-High, M-Medium, L-Low):  

- [ ] MS Word  
- [ ] MS Excel  
- [ ] MS Access  
- [ ] MS PowerPoint  
- [ ] MS Publisher  
- [ ] Other (Please specify: )  

How many words per minute (WPM) can you type:  

If you are interested in working in a certain department/unit, please tell us which one. We will do our best to accommodate your request:  

Revised 11/29/2019
References: Please list one professional reference and one personal reference (no relatives. Also, please do not list those that wrote letters of recommendation).

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RELEASE OF INFORMATION, CERTIFICATION, AND SIGNATURE**

I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. I further understand that I may withdraw my application at any time. I certify that the information given herein is true and correct to the best of my knowledge and belief. I also understand that a false answer to any question may be grounds for discharge.

____________________________
Signature of Applicant

____________________________
Signature of Parent or Guardian

_____________________
Date
MEDSTAR SOUTHERN MARYLAND HOSPITAL
ACKNOWLEDGEMENT FORM

If you are selected to be a MedStar Southern Maryland Hospital Summer Youth Volunteer...

• Do you and your parents understand that you must pay a deposit for your uniform?  
  _____Yes  _____No

• Do you and your parents understand that your deposit will be returned upon completion 
  of duties as a volunteer if the uniform is returned clean, unsoiled, and in working 
  condition?  _____Yes  _____No

• Do you and your parents understand that you have to have a current Tuberculosis test and 
  a current titer on record to serve in the Volunteer program?  _____Yes  _____No 
  (Both tests are given at no cost by the hospital through Employee Health)

• Do you understand that all selected volunteers must attend a mandatory volunteer 
  orientation on June 22, 2020, prior to volunteering?  _____Yes  _____No

• Do you understand that all youth volunteers must read the youth volunteer handbook and 
  sign an agreement saying that they have read the rules and agree to abide by them?  (This 
  handbook will be given out at orientation)  _____Yes  _____No

• Do you understand that a copy of your most current grades, two letters of 
  recommendation, a 200-400 typed statement must be included with this application in 
  order for you to be considered?  (A resume is optional)  _____Yes  _____No

I understand the requirements of the Volunteer program at MedStar Southern Maryland Hospital 
Center. My signature indicates my willingness to meet all requirements.

__________________________________________________________________________________________  
Signature of Applicant  Date

PARENT/GUARDIAN PERMISSION

I/We, the parents/guardian of _____________________________, understand the above requirements and duties of the Volunteer program at MedStar Southern Maryland Hospital. Should my child be selected, I/We give my/our permission for my/our child to serve in the program.

__________________________________________________________________________________________  
Signature of Parent/Guardian  Date

Revised 11/29/2019
AUTHORITY TO TREAT

This is to certify that I, ________________________________ give my consent for any treatment or service which may be deemed necessary or advisable by the Employee Health Department during the time ________________________________, my child, is serving as a volunteer at MedStar Southern Maryland Hospital Center.

_________________________________  ______________________  
Signature of Volunteer                  Date

_________________________________  ______________________  
Signature of Parent/Guardian           Date

_________________________________  
Address

_________________________________  
Telephone Number
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER

CONFIDENTIALITY STATEMENT

As an employee or volunteer of MedStar Southern Maryland Hospital Center, it is my responsibility to maintain confidentiality of all patient information. I understand that as a result of my employment, I may have access to confidential patient information. Any request for patient or employee information should be directed to the appropriate manager (even if the request is accompanied by a court order or any type of legal document). All current or past employee employment reference/verification calls or written inquiries should always be forwarded immediately to the Human Resources Department.

I understand and agree that as a condition of my continued employment, I am required to keep all patient information confidential. Any disclosure of confidential patient information by a staff member or volunteers, verbally, written, or reproduced copies to any unauthorized person is a direct violation of a patient’s rights and a breach of confidence. A breach of confidentiality constitutes grounds for immediate termination. Therefore, any unauthorized discussion or willful, intentional disclosure of confidential information will result in immediate termination of my employment.

Similarly, during the course of my employment I may obtain confidential medical information about another employee. Again, that information is to be held in the strictest of confidence and may only be shared with my direct supervisor.

By my signature below, I hereby agree that I have read this confidentiality statement, acknowledge its content and hereby agree to abide by its requirements.

____________________________________
PRINT NAME

____________________________________
SIGNATURE

____________________________________
DATE
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER
VOLUNTEER HEALTH SCREEN

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth:  

During the last 12 months, were you under the care of a physician?  Yes  No  If yes, please explain:  

<table>
<thead>
<tr>
<th>Have you recently had or now have:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any communicable disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Discharge from eyes, ears, or nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Swollen glands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sore throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Frequent or persistent fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Respiratory infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Shortness of breath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Night sweats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Unexplained weight loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Coughed up blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Hepatitis or yellow jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Rash, skin ulcer or other skin lesions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Cold sores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate whether you have had the following vaccines/diseases:  

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
</tr>
<tr>
<td>German measles (3 day)</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
</tbody>
</table>

Have you ever had a T.B. skin test?  Yes  No  
If yes: Year:  Results:  Positive  Negative  Date of last Chest X-Ray:  

Volunteer Signature:  

Date:  


### Social Security Number

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

### Date of Birth

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

### First Name

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Middle Name

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Last Name

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Other Names Used

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### Current Residential Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>From Date</th>
<th>To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Driver's License Number

<table>
<thead>
<tr>
<th></th>
<th>State of Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

MedStar Health ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

_________________________  _______________________
Signature                        Date
ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by MedStar Health ("the Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:
- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name (First/Middle/Last)</td>
<td>Social Security Number (SSN)*</td>
</tr>
<tr>
<td>Driver License State / Number</td>
<td>Date of Birth*</td>
</tr>
<tr>
<td>Current Address</td>
<td>City, State and Zip Code</td>
</tr>
</tbody>
</table>

*SSN and DOB will be used for identification purposes and will not be used as selection criteria.
FORA:EMPLOYMENT:907462:201501
Submitting Application, Universal Background Check, and Documents Options:

- **Hand-Delivery**
  Place application and documents in a sealed envelope marked Volunteer Department. Hand-deliver application to the Guest Services Representative at the Information Desk located in the main lobby of the hospital.

  Weekday Delivery: Monday - Friday  8:30 a.m. – 7:30 p.m.
  Weekend Delivery: Saturday - Sunday  12:30 p.m. – 7:30 p.m.

- **Mail**
  MedStar Southern Maryland Hospital Center
  Volunteer Department
  Attn: Joanne H. Johnson
  7503 Surratts Road
  Clinton, MD 20735

- **Application must be postmarked by March 31, 2020**

The application and supporting documents will be screened by the Volunteer Advisory Committee and the Volunteer Services Coordinator for selection. For more information, please call Joanne H. Johnson at 301-877-4553.