



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE MEDICAL CENTER

MEMBER OF UPPER CHESAPEAKE HEALTH

500 Upper Chesapeake Drive
Bel Air, MD 21014
443-643-1000
uchs.org

April 22, 2015

Dear Mr. Mike Thatcher,

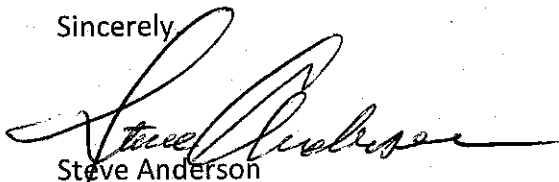
The University of Maryland Upper Chesapeake Medical Center and University of Maryland Harford Memorial Hospital are offering summertime volunteer opportunities to high school students interested in healthcare. We invite your students to become Junior Volunteers. Junior Volunteers must be at least fifteen years of age and complete the ninth grade by the end of the spring semester. Volunteers gain valuable experience working in a healthcare setting alongside professional clinicians.

To become a Junior Volunteer, students can fill out one of the enclosed applications or they can complete an application online at www.umuch.org. Applications for summer volunteer opportunities must be received no later than Monday, June 1st. Once the application is received in the Volunteer Office, the student will be scheduled for an interview. Following the interview the prospective volunteer will be scheduled for an orientation. Orientations for summer volunteers must be completed prior to Tuesday, June 30th or until all placement opportunities have been filled whichever comes first.

During the volunteer placement process our placement specialists work closely with Junior Volunteers to identify placement areas that match their vocational interests. We look forward to helping your students explore the many volunteer opportunities available at our hospitals. Our diverse group of volunteers share their skills and talent in over 30 different hospital departments. Volunteers assist University of Maryland Upper Chesapeake Health (UM UCH) Team Members, patients, and visitors in patient care areas, Surgical Waiting, the Gift Shops, office areas, the cafeterias and the Information Desks.

Please share these materials with the Guidance Department or the appropriate professional in your school. If you have any question about the UM UCH volunteer program, please contact me at 443-643-1730. I look forward to helping your students explore the many career opportunities in healthcare.

Sincerely



Steve Anderson

Director of Volunteer Services and Community Partnerships
University of Maryland Upper Chesapeake Health



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

APPLICATION FOR VOLUNTEER SERVICES

PLEASE CHECK DESIRED LOCATION:

UPPER CHESAPEAKE MEDICAL CENTER (Bel Air)

HARFORD MEMORIAL HOSPITAL (Havre de Grace)

VOLUNTEER CLASSIFICATION:

JUNIOR (Age 15 and completed the 9th grade - 17 years of age)

SENIOR (AGE 18 - OVER)

PERSONAL INFORMATION

NAME

LAST FIRST MI

ADDRESS

STREET

CITY STATE ZIP

PHONE

HOME WORK CELL

DATE OF BIRTH GENDER EMAIL ADDRESS

EDUCATIONAL/EXPERIENCE BACKGROUND

ARE YOU CURRENTLY ATTENDING SCHOOL? YES NO

IF YES, NAME OF SCHOOL HIGHEST GRADE COMPLETED

OCCUPATION OR PROFESSIONAL TRAINING (CURRENT OR PREVIOUS)

OTHER SKILLS NOT PREVIOUSLY ADDRESSED

COMMUNITY AND ORGANIZATIONAL AFFILIATIONS

LIST PREVIOUS VOLUNTEER EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY OR VOLUNTEERED AT UPPER CHESAPEAKE HEALTH?
(this includes UCH, HMH, FGH, UCMC and Hospice/Homecare)

HOW DID YOU LEARN ABOUT OUR PROGRAM?

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

AS PART OF THE VOLUNTEER APPLICATION PROCESS A BACKGROUND CHECK WILL BE COMPLETED PRIOR TO YOUR PLACEMENT.

CONTINUED ON BACK

HEALTH RECORD

- IF YOU WERE BORN AFTER 1957 PROVIDE A COPY OF YOUR MMR (MEASLES, MUMPS, RUBELLA) VACCINATION.
- PROVIDE A COPY OF YOUR LAST TB SKIN TEST (PPD). YOU WILL BE REQUIRED TO PROVIDE PROOF OR RECEIVE A PPD IF YOU HAVE NOT HAD A TEST WITHIN THE YEAR.
- YOU WILL BE REQUIRED TO PROVIDE A COPY OF OR OBTAIN A FLU VACCINE DURING FLU SEASON.

DO YOU HAVE ANY PHYSICAL OR MENTAL LIMITATIONS THAT WOULD AFFECT YOUR PLACEMENT AS A VOLUNTEER?

_____ NO _____ YES, PLEASE EXPLAIN _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME	RELATIONSHIP	PHONE
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I HEREBY CERTIFY THAT THE ANSWERS AND EXPLANATIONS TO ALL PRECEDING QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NAME	DATE
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PARENTAL CONSENT FOR JUNIOR VOLUNTEER (REQUIRED)

_____ has my approval to participate in the Upper Chesapeake Health Junior Volunteer Program. I understand that my child will be responsible for adhering to the rules and regulations set forth by the Volunteer Services Department. Non-conformance to set policies and procedures could result in termination from the program. My signature will give authorization to participate in this program, including orientation, in which fire and safety procedures and health issues, including AIDS education and infection control practices are discussed.

In addition, _____ has my consent for a PPD test for tuberculosis and a chest x-ray, (if indicated) to be done on an annual basis.

_____, also has my consent to receive a Seasonal Influenza Vaccine.

SIGNATURE	RELATIONSHIP TO MINOR	DATE
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