



RIVERSIDE

Guidelines for the Junior Volunteer Program

Applicants MUST comply with the requirements listed below:

- High school students must be between ages of 14-18. All 14 year olds must be entering high school in the fall of 2024. **No exceptions**
- Minimum GPA of 3.0
- Commit to one full session, Monday-Friday for 2 weeks
- Complete a personal interview. You will not be called for an interview until **AFTER** you have completed and submitted the online application.
- Documentation of one negative tuberculosis screening completed within one year of application date. You may schedule a TB screening with Riverside's Employee Health at least one week before start date. **No exceptions.**

UNIFORM

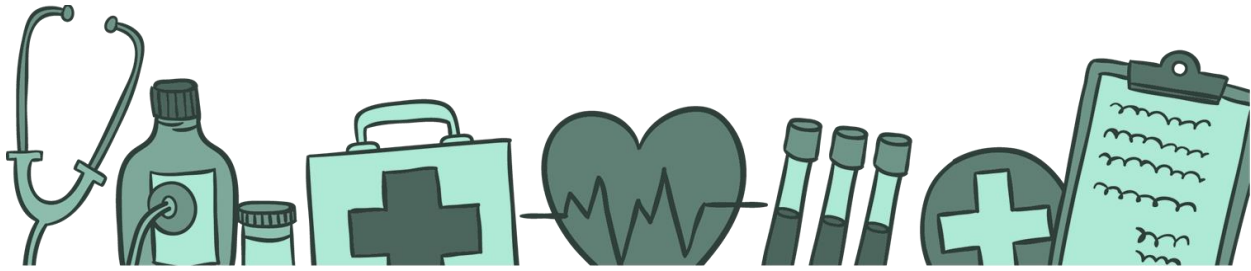
- Riverside will provide **one** junior volunteer t-shirt for the students. Additional uniforms may be purchased for \$10.00.
- Long khaki/black pants or skirt. No shorts, sweatpants, jeans, leggings, or jeggings.
- Comfortable shoes such as tennis shoes. Sandals, clogs or flip-flops **may not be worn** due to safety and infection prevention guidelines. Please note, if you arrive dressed inappropriately, you will **not** be able to volunteer that day.

TRANSPORTATION

- Junior volunteers may not be dropped off at the hospital more than 30 minutes before their assignment. You must be picked up no later than 30 minutes after the conclusion of your assignment.

PARKING

- If the student drives themselves, they are to park in the parking deck.
- If dropped off, please drop off at Annex entrance.



How to Apply to the Junior Volunteer Program

Go to [Riversideonline.com](https://www.riversideonline.com) and complete the Junior Volunteer application online. The application may be found at <https://www.volgistics.com/ex/portal.dll/ap?ap=637365319>

- Print and review all other documentation with a parent or guardian and discuss the requirements. Make sure your commitment does not interfere with vacation plans, work schedules, camps or other school activities.
- Give the recommendation forms to **(3)** of your teachers or counselors to complete. Your teachers must return your recommendations to you in a sealed envelope.
- All additional documentation must be turned in during your interview. If you arrive **late** for the interview or **without** your required paperwork, you will be asked to reschedule your interview. **(Required paperwork to include: Session Selection, Parental Permission & Consent, and (3) Teacher/Counselor Recommendations)**
- The volunteer office will contact you to set up your interview. The interview will be conducted in small groups and last approximately 30 minutes.

Placement is determined by the discretion of the Volunteer Services staff after your personal interview and review of the teacher recommendations forms. There are many volunteer opportunities in various departments throughout the hospital; some do not involve working with patients.

If you have any questions, please call the
Volunteer Office at 757-594-2044



2024 Junior Volunteer Summer Program Riverside Health System

The program is divided into multiple sessions, each lasting 2 weeks. Volunteers should request a session which does not conflict with other summer plans, such as camps and vacations. Volunteers may select a morning or afternoon session.

Name _____

Jr. Volunteer's Preferred Phone _____

Jr. Volunteer's Email: _____

*Please do not fill in the above information with a parent's Phone/Email.
Parental information will be collected on the following page.*

Please select your 1st and 2nd choice:

_____ Session 1: June 17th - June 28th

_____ Session 2: July 8th - July 19th

_____ Session 3: July 22nd - August 2nd

_____ Session 4: August 5th - August 16th

Please select a morning or afternoon session

_____ 8:30am – 11:30am

_____ 12:30pm – 3:30pm

**DO NOT WRITE IN THIS BOX.
For Office Use Only:**

Session: _____

AM PM

Dept(s): _____

NOTE: There is limited space in each session and they are filled on a first come first serve basis. Completion of this form is not a guarantee of placement.



2024 Junior Volunteer Program

Riverside Regional Medical Center

Parental Permission & Photo Consent

I, _____ give permission for my child, _____
(Parent/Guardian's name, please print)

to volunteer at Riverside Regional Medical Center.

- I will ensure his/her transportation to and from the hospital. I understand that he/she may not arrive at the hospital more than 30 minutes prior to his/her assigned volunteer shift. He/she must be picked up promptly at the end of their volunteer shift.
- I also understand that junior volunteers are not allowed to leave the Riverside campus during their scheduled time.
- I understand the volunteer is required to obtain a tuberculosis screening prior to the first day of service. **NO EXCEPTIONS.** (Information provided at interview)

Parent/ Legal Guardian Information:

Name (please print): _____ Relationship: _____

Parent Signature: _____

Parent Address: _____ City: _____ Zip: _____

Parent's Cell #: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____
Phone: _____

Please list any allergies to food, latex, medications or other substances. If none, please write **N/A**.

PHOTO CONSENT:

As a participant in the RHS Junior Volunteer program, your child's photo may appear in a RHS publication or in a marketing brochure. The photos may or may not include your child's name.

I give my permission for my child to be photographed

I do not give permission for my child to be photographed

(FORM MUST BE COMPLETED & RETURNED TO OUR OFFICE BY MAY 1, 2024)



2024 Teacher/Counselor Recommendation for Junior Volunteer Program

(FORM MUST BE COMPLETED & RETURNED TO OUR OFFICE AT INTERVIEW)

School Name _____

Student's Name: _____

The Riverside Junior Volunteer Program is designed to provide an opportunity for students to participate in a professional healthcare system. Personal growth, knowledge and a sense of achievement may be obtained within a learning environment. This opportunity provides encouragement and increased interest in health professions.

Please consider the criteria carefully in each category. Upon completion, you may submit this evaluation by returning the form to the student in a sealed signed envelope. Thank you for taking the time to complete this recommendation, and if you have any questions or concerns, please call the Volunteer Office at 757-594-2044.

Please check the appropriate rating:

	Excellent	Above Average	Average	Below Average	Unsatisfactory
Aptitude / Initiative					
Ability to get along with others					
Accepts responsibility					
Dependability					
Follows Instructions					

Do you recommend this student for the Riverside Junior Volunteer Program? Yes No

What are the student's strengths? _____

What do you want the student to learn from this opportunity? _____

Teacher Name & Position: _____

Signature: _____ Date: _____

Business Telephone: _____ Ext: _____ Email: _____



2024 Teacher/Counselor Recommendation for Junior Volunteer Program

(FORM MUST BE COMPLETED & RETURNED TO OUR OFFICE AT INTERVIEW)

School Name _____

Student's Name: _____

The Riverside Junior Volunteer Program is designed to provide an opportunity for students to participate in a professional healthcare system. Personal growth, knowledge and a sense of achievement may be obtained within a learning environment. This opportunity provides encouragement and increased interest in health professions.

Please consider the criteria carefully in each category. Upon completion, you may submit this evaluation by returning the form to the student in a sealed signed envelope. Thank you for taking the time to complete this recommendation, and if you have any questions or concerns, please call the Volunteer Office at 757-594-2044.

Please check the appropriate rating:

	Excellent	Above Average	Average	Below Average	Unsatisfactory
Aptitude / Initiative					
Ability to get along with others					
Accepts responsibility					
Dependability					
Follows Instructions					

Do you recommend this student for the Riverside Junior Volunteer Program? Yes No

What are the student's strengths? _____

What do you want the student to learn from this opportunity? _____

Teacher Name & Position: _____

Signature: _____ Date: _____

Business Telephone: _____ Ext: _____ Email: _____



2024 Teacher/Counselor Recommendation for Junior Volunteer Program

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Student's Name: _____

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Signature: _____ Date: _____

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