

Dear NARMC Junior Volunteer Applicant,

The NARMC Junior Volunteer program is a summer volunteer program for students 15-18 years old **with first consideration given to students in higher grades.** The Junior Volunteer experience exposes participants to the wide range of hospital based medical careers while giving the participant a chance to share their time in a positive manner. Students commit to donating a minimum of 50 hours of their time over the length of the program. Under direct supervision of NARMC employees, Junior Volunteers perform assigned duties, which contribute to the overall quality of care and service to the hospital. **There is no charge to participate. Six students will be selected.**

**Students interested in participating in the Junior Volunteer program must meet the following criteria:**

1. Have a minimum of a 3.0 GPA, verified through a official school transcript
2. Demonstrate the maturity to be task-committed
3. Submit a completed application
4. Submit three (3) letters of recommendation from non-relative adults.
5. Submit current vaccination record
6. Provide a current TB skin test before you volunteer. Test must have been completed after July 1, 2015
7. Complete face-to-face interview with the Volunteer Coordinator and a selection committee.
8. Must attend mandatory orientation on Tuesday, July 5<sup>th</sup>, 2016
- 9.

**The Junior Volunteer program will be held July 5, 2016 through July 29, 2016.**

**Send your completed application and recommendations to:**

NARMC – Volunteer Services  
620 North Main St.  
Harrison, AR 72601

**DEADLINE FOR APPLICATIONS IS MAY 1, 2016**

Applications received after May 1<sup>st</sup> will not be accepted. Letters notifying applicants of their acceptance or denial will be sent by June 15, 2016.

If you have any questions regarding the Junior Volunteer program, please call (870) 414-4622.

Thank you.

Joy Woelbing, CVM  
Gold Club/Volunteer Coordinator

## JUNIOR VOLUNTEER PROGRAM APPLICATION

**STUDENT:** Please print clearly

**Name:** \_\_\_\_\_  
*Last First Middle Initial*

**SS #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
*Street City Zip*

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Your Shirt Size** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Work Phone Number:** \_\_\_\_\_

**Parent/Guardian Home/Cell Phone Number:** \_\_\_\_\_

**In Case of Emergency, we are to contact:** \_\_\_\_\_

**Name** \_\_\_\_\_  
*Relationship Phone Number*

**Person(s) responsible for transporting you to and from NARMC:**

**Name** \_\_\_\_\_  
*Relationship Phone Number*

**Do you have any physical limitations or restrictions?** \_\_\_\_ Yes \_\_\_\_ No

**Do you take any medications on a regular basis:** \_\_\_\_ Yes \_\_\_\_ No

**If yes to either question, please explain:**

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**List the school activities you participate in:**

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**List the non-school activities you participate in:**

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**Why do you want to be a Junior Volunteer this summer?**

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**What areas of the hospital are you interested in working in?**

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**If accepted, I will abide by the policies and procedures of the Junior Volunteer Program:**

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*Signature* *Date*

**I will support my child in his/her commitment to the Junior Volunteer Program:**

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*Signature* *Date*

## PARENT/GUARDIAN PARTICIPATION CONSENT FORM

I, \_\_\_\_\_ hereby give consent for \_\_\_\_\_  
*Parent/Guardian* *Child*  
to participate in the NARMC Junior Volunteer Program.

Child's full name \_\_\_\_\_  
*Please Print*

Child's Date of Birth: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**I/We hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievement and grades. I/We will be responsible for his/her daily transportation for the length of the program. I/We understand that if my son/daughter is accepted, he/she will be expected to complete the minimum of 100 volunteer hours and to abide by the disciplinary policies described below. I understand that qualified students entering higher grades will be given first consideration.**

Signed: \_\_\_\_\_  
*Parent/Guardian* *Date*

## DISCIPLINARY POLICY

Students will be counseled if inappropriate behavior, poor performance, or poor attitudes are reported. Certain behaviors will result in immediate dismissal from the Junior Volunteer Program. These behaviors include, but are not limited to:

- Inappropriate behavior, language or discussions.
- Dishonesty affecting relationships or responsibilities
- Any degree of intoxication or possession of alcohol, drugs, or weapons on hospital property.
- Breach of duty which is shown as a disregard for the well-being of our patients.
- Any violation of HIPPA Privacy rules and regulations.
- Parents will be notified immediately.







## **CONFIDENTIALITY AND HOLD HARMLESS AGREEMENT (MINOR)**

As the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor child, I (We) hereby consent to the participation of said child in the Junior Volunteer Program at North Arkansas Regional Medical Center (NARMC). I (We) understand and agree that said child is to abide by all rules and requirements requested by NARMC and to conduct herself/himself in an appropriate manner.

I (We) understand that in the course of the child's participation in this program, he/she may have incidental exposure to confidential information. Confidential information includes all patient, employee, and student information and information of a proprietary, trade secret or otherwise confidential nature. I (We) agree that, during the child's participation in the program and after the conclusion of the program, said child will not disclose the confidential information to any one, including myself/ourselves, in any way or in any form without the specific written authorization of NARMC except as may be required by law.

I (We) understand that there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted. I (We) agree on behalf of said child to the assumption of those risks and not hold the NARMC or its officers, board members, agents or employees responsible for any harm or injury from any cause, which may befall said minor child related to or arising out of the child's participation in the program at NARMC, and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on behalf of said child, or in their own right, arising out of said participation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I (We) understand and agree that this Agreement is not intended to include a release from harm caused by an individual's criminal conduct or by the conduct of an individual constituting an intentional tort recognized under Arkansas law; and any such criminal conduct or intentional tort is against NARMC policy and therefore outside the scope of the person's employment or relationship with NARMC for which NARMC is not vicariously liable. I (We) agree that these conditions and agreements are binding on all of my heirs, executors, administrators, representatives, assignees and successors in action.

I (We) have read and understand the above and willingly agree to said terms and conditions.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

State relationship to child: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

State relationship to child: \_\_\_\_\_



## EMS Ride-Along Permission for Junior Volunteers

Student name: \_\_\_\_\_

The purpose of this guideline is to establish a procedure to be followed for Junior Volunteers to ride along in NARMC vehicles. This will allow persons students wishing to study Emergency Medical Services for journalistic or scholastic reasons opportunities for first-hand experience. The following guidelines shall be followed regarding participation in the Ride-Along program:

**THE PARTICIPANT AND PARENT/GUARDIAN WILL READ, CHECK AND PLACE THEIR INITIALS NEXT TO EACH BOX IF THEY ARE IN AGREEMENT WITH THESE CONDITIONS! (All boxes must be initialed prior to permission being granted.)**

- Parents or legal guardian must sign the attached permission form.
- Requests for participation shall be directed to Brian Unruh, Director of EMS.
- Participants or legal guardian of participant must sign assumption of risk and liability release form.
- Parents/guardian and student must be aware of dangers of riding in an emergency vehicle.
- Participants shall only ride along with approved crew members (preceptors).
- Participants shall dress appropriately: Red Junior Volunteer Polo shirt with navy or khaki pants and photo ID badge.
- Participants shall not become involved in patient care and must remain outside incident scene lines.
- Participants shall wear a seatbelt while in a moving vehicle and are not permitted to operate vehicles or equipment.
- The EMT or Paramedic preceptor may cancel the ride along session at his or her discretion in relationship to protecting the safety and well-being of the student or patient, and/or if the conduct of the participant becomes questionable.
- Paramedic preceptors will document a ride along on the Run Log and the Run Form and the word "Observer" with the participants initials will be listed on each run form in lieu of member name or number.
- Participants are required to follow the direction of EMS preceptors while on NARMC property, while in NARMC vehicles and on incident scenes. This direction will be done to ensure patient, student, and preceptor safety.
- Participants agree to abide by HIPPA privacy rules regarding any patient or patient experiences in the EMS setting.

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Photography Release Agreement

I, the undersigned, hereby give the North Arkansas Regional Medical Center (NARMC), their legal representative, assigns, and those acting on their behalf and with their permission, the right and permission to copyright in any part of the world, to use, reuse, publish and republish, in conjunction with my own or fictitious name, any photograph, film or video tape recording taken of me by the NARMC or those acting on their behalf or with their permission, and any reproductions thereof, in any form, whether intentional or otherwise, and may be used in conjunction with any advertising material, for any purposes of trade, advertising, exhibit, publicity, or promotion, without restriction or limitations.

I hereby release, discharge, and agree to save harmless the NARMC, their assigns, legal representatives, agents, and those acting on their behalf and with their permission, from and against any liability resulting from any distortion, blurring, alteration or use in composite form, whether such was intentional or otherwise, which may occur, result, or be produced in the taking of said photography, or by processing or reproduction of the finished product, its publication or the distribution of same.

I waive the right to approve or inspect the recordings, advertising copy, or material used in conjunction therewith.

I hereby warrant that I have read this agreement in its entirety before affixing my signature thereto, and I fully understand the contents therein. **I further warrant that I am of legal age and competent to contract my own name as far as the above is concerned.**

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**I warrant that I am the parent and/or guardian of:**  
(PRINT MINOR CHILD'S NAME HERE)

\_\_\_\_\_  
the person named in the foregoing Release Agreement, and that I am duly authorized to act in his/her behalf. I have read the foregoing agreement in its entirety and I understand its contents. I hereby consent that the photography taken under this agreement may be used for the purposes set forth therein.

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Please be sure the following forms are completed and returned to NARMC Volunteer Services before May 1, 2016.**

**You may drop off in person, mail, fax, or email them. Incomplete applications or those received after May 1, 2016 will not be reviewed.**

- Student Application Form
- School transcript showing current GPA
- Student acknowledgement Statement
- Confidentiality Agreement
- Teacher Recommendation Form
- Counselor Recommendation Form
- Science/Biology Teacher Recommendation Form
- EMS Ride Permission Form
- Current Vaccination records.
- TB Skin tests may be obtained after student is accepted into the program but must be completed one-week prior to orientation.

After acceptance into the program, additional releases may be required for activities.

Return completed applications to:

**NARMC  
Volunteer Services  
620 N. Main  
Harrison, AR 72601**

**Fax – (870) 414-4948**

**Email – [joy.woelbing@narmc.com](mailto:joy.woelbing@narmc.com)**