

Student Volunteer Program Application

Samaritan Healthcare is proud to bring back the Student Volunteer Program for the summer of 2023. Our goal is to attract and retain students in our area, who have a desire to work in the healthcare industry, giving them an opportunity to have hands on experience, and expand their knowledge on the types of services provided by their local healthcare organization.

This summer, each volunteer accepted into the Student Volunteer Program must commit to **2 weeks** (10 consecutive business days) at Samaritan Healthcare. We want our students to have a strong idea of all the different careers available to them in healthcare, therefore during their time with us, students will experience 3 different placements, including clinical and non-clinical areas. The hours each day will be from 9:00am-3:00pm. Students will accrue 60 hours of volunteer times during their duration. The schedules are as follows:

- 1st rotation: July 17th- July 28th
- 2nd rotation: August 14th-August 25th

The Student Volunteer Program application is attached. Following the application deadline, applications will be reviewed, and selected students will be invited to the interview process **via the student's email given on the application.**

Your application **MUST** contain the following:

1. Completed application signed by volunteer and parent/guardian (for those under the age of 18)
2. 200 word essay that answers the following questions:
 - a. Why do you want to be a volunteer?
 - b. Why are you interested in healthcare?
 - c. Why should we select you as a volunteer?
3. A copy of applicants state or school-issued ID
4. Reference forms (must use the ones provided in the application packet, references may add additional pages if needed)

If your application is missing any of the above information, it will not be considered for the program.

Important Dates to put on your calendar:

- April 28, 2023 -Applications due
- May 8, 2023- Volunteers invited to interview
- May 15-19, 2023 - Volunteer Group Interview
- July 12, 2023 - Student Volunteer Orientation for 1st Rotation
- August 9, 2023- Student Volunteer Orientation for 2nd Rotation (students participating in Rotation 2 may attend July 12th orientation.

Samaritan Hospital
801 E. Wheeler Road
Moses Lake, WA 98837
509.765.5606
Fax: 509.764.3236

Samaritan Clinic on Pioneer
1550 S. Pioneer Way
Moses Lake, WA 98837
509.793.9770
Fax: 509.764.3246

Samaritan Clinic on Patton
8420 Aspi Blvd
Moses Lake, WA 98837
509.793.9781
Fax: 509.764.3281

SamaritanHealthcare.com

Today's Date: _____

RETURNING VOLUNTEER? _____ Yes _____ No

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Email: _____ Student Phone #: (_____) _____ - _____

*We will use this email to contact you regarding your application and interview.

Birthday: ____/____/____ Age: _____ School: _____ Year: _____

Does your school require volunteer service hours? ☐ Yes ☐ No How Many? _____

Parent/Guardian and/or Emergency Contact Information:

Name: _____ Relationship: _____

Cell #: (_____) _____ - _____ Alternative #: (_____) _____ - _____

Email: _____

Please check this box if this is your emergency contact. ☐

Name: _____ Relationship: _____

Cell #: (_____) _____ - _____ Alternative #: (_____) _____ - _____

Email: _____

Please check this box if this is your emergency contact. ☐

Volunteer Service Area

Your acceptance into our program is based on the following:

- Your availability
- Your completed application and references
- Your face-to-face interview
- Your submitted essay

It is a **MUST** that each volunteer accepted into our program commits to 2 consecutive weeks (10 days). During that time, students will have hands on experience in both clinical and non-clinical settings. When thinking about which rotation you would like to participate in, please take in consideration work schedules, vacations, summer school, etc. **THERE ARE NO EVENING OR WEEKEND SHIFTS.** Please number the rotations from 1 to 3 according to your availability, with 1 being your first choice, and 3 being your last choice. If you know for a fact, a certain rotation will absolutely not work for you, please indicate that next to the rotation listed below.

_____ **1st Rotation: July 17-28, 2023**

_____ **2nd Rotation: August 14-25, 2023**

Please check the top 5 departments you would like to have included in your rotation (no guaranteed placement in selected departments).

- ☐ **Medical/Surgical Unit:** The MSU Staff cares for patients of every age and the majority of the patients we see are those recovering from some type of infection, car accident, surgical patients (pre and post) for cases such as: appendix, bowel surgery, and/or joint replacement. MSU also cares for those at the end of their lives.
- ☐ **Intensive Care Unit:** The Intensive Care Unit takes care of critically ill, trauma and cardiac monitored patients. The ICU nurses have specialized training in advanced life support, cardiac monitoring, and trauma care. The goal of the ICU is to provide safe, high quality, evidence based care.
- ☐ **Security:** Security is responsible for the security of our patients, staff, employees, and visitors within its boundaries while following hospital safety and security policies. Security serves and has onsite presence at all Samaritan healthcare locations and clinics.
- ☐ **Surgical Services:** We care for patients in all phases of surgical care including pre, intra, and post-surgical. We perform infusions, transfusions, and procedural care including nonsurgical pain management and endoscopy.
- ☐ **Physical Therapy:** Physical Therapy is a profession that works primary to help individuals overcome physical limitations of the nervous, skeletal, and/or muscular systems. Physical Therapy also plays a role in preventative medicine as well. Our clinic's focus is on active patient involvement in their rehab process. All of our providers are credentialed through the McKenzie Institute.
- ☐ **Maintenance:** Maintenance is responsible for administering and directing the Plant Services and Biomedical programs and maintains buildings, grounds and equipment within the healthcare complex. Maintenance ensures that the services provided and administered comply with the guidelines, codes and standards established by the governing agencies to ensure safe and efficient operations.

- ☐ **Emergency Department:** The Emergency Department treats 21,000 patients annually. We are a level III trauma center. We are staffed with board certified emergency room physicians, and staffed around-the-clock by trained nurses, ED techs, and ED HUCS who provide immediate medical care.
- ☐ **Diagnostic Imaging:** Diagnostic Imaging is made up of multiple different departments. These departments are referred to as modalities. The modalities are Radiology (X-Ray), Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Nuclear Medicine (NM), Mammography (MM), Ultrasound (US), and Bone Density (DX). The modalities use different methods to create images of the inside of your body.
- ☐ **Nutrition (must obtain Food Handlers permit):** The purpose of Nutrition Services is to serve meals to patients as prescribed by the doctor that are nutritionally adequate and meet the therapeutic requirement of the patients. Nutrition serves hospital personnel, guests, and providers with breakfast, lunch, and dinner. In addition, they provide catering services as needed.
- ☐ **Respiratory Therapy:** This department is responsible for providing specialized respiratory assessment and care to patients with respiratory disorders. Respiratory Care Therapists recommend treatment plans and implement care as directed by the patient's attending physician and hospital protocol.
- ☐ **Materials Management:** Materials Management is the coordinated function to plan for, acquire, store, move and control materials in order to provide customer service to all areas within the hospital/clinics. Duties within MM include planning, purchasing, receiving, inventory management, tracking, picking, and delivery of supplies to the requesting departments. Working as a team to complete all daily tasks while providing the best service possible.

By signing below I certify that the information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way, I will be dismissed without notice regardless of when the false information is discovered.

By signing below, I hereby authorize Samaritan Healthcare to use photographs taken for marketing, public relations, recruitment, and educational purposes and waive any right to compensation for these uses. The term photogram shall mean motion picture or still photography in any format, as well as videotape, video disc, digital, electronic or other mechanical means of recording and reproducing images.

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under the age of 18)

For any questions, please contact:
Carrie Nordberg, Community Outreach Specialist
(509) 793-9724 or
cnordberg@samaritanhealthcare.com

Send completed applications to:
Samaritan Healthcare
Attn: Carrie Nordberg
801 E. Wheeler Rd.
Moses Lake, WA 98837

Counselor/Teacher/Advisor Reference Form

Thank you for supporting our youth and encouraging them to participate in Samaritan Healthcare's Student Volunteer Program. Students ages 15 and older who show a strong interest in healthcare are encouraged to apply to the program. Through their participation, students will experience hands on learning, gain greater insight into the healthcare field, learn to communicate more effectively with others, and increase their awareness of the communities in which they live.

Your recommendation will help us to determine the qualifications of the applicant. **PLEASE RETURN THIS FORM NO LATER THAN APRIL 28th TO THE APPLICANT IN A SEALED ENVELOPE OR MAIL IT TO:**

Samaritan Healthcare
Attn: Carrie Nordberg
801 E Wheeler Rd
Moses Lake, WA 98837

This reference form is to be completed by the applicant's school counselor/teacher/advisor. The counselor/teacher/advisor must not be a relative or legal guardian of the applicant. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

Applicant's Name: _____

Advisor's Name: _____ Email: _____

School Name: _____

1. What is the applicant's attendance/punctuality?

Poor		Average		Excellent
1	2	3	4	5

2. How would you rate the applicant's level of respectfulness?

Poor		Average		Excellent
1	2	3	4	5

3. What would you say are the applicant's three biggest strengths, and why?

4. What would you say are the applicant's three biggest weaknesses, and why?

5. Other comments regarding the applicants qualifications. Feel free to attach an additional sheet.

Based on the above responses,

- ☐ I do recommend this applicant as a volunteer
☐ I do NOT recommend this applicant as a volunteer

Advisor signature: _____ Date: _____

Thank you again for your time. We greatly appreciate your feedback. For any further questions or comments, please contact Carrie Nordberg, Community Outreach Specialist at (509) 793-9724 or cnordberg@samaritanhealthcare.com.

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