February 1, 2017

Re: Instructions for Applying to be a Student Volunteer – Summer 2017

Dear Prospective Student Volunteer:

Thank you for your interest in volunteering at Abrazo Arizona Heart Hospital. Please be sure to read these instructions very carefully to make sure you have completed all the steps necessary to finish the application process.

To be considered for the summer program, your entire application will have to be turned in to Concierge desk which is located in the main hospital entrance by 4 pm on Friday, March 17, 2017. Late applications will not be considered.

Students accepted into the program will be notified by April 3, 2017 via e-mail. Once accepted, there are two things you must be able to do in order to accept the invitation to be a team member. (1) You will have to be able to attend orientation on Saturday, April 22, 2017 from 8 am to 11 am or Saturday May 13, 2017 from 8 am to 11 am. Please decide on which date works best for you. (2) You have to be available to volunteer a minimum of one four-hour shift for eight of the 10 weeks available during the summer beginning the day after Memorial Day, Tuesday, May 30, 2017 through Sunday, August 6, 2017. There are no exceptions here either.

If you have any questions, please don’t hesitate getting in touch with us. We love the summer and having high school students as part of our team. We look forward to hearing from you.

Best of luck for the rest of the school year!

Honori Sotelo
Volunteer Coordinator
602-532-2274 – office
hsotelo@abrazohealth.com

Lorrie Schack
Volunteer Coordinator
602-532-2142 - office
lschack@abrazohealth.com
1. The Abrazo Arizona Heart Hospital Summer Student Volunteer Program runs from Tuesday, May 30, 2017 through Saturday, August 5, 2017. You are committing to volunteer one four-hour shift each week for a minimum of eight weeks out of the 10 weeks available. Be sure your schedule will allow you to be available; we are pretty strict on this requirement. This means at the end of the summer, you should have a minimum of 32 accumulated hours not including orientation.

2. The application packet (all six pages) must be returned to Volunteer Services by Friday, March 17, 2017 at 4pm. Any incomplete applications or applications received after this date and time will be returned to the applicant via the US mail. You can mail applications to us at: Volunteer Services, Attention Honri Sotelo OR Lorrie Schack, Abrazo Arizona Heart Hospital, 1930 E. Thomas Road, Phoenix AZ 85016. You can also hand deliver application to the concierge desk at the main hospital entrance in the lobby.

3. The application packet is made up of six documents:

   A. The application: **It must be completed on both sides and signed by you.** We don’t necessarily want to know what your mother or father thinks. We want your input in your handwriting.

   B. The health form: This one does need to be filled out and signed by a parent or guardian. **A copy of your immunization record needs to be included with this form as well.**

   C. The permission slip: The top portion is for **YOU TO READ and then sign** and the bottom portion is for your parent/guardian to sign.

   D. The School evaluation: **This must be completed by a teacher or a counselor from your school.** Don’t wait until the last minute to get this done.

   E. The Essay: **We want to know why you want to volunteer.** You don’t have to be considering a healthcare career, but you do need to be able to give us a well thought-out reason as to what is bringing you to volunteering, what you have to offer and what you expect to take away from the experience. This needs to be hand-written on the form provided and signed by you. NO EXCEPTIONS!

   F. And, finally the Availability Sheet: Please list the areas where you would like to volunteer, the days you are available and the shifts that would work best for you. Rank them in order of preference. We will do our very best to place you exactly where you would like to be. If we have questions, we will call you.

4. **Uniform:** A red polo shirt (hospital will provide), either beige or black slacks (no jeans please), shoes (non-skid) with socks. This may sound a little on the strict side but this is an acute care hospital and we want students to have a great experience as a hospital volunteer. You will have the opportunity to help the staff care for our patients, family and friends. We expect professional behavior from everyone and this includes our student volunteers.

5. **Orientation for new students:** We have two orientation dates scheduled please pick one date to attend. **You may attend either Saturday April 22, 2017 from 8 am to 11 am or Saturday May 13, 2017 from 8 am to 11 am.** There are no make ups available. If unable to attend either orientation then unfortunately you will not be able to volunteer this summer.
If you have any additional questions please don’t hesitate to contact either one of us.

Honori Sotelo
Volunteer Services Coordinator
602-532-2274 - Office
Office hours: Monday through Friday 7:30 am – 4:00pm
hsotelo@abrazohealth.com

Lorrie Schack
Volunteer Services Coordinator
602-532-2142 – Office
602-532-1955 – Mobile
Office hours: Monday through Friday 7:30 am – 4:00pm
lschack@abrazohealth.com
Student Volunteer Application 2017

Section 1: Tell us about yourself – Please print your answers!

Name: 
Mailing Address: 
City: State: Zip: 
Home Phone: ( ) Cell Phone: ( ) 
E-Mail Address: 
Circle One: male female Birth Date: 
Have you served as a volunteer before? [ ] Yes [ ] No 
If yes, where? __________________________________________ 
__________________________________________________________________ 
__________________________________________________________________

Section 2: Tell us about your family

Parent/Guardian Name: __________________________________________ 
First Last 
Relationship: ____________________________ 
Mailing Address: ____________________________________________ 
City: State: Zip: 
Home Phone: ( ) 
Work Phone: ( ) 
Cell Phone: ( ) 

Section 3: Tell us about your school

Name of School: ____________________________________________ 
What grade will you be in September 2017? (check one) 
[ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior 
Anticipated Graduation: (circle one) 2017 2018 2019 2020
Section 4: Tell us about your references

Please give us the name of a person who would give you a recommendation, such as a school counselor, teacher, clergy person, or neighbor. Select a person who knows you well. Do not list a family member. Do not list the same person who will fill out your school evaluation.

<table>
<thead>
<tr>
<th>Name of Reference: (include first &amp; last)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone: ( )</td>
<td>Work Phone: ( )</td>
</tr>
<tr>
<td>How do you know this person?</td>
<td></td>
</tr>
<tr>
<td>How long have you known this person?</td>
<td></td>
</tr>
</tbody>
</table>

1. I understand that I am committing to volunteer one four hour-shift this summer. I understand I can take two weeks of vacation during the prescribed program times. Missing more than two shifts could forfeit my place in the program.

__________________________   ______________________
Student Applicant’s Signature   Date
STUDENT VOLUNTEER HEALTH REPORT, 2017  
(To be completed by a parent or guardian)  

Please attach a copy of the student’s immunization record to this form.

Student’s Name: __________________________________________________________________________ (first, middle and last name, please)

Street Address: __________________________________________________________________________ (street address, city, state & zip code, please)

Mailing Address: __________________________________________________________________________ (if different than street address only – include PO box, RR #, city, state & zip code, please)

Home Phone: (          ) ______________________ Date of Birth: _____________________

Parents phone number for emergency: _________________________

Name of the student’s personal physician: ______________________________________________________

Physician’s phone number: (          ) _______________________________

Is the student currently under a doctor’s care?  [ ] no    [ ] yes   If yes, please explain: __________________________

Is the student currently taking any medications:  [ ] no   [ ] yes  If yes, please list the name of the medications including the dosages. _____________________________________________________________________

Please indicate if the student has any of the following:  If you need more space for explanations, please use the back of the form.

Asthma  [ ] no   [ ] yes  If yes, please explain________________________________________

Medication Allergies  [ ] no   [ ] yes  If yes, please explain __________________________________________

Pollen Allergies  [ ] no   [ ] yes  If yes, please explain __________________________________________

Seizures:  [ ] no   [ ] yes  If yes, please explain  _________________________________________

Skin Eruptions  [ ]  no  [ ] yes  If yes, please explain __________________________________________

Chicken Pox  [ ] no   [ ] yes  If yes, please explain __________________________________________

German Measles  [ ] no   [ ] yes  If yes, please explain __________________________________________

Measles  [ ] no   [ ] yes  If yes, please explain __________________________________________

Date of most recent TB Skin test: ___________________________

Person(s) to be notified in case of an emergency  
(Please provide two contacts.)

1. Name: _____________________________________________________ Relationship: _______________
   Home: (          ) __________________ Work: (          ) ______________ Cell: (          ) ______________

2. Name: _____________________________________________________ Relationship: _______________
   Home: (          ) __________________ Work: (          ) ______________ Cell: (          ) ______________

I do hereby certify the above information regarding __________________________ to be true and correct to
the best of my knowledge.

______________________________________________________ _____________________________
Signature of Parent or Guardian                                                                                Date
Oath & Parent/Guardian Permission Statement – 2017

To perform my duties as a student volunteer to the best of my abilities:

1. I will consider a volunteer assignment as a job and will fill it regularly, except for illness or vacation. I understand that I am making a commitment and people will be depending on me.
2. I will accept supervision graciously.
3. I will conduct myself with dignity, courtesy and show consideration for others.
4. I will consider as confidential all information concerning any patient, nurse, doctor or employee of Arizona Heart Hospital.
5. I will take any problem, criticism or suggestion directly to a Volunteer Services Representative.
6. I will endeavor to make my work professional in all ways.
7. I will follow the dress code as presented to me.
8. I understand I must be neat and clean at all times while at work or when wearing my uniform out in public areas.
9. I understand I must wear my uniform while at work at all times.

___________________________________________________  _____________________
Signature of Applicant                                        Date

Parent Consent Form

I/We hereby give my/our permission for my son/daughter ___________________________________ to serve as a student volunteer at Arizona Heart Hospital. I understand that a hospital environment may carry certain risks to an individual’s health or safety.

1. I agree to allow Arizona Heart Hospital staff to annually administer and monitor the required tuberculin skin test or chest x-ray for my son/daughter while he/she is a volunteer.
2. I agree to allow the Arizona Heart Hospital staff to administer emergency medical treatment to or seek appropriate and necessary treatment for my son/daughter in the event he/she is injured while on a volunteer assignment and efforts to contact me are unsuccessful.
3. I understand that my child is making a commitment and I will assist them in keeping this commitment.
4. I/We will assume full responsibility for his/her transportation to and from the hospital.

I/We understand that Arizona Heart Hospital rules, regulations, and policies must be followed and will advise my/our child of the importance of this. I also understand that Arizona Heart Hospital may, at its discretion, reserve the right to dismiss my/our son/daughter as a student volunteer if the action is in the interest of the hospital.

I/We hereby authorize Arizona Heart Hospital to contact and receive information from any references listed on the current application regarding my/our child’s activities.

__________________________________________________ __________________________
Signature of Parent or Guardian                                              Date
has applied for a position as a student volunteer at Abrazo Arizona Heart Hospital. Please rate the student in terms of the following traits.

<table>
<thead>
<tr>
<th>Trait</th>
<th>Outstanding</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honesty</td>
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<tr>
<td>Cooperation</td>
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<tr>
<td>Maturity</td>
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<tr>
<td>Appearance</td>
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<tr>
<td>Ability to work independently</td>
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<tr>
<td>Dependability</td>
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<tr>
<td>Integrity</td>
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<tr>
<td>Initiative</td>
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<tr>
<td>Conscientious</td>
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</tbody>
</table>

This student’s grade point average is: ___________________

Would you recommend this student for hospital volunteer work? [ ] no     [ ] yes. Please explain.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

_________________________ _______________________________________   ______________
Signature                                                                          Position/School                                                Date

Please return this completed form to: Honori Sotelo and Lorrie Schack, Volunteer Service Coordinators
Abrazo Arizona Heart Hospital
1930 E Thomas Road, Phoenix, AZ  85016

Please direct any questions to Honori Sotelo or Lorrie Schack, Volunteer Service Coordinators. They can be reached at (602) 532-2274 or (602)532-2142.
Student Essay – 2017

Student’s Name: __________________________________________ Age: __________

Instructions: We are looking for a well-rounded student who can construct sentences and express themselves through the written word. Being interested in a healthcare career isn’t necessarily the most important point. Answer the questions below from your heart. It’s appropriate to ask someone whose opinion you value to critique your answers, but they must be your answers. Hand write your answers. Neatness counts.

What’s bringing you to volunteering? Why do you want to do this?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

What do you expect to take away from this experience?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What do you bring to the team that is unique – no one else can bring it but you?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
**Student Volunteer Availability Sheet**

**Days of the week that best fit your schedule!**
*If you could choose, what day of the week would be the best for you? Check the boxes below appropriately.*

<table>
<thead>
<tr>
<th></th>
<th>First (BEST)</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
<th>Fifth</th>
<th>Sixth</th>
<th>Seventh (WORST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Saturday</td>
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<td>Sunday</td>
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</tbody>
</table>

**Times of the day that best fit your schedule!**
*If you could choose, what time of the day would work best for you? Check the boxes below appropriately.*

<table>
<thead>
<tr>
<th></th>
<th>First</th>
<th>Second</th>
<th>Third</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
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<tr>
<td>8am to 12pm</td>
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<tr>
<td>Afternoon</td>
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<tr>
<td>12pm to 4pm</td>
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</tbody>
</table>

**Area where you would like to work!**
*If you could choose, what would you like to do with your time?*

<table>
<thead>
<tr>
<th></th>
<th>First (BEST)</th>
<th>Second</th>
<th>Third</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working directly with patients in the nursing units!</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Guest Relations opportunities Customer Service starts here!</td>
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<td></td>
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</tbody>
</table>

**Polo Shirt**

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<tr>
<th></th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>X-Large</th>
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</thead>
<tbody>
<tr>
<td>Ladies (shirt tends to run smaller)</td>
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<td></td>
</tr>
<tr>
<td>Men (shirt tends to run bigger)</td>
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</tbody>
</table>