



## STUDENT VOLUNTEER PROGRAM

Andalusia Health's Student Volunteer Program is open to high school and college students (age 16 and over) who are interested in donating their time serving the visitors, patients, and staff of Andalusia Health. We are seeking mature, dependable, organized volunteers who are committed to helping others. The Student Volunteer Program is designed to expose students to a variety of healthcare professions. (Student volunteers do not perform or observe medical or patient care procedures of any kind.) Student volunteers can help with a variety of tasks including customer service, clerical support, transporting patients and running errands.

Program requirements:

1. Volunteers are asked to maintain a good public image and dress appropriately for their scope of duties. Student Volunteers must wear khaki pants and a nice white shirt.
2. Attend orientation: TBD
3. Commitment: 2 hours per day, 3 days a week: Monday, Wednesday, and Friday
4. Provide feedback during every Quarter

If you would like to participate in this program, please complete the attached application and return it to Cranita Pitts.

Cranita Pitts  
849 S. Three Notch Street  
Andalusia, AL 36420  
P: 334-428-7010  
F: 334-222-6936  
[Cranita.Pitts@lpnt.net](mailto:Cranita.Pitts@lpnt.net)



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Today's Date:

Last Name:		First Name:	
Address:		City:	
State:		Zip:	
Home phone:		Cell phone:	
E-mail Address:			
School's Name:		Current Grade:	
Are you required to volunteer? If yes, please explain.			
Volunteer Experience: (List most recent service positions) IF NONE PLEASE PUT N/A Position: Agency: Date:			
Placement Preferences: Indicate 1st (____), 2nd (____), and 3rd (____) choice 1. Administrative: Administrative and clerical duties. 2. Non-Clinical: Clerical, running errands. 4. Library: Visit in-patient areas with puzzle book-cart. 5. Nursing units: Assist nurses, interact with patients, and assist with meals and paperwork. 6. Emergency Department: Assist nurses, interact with patients. 7. Ancillary Department: Laboratory, Radiology, Physical Therapy, Respiratory Therapy 8. Other:			
Emergency Contact: In the event of an emergency, please list the person you want notified.			
Name:		Relationship:	
Home phone:		Cell phone:	
I understand that I must be at least 16 years of age to volunteer at Andalusia Health and if I am under the age of 18 years of age and/or attending high school I will need parental consent.			
Applicant's Signature:		Date:	



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**Parental Consent Form**

Dear Parent or Guardian:

For your child to apply for a volunteer position with Andalusia Health’s Volunteer Program, we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please call Cranita Pitts at 334-428-7010.

Name of prospective volunteer: \_\_\_\_\_

- I understand that my child (named above) wishes to be a volunteer and I hereby give my permission for him/her to serve in that capacity.
- I understand that my child must be at least **16 years of age** to volunteer.
- I understand that no monetary compensation will be given for the services contributed
- I understand that my child is required to receive, free of charge, a tuberculosis screening.
- I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to the Hospital and its departments’ policies and procedures.
- I understand that my child will be provided emergency medical care if injured while he/she is on duty as a volunteer.
- I authorize the Department of Volunteer Services to publish or release to the media any pictures of my child during his/her volunteer service at Andalusia Health for promotional or recognition purposes only.
  - Please check box if you **do not** consent to this statement. This box, if left unchecked, means that you do consent to any publications or media release.

<b>Parent/Guardian’s Name (please print):</b>
<b>Signature:</b>
<b>Nature of relationship to volunteer:</b>
<b>Date:</b>