

Newton Medical Center College Volunteer Information 2010

STUDENT PLACEMENT AND ORIENTATION FOR *WINTER* IS:
Tuesday, January 26, 2010 4:00 – 5:30 p.m.

STUDENT PLACEMENT AND ORIENTATION FOR *SPRING* IS:
Tuesday, April 27, 2010 4:00 -5:30 pm

STUDENT PLACEMENT AND ORIENTATION FOR *FALL* IS:
Tuesday, September 28, 2010 4:00 -5:30 p.m.

**Call for Reservations
Volunteer Services Office
770-788-6553**

1. Each new student volunteer **must attend the placement and orientation session.** Students will be placed based on available openings and greatest need.
2. You are required to have a tuberculosis screening with a copy of the results **before the orientation.** If you have had a TB screening within the past 6 months, please bring the results of the screening with you.
3. A background check is required. Please complete the form attached at the end of the application and **submit it with your application at least one week** prior to the orientation.
4. Please indicate on the schedule 2 times when you have at least 3 hours available to volunteer at the same time each week. One of the times will be selected for you.
5. The location for orientation sessions is in the Volunteer Office located on Mill Street, one street west of the hospital. Turn at Bank of North Georgia on the corner of Hwy 278 and Mill Street. The Volunteer Office is located on the left across from the Bank of North Georgia Corporate Center. Please find this location before the orientation so you will not be late.

NEWTON MEDICAL CENTER
5126 Hospital Drive
Covington, Georgia 30014
770-788-6553

COLLEGE VOLUNTEER APPLICATION

NAME: _____ DATE: _____

HOME PHONE NUMBER: _____ CELL PHONE: _____

HOME MAILING ADDRESS: _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____ BIRTHDAY _____

(Print Clearly)

COLLEGE YOU ARE ATTENDING _____

_____ Freshman _____ Sophomore _____ Junior _____ Senior

Major: _____ Degree Earned _____

WORK STATUS: _____ Employed _____ Unemployed

Place of Employment _____

VOLUNTEER EXPERIENCE: _____

In case of emergency contact: (Name, relation, address, phone #) _____

Career Plans _____

Time Available: Enter specific times Exp. 1:00 – 4:00 (minimum 3 hours per day)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

The above information is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

INFORMATION FOR COLLEGE VOLUNTEERS

PUNCTUALITY

Be on time! Your supervisors will be depending on you. If you find that you need to change the time you are working you must contact your Department Supervisor to work this out. Once you change your schedule, you must call the Volunteer Office with the information.

DEPENDABILITY

You are expected to show up for each scheduled shift. We understand that emergencies do occur; however, failing to call you supervisor in your area in advance to explain will result in termination.

COMMITMENT

You are making a commitment to serve on your scheduled day and time each week until the end of the semester.

HOSPITAL DRESS CODE

Always honor the dress code. Professional dress is expected and is mandatory. Flat, nonskid shoes with closed toes. **A blue knit polo shirt, tucked in, worn with khaki slacks or skirt. No** denim clothing, shorts, jogging clothes, mini skirts, low cut neckline, sandals, high heels or open toed shoes. No visible tattoos or body pierces, except for one earring in each ear. Ask if you have any questions concerning appropriate dress.

MEALS

You are allowed one meal per scheduled volunteer workday. You should plan to eat during the 30 minutes before or after your shift. Show your name badge to the dietary cashier to receive your complimentary meal.

SIGN IN & OUT

You must sign in and out at one of the areas designated for this purpose. Record the time you come, your department and the time you leave. We must have this information to be able to verify your volunteer service if requested later for a job resume, graduate school, medical school, physical therapy, nursing school, etc.

PARKING

Parking is available in parking lots located on Tate Street behind the hospital. You may enter the hospital through the Birthcare Center. Your parking decal should be placed on the back window on the drivers' side.

NAME BADGES

You are expected to wear a name badge provided by volunteer services with the NMC logo at all times while you are in the hospital. Upon your decision to terminate your volunteer position, you must return you name badge to the Volunteer Services Office.

TERMINATION OR

If you fail to report to your assigned department during

***RETURNING FOR
ADDITIONAL
SERVICE***

your scheduled time without prior notice, your volunteer status will be terminated. If for any reason you decide that you no longer wish to volunteer at NMC, you must call or email (mtaylor@newtonmedical.com) or call the volunteer office at 770-788-6553 to notify us of your decision. You should also contact your department to let them know of your decision. Without your notice, we lack the information needed to update our files for future letters of recommendation.

WE ENCOURAGE YOU TO RETURN FOR CONSECUTIVE SESSIONS! You may stay in your current department or request a change. You should call two weeks prior to the next session to maintain your place in the program and avoid having to attend the orientation and placement session again. Orientation and TB screenings are required annually.

You can save yourself a lot of time by remembering to keep us informed of your plans! This is YOUR responsibility!

THANK YOU

These guidelines must be followed in order for us to keep an organized program in place for our volunteers. We hope you will have a rewarding learning experience as you serve your community through volunteer service at Newton Medical Center

