The American Red Cross (ARC) at Fort Carson’s Evans Army Community Hospital (EACH) is pleased to announce the 2014 ARC Summer Youth Program. This program is designed to give youth (14 -17 years old) who possess a valid military dependent ID card an opportunity to “try on” a career in health. The Program provides participants with a chance to learn new skills, be of service to the military community, improve their resumes, make new friends, fulfill required community service hours for school, and have fun. What a great combination!

In order to become an ARC – EACH Summer Youth Volunteer you must fulfill the following requirements:

1- Complete the attached application form and drop it off at the Evans Hospital Red Cross Office, or mail to:
   The American Red Cross – EACH Summer Youth Program
   1650 Cochrane Circle
   Fort Carson, CO 80913

2- The completed application form must be received by the Fort Carson Red Cross Office no later than Friday April 18, 2014. Applicants will be contacted for interviews.

3- Select your first, second, and third choices for volunteer opportunities. A sample of possible volunteer opportunities is included in this application packet. There are a limited number of positions available, so please return your application as soon as possible.

4- Attend an interview, a Red Cross orientation session, a hospital orientation session, HIPAA training, complete the Occupational Health Immunization Form, complete an on-line application, and obtain an Evans Hospital Identification Badge May 27 – 30.

5- Applicants must attend the MANDATORY orientations 27 May – 30 May to participate in the 2014 Summer Youth Program. NO EXCEPTIONS!

6- If you have any questions or concerns, please contact the Fort Carson Red Cross Office at:

   Hospital Red Cross Office (719) 526-7144
IMPORTANT INFORMATION ABOUT THIS OPPORTUNITY

◦ All Summer Youth are required to attend orientation week. **Interviews will be completed by 25 May. Interviews may be done at time of application return, in person, or via phone call.** Youth invited to participate in the 2014 program will be notified by 27 April. Orientation and all other prerequisites will be conducted during the week of May 27, 2014, unless otherwise specified.

◦ Volunteer assignments will be made based on the date that the application was received, availability, interviews, aptitudes and interests. We'll do our best to match volunteers with the needs of hospital units and to accommodate youth arriving from outside the area.

◦ The approximate hours for volunteering are Monday-Friday, 7:30 a.m. to 4:30 p.m. **Scheduling within this time frame may vary depending on the position and department assigned.**

◦ Where scheduling permits, youth volunteers may work in more than one position. Red Cross personnel will do their best to accommodate individual requests; however, youth volunteers are expected to assume responsibility for fulfilling their scheduled duties once they have been agreed upon. Length of volunteer time will vary, dependent upon the needs of the hospital unit.

◦ As a Red Cross Summer Youth Volunteer, you will be expected to dress appropriately and conduct yourself professionally. Appropriate dress includes a neat appearance and proper grooming. You will be required to wear a Red Cross t-shirt and a hospital badge which will be provided during the orientation week. Additional requirements for attire may be dictated by your supervisor.

◦ All applicants must complete the Emergency Information Form. This form is a part of the application.

◦ **Occupational Health Visits require the presence of a parent/guardian for any care or evaluation.** Be aware that first time volunteers may be required to have up to 7 tubes of blood drawn to verify immunity for Hepatitis B, Measles, Mumps, Rubella, and Chicken pox and to be cleared for tuberculosis infection. Youth volunteers should make sure their immunizations are current (to include influenza and Tdap) prior to their occupational health appointment.

◦ **APPLICATIONS FROM LOCAL RESIDENTS MUST BE RECEIVED BY April 18, 2014. Early applications are encouraged.** Please drop off completed Application and Emergency Information form to:

The American Red Cross – EACH Summer Youth Program
1650 Cochrane Circle
Fort Carson, CO 80913
Summer Youth Opportunities at Evans Army Community Hospital

Below are some examples of positions for this summer; these positions may change. Please read through them and indicate your first, second, and third preferences for volunteer positions. If you are interested in working in more than one area, please make a note of that as well. Remember that we will do our best to match your preferences; however, hospital needs may vary. The list below is tentative.

<table>
<thead>
<tr>
<th>UNIT</th>
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<tbody>
<tr>
<td>1. Admin / records</td>
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<tr>
<td>2. Allergy Clinic</td>
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<tr>
<td>3. Anesthesiology – pain clinic</td>
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<td>4. Dermatology</td>
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<td>5. Disease Management</td>
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<td>6. Ear, Nose, Throat (ENT) and Eye Clinics</td>
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<td>7. Education and Training Program</td>
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<td>8. Emergency Department</td>
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<td>10. Family Ward 4th Floor</td>
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<td>11. GI Clinic</td>
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<td>12. Help Desk/Information Center</td>
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<tr>
<td>13. Internal Medicine</td>
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| 14. OB/GYN Labor & Delivery  
(Note: Will require a separate interview conducted by a Department Representative) |
| 15. Orthopedics, Podiatry, and Sports Medicine |
| 16. Pediatric Clinic |
| 17. Pharmacy  
(Note: youth will not be allowed in areas where medications are stored or dispensed) |
<p>| 18. Physical Exams |
| 19. Physical Therapy |
| 20. Same Day Surgery |
| 21. Surgical Clinic |
| 22. Urology Clinic |</p>
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<tr>
<th><strong>For Office Use Only</strong></th>
<th>Date Rcvd:</th>
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<tr>
<td>Contact:</td>
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<td>Review of application</td>
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<td>Completed by:</td>
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<td>Suggested Placement:</td>
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2014 AMERICAN RED CROSS
EVANS ARMY COMMUNITY HOSPITAL
SUMMER YOUTH VOLUNTEER PROGRAM
(Please type or print)

Name_____________________________________________

Address________________________________________________________________________________

City ____________________________________ State ___________ Zip____________________

Phone _______________ Age _____ Date of Birth _______________ Male_____ Female____

School __________________________________ Grade in SY2013/2014

Email Address_____________________________________________

Please list first, second, and third choices for desired positions. (Listed on back page)
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

For scheduling purposes, please indicate the days (Monday - Friday) and times (7:30 a.m. - 4:30 p.m.) you would like to volunteer:

<table>
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<tr>
<th>DAYS</th>
<th>TIMES</th>
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<tr>
<td>Monday</td>
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<td>Wednesday</td>
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<td>Friday</td>
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Please list any days or times that you will **not** be able to volunteer. List activities or plans that you are currently aware of which will interfere with your volunteer experience (i.e., family vacation, band camp, athletic camps, etc.):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Have you ever been involved in any American Red Cross activities? If so, please list them:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please describe why you are interested in the volunteer positions you requested. Include studies, skills, or experience you have that you feel will help you be more effective in these positions. Include any career plans that you have.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What is your favorite school subject and why?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please list any computer software programs that you are proficient in (Microsoft office, Adobe, etc.), typing (words per minute), and filing experience that you have.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What are some of your hobbies, interests or current activities?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

PLEASE RETURN COMPLETED APPLICATION, FORM, AND EMERGENCY INFORMATION FORM
TO THE EVANS HOSPITAL OFFICE ROOM 1033

APPLICATIONS MUST BE RECEIVED BY April 18, 2014.

No Participant will be placed in the program without attending the Red Cross orientation session, the hospital orientation session, HIPAA training, completing the Occupational Health Immunization Form, and obtaining an Evans Hospital Identification Badge.

MANDATORY ORIENTATION WILL BE 27 -30 MAY. PARTICIPANTS MUST ATTEND ORIENTATION WEEK TO BE A PART OF THE 2014 SUMMER YOUTH PROGRAM!
2014 AMERICAN RED CROSS
SUMMER YOUTH VOLUNTEER PROGRAM
EMERGENCY INFORMATION FORM

Name of Youth ________________________________ Home Phone ____________________________

Address ___________________________________________ Zip Code __________________________

Name of Parent/Guardian ______________________________________________________________
Daytime Phone ___________________________________ Cell ________________________________

Name of Parent/Guardian ______________________________________________________________
Daytime Phone ___________________________________ Cell ________________________________

Address of Parent/Guardian (if different from youth) _______________________________

Name of Primary Care Manager________________________________ Phone ________________

Name of Insurance Company___________________________________________________________

Preferred Hospital _________________________________________________________________

Does the youth have any medical condition (controlled or otherwise) of which the supervisor should be aware (epilepsy, diabetes, asthma, etc.)?
__________________________________________________________________________________

Name of friend/relative to contact if parents are unavailable: _________________________________

Relationship _____________________________ Daytime /Cell Phone _________________________

Parent's Signature: ___________________________________________ Date___________________

This Emergency Information Form will be kept in the applicant’s file and utilized in the event of an emergency.

STATEMENT OF PERMISSION & UNDERSTANDING

I give permission for my child/ward to take part in the American Red Cross Summer Youth Volunteer Program and any activities involved therein. I understand that this is a volunteer program and I support my child’s participation. In consideration of the opportunity provided my (son/daughter/ward) to participate in this program, I understand that reasonable measures will be taken to safeguard the health and safety of the participants and that I will be notified in case of an emergency. However, in case of illness or accident, I will not hold American Red Cross or staff responsible. In case of illness or accident, I authorize the calling of a doctor, emergency medical professionals, and/or providing the necessary medical services. I do hereby release and forever discharge the American Red Cross, its officers and agents, from any and all actions, causes of action, claims and demands for, upon and by reason of any loss of services or expenses incurred by me growing out of my (son's/daughter's/ward's) participation in this program.

I give to the American Red Cross, its nominees, agents and assigns, unlimited permission to use, publish and republish for purposes of advertising, trade, or any other lawful use, information about my (son/daughter/ward) and reproductions of them or their likeness (photographic or otherwise) and voice whether or not related to any affiliation with the American Red Cross, with or without their name. (For example, the American Red Cross may use their picture in the media or in recruitment materials.)

I believe my child can be depended upon to work responsibly. I will support his/her efforts to keep their commitment as a volunteer.

__________________________________________________________________________________

Name of Applicant ____________________________ Signature of Parent or Guardian __________

Date ____________________________
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Summer Youth Program
Memorandum of Understanding

1. I understand that as a certified Red Cross Volunteer, I must wear my hospital badge at all times while volunteering in the hospital.

2. I understand that I must wear my Red Cross T-shirt (unless directed otherwise by my supervisor) and dress in a clean, professional manner according to hospital specifications. No faded, frayed, or torn clothes, no cut-off pants, no shorts, no midriff tops, and no flip flop shoes.

3. I understand that my hands must be clean at all times. Fingernails must be kept trimmed and clean.

4. I understand that when coming on duty, and before leaving for the day, I will report to my supervisor or designee.

5. I understand that I will always be on time, friendly, promote good public relations and honor my commitment to volunteer.

6. I understand that I am expected to present a professional demeanor with colleagues, patients, and personnel.

7. I understand that verbal confrontations, gossip, fighting, smoking, unacceptable or illegal behavior will not be tolerated and are grounds for dismissal from the ARC Summer Youth Volunteer Program.

8. I understand that I must record the hours that I volunteer at the end of each scheduled day in the Volunteer binder log, located in the EACH Red Cross Office.

9. I understand that I may not change my assigned schedule without permission from the Youth Chair, Hospital Chair, and/or the Assistant Station Manager.

10. I understand that if I am unable to report for duty due to illness, I will call my work area to notify them.

11. I understand that not reporting to work for two consecutive days without notifying the Youth Chair, Hospital Chair, or SAF Manager, are grounds for being dropped from the program.

12. I understand that if I have questions, suggestions, concerns, or if I am dissatisfied with my assignment, I will bring this to the attention of the SAF Manager, Youth Chair, or Hospital Chair.

13. I understand that I will be expected to remain in my work area unless sent on an errand by a hospital staff member; my supervisor will determine break times.

14. I understand that I am NOT allowed to fraternize with hospital patients, staff, or visitors; this is part of being on the professional service team.
15. I understand that I may only be in the hospital work area 30 minutes before or after my work shift and that no loitering is allowed. If I need to wait for a ride home, I understand that I should either wait in the ARC Office or utilize the Youth Center facilities on Ft. Carson.

16. I understand that parking is extremely limited. To the extent possible, I will car pool or park in remote areas of the parking lot and walk to the Hospital.

17. I understand that any unusual incident must be reported to the Red Cross as soon as possible.

18. I understand that while I am volunteering, I will work quietly and efficiently since I am there to provide a service. If I am unsure about what is required of me or how a task should be completed, I will ask questions.

19. I understand that when I leave the program, I am required to return my badge to the Red Cross.

20. I understand that I am representing the Red Cross and as such my actions can mean the success or failure of the Summer Youth Volunteer Program at the Evans Army Community Hospital. Therefore, if I fail to comply with the above statements, I may be asked to leave the Red Cross Summer Program.

RED CROSS VOLUNTEER

__________________________
Print Name

__________________________
Signature

__________________________
Date

RED CROSS STAFF MEMBER:

__________________________
Print Name

__________________________
Signature

__________________________
Date

PARENT OR GUARDIAN

------------------------------------------------------
Print Name

------------------------------------------------------
Signature

------------------------------------------------------
Date