



Dear Student:

Thank you for your interest in becoming a part of the **2021-2022 Student Volunteer – School Year Program** at Memorial Hermann Sugar Land Hospital.

In response to your request, I am enclosing general information regarding our Student Volunteer Program as well as an application. Please take a few minutes to review carefully as it is important for you to be aware of certain criteria and expectations prior to submitting your application. Please also note that **receipt of an application does not guarantee acceptance.**

- **The Student Program takes place Monday thru Friday.** High school students: Hours are approximately 4/4:30 p.m. till 7/7:30 p.m. The program will begin with Orientation in late September and ends May 23, 2022. Students are asked to indicate which day(s) would best suit their schedule however, please keep in mind that all students cannot be scheduled on Friday. All students will be assigned a three (3) hour shift/one day per week during the school year.
- **Students must commit to 1) volunteering for the “entire school year” and 2) complete a minimum of 75 hours in order to receive a certificate and/or documentation of any service hours.** This is achieved by serving a 3 hour shift; one day per week throughout the entire school year, with minimal absences.
- If accepted, students must successfully complete a Criminal Background Check **AND** provide documentation of **receipt of your flu immunization.**
- **All applications must be returned by 4:00 p.m., Friday, July 30th.**

Upon review of all applications received, students will then be contacted to schedule a date/time for their interview. Information will then be mailed to all students regarding acceptance/declination. If accepted, student will be required to attend an Orientation Program that will take place in late September and you will have multiple dates from which you may choose. **Orientation attendance is mandatory** in order for you to participate in the program.

Thank you again for your interest in providing volunteer services at Memorial Hermann Sugar Land Hospital. Should you have any questions or concerns, you may contact me at 281-725-5253.

Sincerely,

Nancy Do

Volunteer Services Coordinator

STUDENT VOLUNTEER OPPORTUNITIES AT MEMORIAL HERMANN SUGAR LAND

Who can be a MHSL Volunteer?

MHSL has two volunteer programs. Our Student Volunteer Program, which is open to both high school and college students, **age 16 and older**; and our Adult Program, for men and women (25 years and older).

What do Student Volunteers do at Memorial Hermann Sugar Land?

There are a variety of things that volunteers can elect to do: Students may volunteer in our Gift Shop; serve as greeters at our Front Desk—escorting patients and visitors to their destination; bake cookies/serve refreshments; assist at our nursing units—stocking nourishments, refill water pitchers, answer phones as well as provide clerical support to our hospital staff; learn new things and SMILE a lot!

How can I become a MHSL Volunteer?

To become a hospital Volunteer, we ask that you complete the following steps: (1) Submit a completed application. Applications can be obtained by calling the Volunteer Services Department at 281-725-5253. (2) Successful completion of a personal Interview and a criminal background check. (3) Attend a hospital/volunteer orientation. (A flu vaccination is also required for our “school-year” program.) And finally, receive training for your assigned area as well as become familiar with the general services/layout of the facility.

Is a uniform required for a MHSL Volunteer?

Yes. Student Volunteers are expected to be in uniform at all times while on duty. Their uniform consists of a polo shirt which bears the name of the hospital and must be worn with black slacks (**no jeans, athletic wear or shorts**). Closed-toe, rubber sole shoes, preferably sneakers, is to be worn while on duty.

Do I have to commit to a regular time to volunteer?

Yes. In deciding to become part of the Volunteer Program, **we ask that you make a commitment to serve on a specific day of the week and a specific shift. During the School Year, students are asked to come in after school approximately 4:00-7:00 p.m., one day per week, Monday thru Friday. The program runs late September thru May 23rd.** Students must complete 75 hours of service to receive a certificate of service and/or documentation of any service hours. Our Summer Program runs June through August. Hours are 8:00am-12:00noon; 12:00-4:00pm and 4:00-7:00pm., Monday thru Friday. Please note: Students are expected to volunteer the entire summer (with the exception of 1-2 weeks) to allow for vacation. If a student expects to miss more than 2 weeks we ask that you apply for the “School-Year” program.

Are there benefits to being a MHSL Volunteer?

Yes! Student volunteers have an opportunity to grow personally and learn new skills as well as make new friends. Volunteering also provides the opportunity for individual’s to utilize their talents and skills acquired through personal experiences and/or school. **Upon fulfillment of your commitment**, each student will receive documentation and a certificate of their service hours.

Who is Memorial Hermann Sugar Land Hospital?

The hospital is a member of the Memorial Hermann Health System, the largest community-based, not-for-profit health care system in Texas. Conveniently located at 17500 Grand Parkway South (at the inter-section of Hwy. 59 and 99), Memorial Hermann Sugar Land Hospital is a full-service, acute care hospital.

Student's Applicant's Checklist/Cover Sheet:

Applicant's Name: Please print: _____

All of the following must be completed and returned by **Friday, July, 30 2021** to apply for the Student Volunteer – School Year Program.

If any of the following is missing, the application is considered “incomplete” and will not be considered.

Please check off each item prior to submitting:

- _____ 1. Completed application (Pages 1-3)
- _____ 2. Signed Student Volunteer Commitment Agreement
- _____ 3. Copy of school issued picture identification
- _____ 4. Copy of High school and/or college enrollment (verification of enrollment)

Application may be returned via:

MHS�Volunteers@memorialhermann.org

-or-

Mail/Hand Delivered to:
Memorial Hermann Sugar Land Hospital
17500 W. Grand Parkway
Sugar Land, TX 77479
Attn: Volunteer Services Department

Office Use Only

Date Received: _____

Complete _____ Incomplete _____

Interview Date _____

Accepted _____ Not Accepted _____

Attended Orientation: Y N

Start Date: _____

Assignment: _____

Returning Volunteer

New Volunteer



STUDENT VOLUNTEER APPLICATION – 2021 SCHOOL-YEAR PROGRAM

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone No.: _____ Cell Phone: _____

E-mail Address: _____ Cell No: _____

Are you under 18 years of age? ___ Yes ___ No

School Currently Attending: _____

Year of Expected Graduation: _____

List your extra-curricular school activities: _____

List your future goals: _____

List any hobbies, talents or special interests: _____

List any other activities: (I.e., Summer school, Job, Internship, etc.) _____

Prior volunteer experience:

Where: _____ How Long? _____

Where: _____ How Long? _____

Why do you want to volunteer at Memorial Hermann Sugar Land Hospital? _____

What do you hope to gain from your Volunteer experience? _____

Are you volunteering to meet requirements for a specific reason? (i.e., community service hours, school requirements, etc.) Yes No If yes, please explain: _____

Do you have a family member who works or volunteers at Memorial Hermann? Yes NO

If yes, please provide the following information:

Name: _____ Relationship: _____

Facility: _____ Contact Number: _____

Assignments: If accepted to be a Student Volunteer for our "School-Year Program" you MUST be available to volunteer (@mid-September thru May 23rd) and complete a minimum of 75 service hours. Students failing to meet these requirements (75 hours AND completion of program) will NOT receive documentation of any service hours and/or a certificate. Make-up hours are not available.

Which area of the hospital do you think you would be most interested in volunteering? **Please indicate 1st and 2nd preference:** (Example: 1 – Nursing Unit; 2-Front Desk)

Nursing Unit Front Desk/Escort Volunteer Office
 Pharmacy Gift Shop Baking/Server

Weekday Preference: **Indicate 1st and 2nd preference.**

M T W T F

Preferred Shift: Indicate 1st and 2nd preference. 4:00-7:00pm 4:30-7:30pm

Are there any areas/departments within the hospital you would not be comfortable/interested in volunteering?

Yes No If yes, please specify: _____

For College Students only: Alternate hours are available to coincide with your school/work schedule however, you are asked to commit to a minimum 3 hour shift, one day per week, between the hours of 8am-7:30 pm. (Example: 9am-12 noon; or 12 noon-3pm.)

Preferred Shift: _____ **2nd Preference:** _____

The following rules and regulations are **MANDATORY, please initial each:**

- I am currently enrolled in high school and/or college.
- I understand that it is expected for me to volunteer for the duration of the school-year program (September –May) and to complete a minimum of 75 service hours in order to receive documentation of any service hours. Make-up hours are not available.
- I understand that failure to meet the attendance requirement would also negatively impact my eligibility to apply for any future student volunteer program at the hospital.
- I must successfully complete a Criminal Background Check prior to beginning my volunteer service.
- I understand that I must also comply with the hospital’s Flu Immunization Policy during Flu Season. (Provide receipt of a flu immunization.)

Emergency Contact Information:

Name: _____ Relationship: _____

Contact #: _____ Alternate #: _____

Please provide one additional EMERGENCY contact if we are unable to reach the person listed above:

Name: _____ Relationship: _____

Contact #: _____ Alternate #: _____

Signed Commitment Agreement

If accepted as a Memorial Hermann Hospital Volunteer, I agree that:

1. I shall hold as **absolutely confidential** all information that I may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. My services are donated to Memorial Hermann without contemplation of compensation or future employment.
3. I understand that I must adhere to the Memorial Hermann Flu Campaign guidelines while volunteering at any Memorial Hermann facility.
4. I understand that I am to wear an authorized Memorial Hermann volunteer uniform and name badge, closed toe shoes and socks or hose while volunteering. No blue jeans, or denim of any color, or shorts are allowed.
5. I understand that it is a crime to solicit any business for attorneys. I shall not solicit any business for attorneys or insurance companies, either on or off hospital property.
6. I shall report all known occurrences of solicitation for attorneys to the Volunteer Services Management Team.
7. I understand that solicitation for charity, distribution of literature or distribution for sale of any type of goods, raffle tickets or the like, on Memorial Hermann owned or leased property will be prohibited at any time unless it is sponsored by the System.
8. I will not seek from Doctors or Nurses professional advice for myself or my family while on duty. The privilege of being a volunteer does “not” include medical service.
9. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and endeavor to make my service professional in quality.
10. Should I have any problems related to my volunteer activities, I will first consult with the Volunteer Services Management Team.
11. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
12. I shall at all times abide by the Philosophy, Mission, and Behavioral Expectations of Memorial Hermann Health System/Sugar Land Hospital.
13. I understand that the Volunteer Services Department reserves the right to dismiss my volunteer status as a result of: (a) failure to comply with hospital policies, rules and regulations; (b) failure to meet attendance commitment; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the department director, would make my continued service as a volunteer contrary to the best interests of the hospital.

By my signature, I acknowledge that I have read, understand, and agree to adhere to the statements above.

Applicant Signature

Date