



Dear NARMC Junior Volunteer Applicant,

The NARMC Junior Volunteer Program is a summer volunteer program for students 14-17 years old. The Junior Volunteer experience exposes participants to the wide range of hospital based medical careers while giving the participant a chance to share their time in a positive manner. Students commit to donating a minimum of 100 hours of their time over the length of the Program. Under direct supervision of NARMC employees, Junior Volunteers perform assigned duties, which contribute to the overall quality of care and service to the hospital. **There is no charge to participate.**

Students interested in participating in the Junior Volunteer program must meet the following criteria:

1. Have a minimum of a 2.5 GPA, verified through a official school transcript
2. Demonstrate the maturity to be task-committed
3. Submit a completed application
4. Submit two (2) letters of recommendation from a non-relative adult, preferably a clergy person, teacher, school counselor, or employer.
5. Submit current vaccination record
6. Provide a current TB skin test. Test must have been completed after July 1, 2009.
7. Complete face-to-face interview with the Volunteer Coordinator.

The Junior Volunteer program will be held June 17th through July 29st.

Send your completed application and recommendations to:

NARMC – Volunteer Services
620 North Main St.
Harrison, AR 72601

Or fax to us at 870-414-4948

DEADLINE FOR APPLICATIONS IS APRIL 1, 2009.

Applications received after April 1st will not be accepted. Letters notifying applicants of their acceptance or denial will be sent by May 15, 2010.

If you have any questions regarding the Junior Volunteer program, please call (870) 414-4622.

Thank you.

Joy Woelbing, CVM
Gold Club/Volunteer Coordinator



JUNIOR VOLUNTEER PROGRAM APPLICATION

STUDENT: Please print clearly

Name: _____
Last First Middle Initial

SS # _____ Date of Birth _____

Home Address: _____
Street City Zip

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Work Phone Number: _____

School: _____

Name of Parent/Guardian: _____

Parent/Guardian Work Phone Number: _____

Parent/Guardian Home/Cell Phone Number: _____

In Case of Emergency, we are to contact: _____

Name _____
Relationship Phone Number

Person(s) responsible for transporting you to and from NARMC:

Name _____
Relationship Phone Number

Do you have any physical limitations or restrictions? ____ Yes ____ No

Do you take any medications on a regular basis: ____ Yes ____ No

If yes to either question, please explain:

List the school activities you participate in:

List the non-school activities you participate in:

Why do you want to be a Junior Volunteer this summer?

What areas of the hospital are you interested in working in?

If accepted, I will abide by the policies and procedures of the Junior Volunteer Program:

Signature

Date

I will support my child in his/her commitment to the Junior Volunteer Program:

Signature

Date



PARENT/GUARDIAN PARTICIPATION CONSENT FORM

I, _____ hereby give consent for _____
Parent/Guardian *Child*
to participate in the NARMC Junior Volunteer Program.

Child's full name _____
Please Print

Child's Date of Birth: _____ Relationship to Child: _____

I/We hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievement and grades. I/We will be responsible for his/her daily transportation for the length of the program. I/We understand that if my son/daughter is accepted, he/she will be expected to complete the minimum of 100 volunteer hours and to abide by the disciplinary policies.

Signed: _____
Parent/Guardian *Date*



CONFIDENTIALITY AND HOLD HARMLESS AGREEMENT (MINOR)

As the undersigned parent(s) or legal guardian(s) of _____, a minor child, I (We) hereby consent to the participation of said child in the Junior Volunteer Program at North Arkansas Regional Medical Center (NARMC). I (We) understand and agree that said child is to abide by all rules and requirements requested by NARMC and to conduct herself/himself in an appropriate manner.

I (We) understand that in the course of the child's participation in this program, he/she may have incidental exposure to confidential information. Confidential information includes all patient, employee, and student information and information of a proprietary, trade secret or otherwise confidential nature. I (We) agree that, during the child's participation in the program and after the conclusion of the program, said child will not disclose the confidential information to any one, including myself/ourselves, in any way or in any form without the specific written authorization of NARMC except as may be required by law.

I (We) understand that there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted. I (We) agree on behalf of said child to the assumption of those risks and not hold the NARMC or its officers, board members, agents or employees responsible for any harm or injury from any cause, which may befall said minor child related to or arising out of the child's participation in the program at NARMC, and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on behalf of said child, or in their own right, arising out of said participation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I (We) understand and agree that this Agreement is not intended to include a release from harm caused by an individual's criminal conduct or by the conduct of an individual constituting an intentional tort recognized under Arkansas law; and any such criminal conduct or intentional tort is against NARMC policy and therefore outside the scope of the person's employment or relationship with NARMC for which NARMC is not vicariously liable. I (We) agree that these conditions and agreements are binding on all of my heirs, executors, administrators, representatives, assignees and successors in action.

I (We) have read and understand the above and willingly agree to said terms and conditions.

Signature _____ Date: _____

State relationship to child: _____

Signature _____ Date: _____

State relationship to child: _____



Photography Release Agreement

I, the undersigned, hereby give the North Arkansas Regional Medical Center (NARMC), their legal representative, assigns, and those acting on their behalf and with their permission, the right and permission to copyright in any part of the world, to use, reuse, publish and republish, in conjunction with my own or fictitious name, any photograph, film or video tape recording taken of me by the NARMC or those acting on their behalf or with their permission, and any reproductions thereof, in any form, whether intentional or otherwise, and may be used in conjunction with any advertising material, for any purposes of trade, advertising, exhibit, publicity, or promotion, without restriction or limitations.

I hereby release, discharge, and agree to save harmless the NARMC, their assigns, legal representatives, agents, and those acting on their behalf and with their permission, from and against any liability resulting from any distortion, blurring, alteration or use in composite form, whether such was intentional or otherwise, which may occur, result, or be produced in the taking of said photography, or by processing or reproduction of the finished product, its publication or the distribution of same.

I waive the right to approve or inspect the recordings, advertising copy, or material used in conjunction therewith.

I hereby warrant that I have read this agreement in its entirety before affixing my signature thereto, and I fully understand the contents therein. **I further warrant that I am of legal age and competent to contract my own name as far as the above is concerned.**

DATE _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SIGNATURE _____

I warrant that I am the parent and/or guardian of:
(PRINT MINOR CHILD'S NAME HERE)

the person named in the foregoing Release Agreement, and that I am duly authorized to act in his/her behalf. I have read the foregoing agreement in its entirety and I understand its contents. I hereby consent that the photography taken under this agreement may be used for the purposes set forth therein.

DATE _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SIGNATURE _____