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# Summer Student Program Application

(If also applying for the Shadow-A-Professional – no need to complete this application)

Brenda LeBlanc,  
Program Manager  
978-683-4000 x2645

Office Use Only	
Application Received _____	PIN # _____
Interview _____	Jersey Size _____
Orientation _____	[ ] SCHEDULED
CORI _____ TB _____	Immunizations _____

Summer Student Volunteer Program – Must be at least 15 years old to volunteer. Applications will be accepted until the end of April. This six-week program runs from July 8 to August 16, 2024. You will be notified by email for Next Steps! **Please print your email address legibly. Thank you!**

**RETURNING VOLUNTEERS** – Please complete the Returning Volunteer Application

## PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

## SCHOOL AND VOLUNTEER EXPERIENCE

high school  college: \_\_Freshman \_\_Sophomore \_\_Junior \_\_Senior      \_\_MassHire \_\_Top Notch Scholars

Please list your current school \_\_\_\_\_

Describe current & previous work experience \_\_\_\_\_

Describe current & previous volunteer experience \_\_\_\_\_

**BACKGROUND:** How did you learn about the Summer Student Program? \_\_\_\_\_

Have you ever been employed, or applied previously at this hospital? \_\_\_\_\_

**RETURNING VOLUNTEERS** – Please complete the Returning Volunteer Application

## AVAILABILITY:

Are you available to attend “virtual” hospital orientation Wednesday, June 12<sup>th</sup> 3:30 – 5:30 pm? \_\_\_\_\_

Please provide vacations / camps dates that you will not be available during the 6-week time-frame: \_\_\_\_\_

View Current Volunteer openings on our Website: [www.lawrencegeneral.org](http://www.lawrencegeneral.org) and search for Volunteer Opportunities – Select the top 3 places to volunteer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please circle how many times a week you would like to volunteer (1 day is not an option)?    2 days      3 days

**PREFERRED TIMES:** [ ] Mornings 8 or 9am-1pm [ ] Afternoons 1-3pm [ ] Evenings 3-7pm  
(under 18, you cannot volunteer past 7pm)

**PREFERRED DAYS:** [ ] Sunday [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday

**REFERENCES** *(Please do not include names of relatives)*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone \_\_\_\_\_ (This is a: \_\_\_ Home \_\_\_ Cell \_\_\_ Work number)

**SIGNATURE**

- The information on this application is true to the best of my knowledge. I understand that false statements made as part of this application will be considered cause for dismissal.
- I understand that if I am accepted as a Summer Student Volunteer, I will not be paid for my services.
- I understand that if I am accepted as a Summer Student Volunteer, I will agree to abide by the guidelines of the Volunteer Services Program.
- I grant authorities of this hospital to investigate my references.
- I understand that Criminal Offender Record Information (CORI) checks are required for all applicants over the age of 18. Acceptance to the volunteer program is contingent upon successful clearance of CORI evaluation.

\*Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If you are under 18 years of age, the signature of a parent or guardian is required:

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Mail or deliver completed application:**

Lawrence General Hospital  
Volunteer Services  
1 General Street  
Lawrence, MA 01841

[Brenda.leblanc@lawrencegeneral.org](mailto:Brenda.leblanc@lawrencegeneral.org)

Fax: 978-946-8338

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Directions:** Please take this form to your health care provider for completion. The lab tests needed when immunization records are not available may be costly, and you are responsible for payment. Please be diligent in getting your records from your private physician, school record or previous employer.

**For Health Care Provider Completion:** For this individual to qualify to volunteer at Lawrence General Hospital, there are minimal infection control standards that need to be met. **A list of the standards is on the next page. Please complete the form below with special consideration to the following:** If there is no evidence of measles and/or rubella immunity, please administer MMR or draw titer(s). For questions on form completion, 978-683-4000, ext. 2645. Thank You.

**Signature and printed name/stamp of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A copy of your immunization records or your school health record is acceptable. In addition, we need a copy of your COVID vaccine card.

**Office/Clinic Name or Stamp:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

<b>MMR</b>	MMR #1 DATE: _____ or <input type="checkbox"/> Titer, please provide documentation MMR #2 DATE: _____ <input type="checkbox"/> MMR Booster, please provide documentation
<b>TDAP</b>	TDAP Date: _____
<b>VARICELLA</b>	History of two documented vaccines or else provide a positive immune titer Vaccination Dates: #1: _____ #2: _____ or Titer, please provide documentation
<b>HEP B</b>	Hepatitis B Vaccine Date # 1: _____ <input type="checkbox"/> Titer, please provide documentation Hepatitis B Vaccine Date # 2: _____ <input type="checkbox"/> Or Declination Signed: _____ Hepatitis B Vaccine Date # 3: _____
<b>TB</b>	Date Planted: _____ Date Read: _____ Result in MM: _____ <input type="checkbox"/> TB Assessment Risk Form completed and included with application <input type="checkbox"/> Date Q-GOLD TB Blood Test completed, please provide documentation
<b>FLU</b>	<input type="checkbox"/> Flu Vaccine: please provide documentation
<b>COVID</b>	<input type="checkbox"/> COVID Vaccine: Include a copy of an official CDC-issued vaccination card OR Massachusetts Vaccine Record (if administered in MA), visit MYVAXRECORDS.MASS.GOV for details

**Occupational Health**, 2<sup>nd</sup> Floor, 25 Marston Street, Suite 204  
Lawrence, MA Monday – Friday, 8:30am – 4:00pm

## Infection Control Standards for Health Clearance

### Tuberculosis Screening and Chest X-Rays. *One of the following is required:*

- A. One (1) PPD Skin test within the *past 12 months and complete a TB Risk Assessment Form.*
- B. For individuals known to be PPD test positive proof of a negative chest x-ray and report of review from pediatrician/PCP are required.
- C. Receive the IGRA blood test such as the QuantiFERON – TB Gold blood test or T-SPOT TB.
- D. Ongoing volunteers will complete a yearly TB Risk Assessment Form.

### Measles and Rubella Immunity. The following is required:

- A. Documentation of two MMR vaccines, or
- B. Proof of immunity to measles, mumps and rubella by titer (blood test done by your private Physician. Please note that you will be responsible for payment for this test.)

### Hepatitis B Vaccine. For individuals who may be exposed to blood or body fluids during their experience at LGH:

- A. Documentation of the Hepatitis B series, or
- B. Not all volunteers will need to have a Hep B Surface Antibody test done, only **those volunteers who are reasonably anticipated to have exposure to blood or other potentially infectious materials**” per OSHA guidelines.

Chicken Pox: History of two documented vaccines or else provide a positive immune titer.

Flu Vaccine: 100% compliance during Flu Season, per the CDC.

COVID Vaccine: Individuals are considered “fully vaccinated” (1) **two weeks after receiving the second dose in a two dose COVID-19 vaccine series** or (2) **two weeks after receiving a single dose COVID-19 vaccine.** LGH currently requires that employees, volunteers, medical staff are fully vaccinated against COVID 19. LGH also follows CDC recommendations in encouraging all to remain up to date with COVID vaccination.



## **Purpose or Description**

The good health, well-being, and safety of employees, patients, volunteers, contractors, students, and visitors are of utmost priority to Lawrence General Hospital. This policy endorses safe and healthful conditions which reduce illnesses to the lowest possible level and emphasizes compliance with CDC guidelines for maintaining a healthy work environment. This policy applies to employees, volunteers, contractors and students of Lawrence General Hospital and its affiliates. All Lawrence General Hospital employees, volunteers, contractors and students have individual responsibilities to take reasonable care for their own health and safety and for that of others who might be affected by their acts or omissions.

## **Policy:**

The hospital endeavors to provide information, training, and safeguards to help hospital employees take the proper steps to avoid contracting and spreading illnesses and infections in the workplace.

## **Procedure:**

The following is a non-inclusive list of guidelines employees, volunteers, contractors and students are expected to follow in an effort to take every precaution to maintain a healthy environment for all who frequent the hospital and its affiliates.

### **1. Regularly assess and monitor for symptoms of illness.**

- a) Prior to coming to the workplace, all employees should self-evaluate for symptoms of illness.
- b) If you have any of the following symptoms, including but not limited to those below, consider calling out ill if not well enough to work and contact your PCP. You can also call Occupational Health at 978-683-4000, extension 2121 for guidance. . Do not come to work until you are well enough to do so and if out of work three or more days, until you have been cleared by Occupational Health.
  - Temperature > 99.5 (F)
  - Symptoms may include, but are not limited to:
    - cough
    - sore throat
    - shortness of breath
    - body aches
    - runny nose or congestion
    - vomiting
    - loss of taste or smell, etc.
- c) Utilize the LGH COVID employee resources to include “COVID-19 Testing Process Instructions” and the “Exposure Self-Assessment Algorithm” when concerned about symptoms or exposure to COVID-19.

### **1. Wash hands properly and frequently**

- a) Hand wash often with soap and water for at least 20 seconds and/or use hand sanitizer that contains at least 60% alcohol. This is especially important after being in public places, or after blowing your nose, coughing, or sneezing.
- b) Avoid touching eyes, nose, and mouth with unwashed hands.

### **1. Avoid close contact (social distancing)**

- a) Practice social distancing whenever possible.
- b) Replace handshakes with head nods and waves.
- c) Avoid using/sharing coworkers’ office space and equipment when possible.

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1. **Wear a face mask when around others.**
  - a) Face masks that cover your mouth and nose should be worn when you are experiencing upper respiratory symptoms of concern (runny nose, cough, frequent sneezing).
  - b) COVID 19: upon return to work after testing positive for COVID 19, mask wearing is required through day 10 post test.
  - c) During cold/Flu season if you are not vaccinated against the Flu or COVID
  - d) When requested to do so by a patient or family member.
2. **Cover coughs and sneezes**
  - a) Cover your mouth and nose with a tissue when coughing or sneezing or use the inside of your elbow.
  - b) Throw used tissues in the trash.
  - c) Immediately wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean hands with a hand sanitizer that contains at least 60% alcohol.
3. **Keep work areas clean.**
  - a) Use proper cleaning products and follow cleaning product instructions when cleaning work areas.
  - b) Clean and disinfect frequently touched surfaces daily to include tables, doorknobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
  - c) Clean surfaces that are dirty. Use detergent or soap and water prior to disinfecting with a disinfectant cleaning product.
4. **Employees should speak with their manager and/or Occupational Health if they have concerns regarding specific, health circumstances.**
5. **Follow hospital policies concerning health and safety requirements.**
  - a) Ensure you are aware of and understand hospital policies concerning health and safety requirements and recommendations. If you are uncertain about these requirements and/or recommendations, contact your manager.

**The following is a non-inclusive list of strategies hospital leaders shall consider when configuring and maintaining work areas, in order to promote health and safety:**

1. **Configure workspaces appropriately.**
  - a) If able and appropriate, arrange workspaces to allow for 6 feet of physical distancing; consider physical partitions to separate workstations to follow social distancing recommendations.
  - b) Minimize the use of confined spaces with others.
  - c) Ensure ventilation of enclosed spaces whenever possible.
  - d) Post visible signage throughout the unit/office to remind employees of safety and hygiene protocols.
2. **Maintain clean work areas.**
  - a. Provide adequate cleaning products.
  - b. Provide adequate soap and water, hand sanitizer where applicable.
  - c. Provide face coverings and other PPE applicable to the position; provide training and promote proper usage.
  - d. Require employees to keep individual office spaces clean as indicated above, at the start and end of every shift.
  - e. Ensure regular cleaning of work areas, to include off site locations.

**The following is a non-inclusive list of strategies hospital leaders shall consider in order to promote health and safety:**

1. **Promote ongoing health and well being.**
  - a. Provide regular training and education to staff regarding policies and processes that focus on safety, health and wellness and processes for proper health and safety reporting.
  - b. Regularly evaluate work sites to ensure compliance with health and safety guidelines.
  - c. Provide information regarding the Employee Assistance Program and/or Chaplain services as needed.
  - d. Lawrence General Hospital has an established, wellness committee, which assists employees and their families with improving their health and engaging in preventive measures. Encourage participation in the various wellness initiatives offered by this committee.

**HEALTH AND WELLNESS MEASURES IN THE WORKPLACE**

I have read and been informed about the content, requirements, and expectations of the Health and Wellness Measures in the Workplace policy for employees, volunteers, students and contractors at Lawrence General Hospital. I have received a copy of the policy and agree to abide by the requirements outlined in the policy.

I understand that if I have questions, at any time, regarding the Health and Wellness Measures in the Workplace policy, I will consult with my immediate supervisor or Human Resources (x2602)

Please read the Wellness Measures in the Workplace policy carefully to ensure that you understand the policy before signing this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
Date

If you are under 18 years of age, the signature of a parent or guardian is required:

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
Date



## Volunteer Agreement And Parent Agreement if Volunteer is a Minor

### Confidentiality and HIPAA (Health Insurance Portability and Accountability Act)

Confidentiality is extremely important in health care. Often people breach confidentiality and do not even realize they have done so. It is very important that we are constantly aware of every individual's right to privacy, and that it is respected. With the HIPAA regulations and The Joint Commission's focus on confidentiality, it is your responsibility to ensure privacy is not breached:

- Do not leave patient information on computer screens and walk away. Always make sure you have removed any identifying patient information.
- Do not discuss patients in any public area, the hallways, elevators, and cafeteria or outside the hospital. You never know who is listening.
- Make sure to keep your voice down when discussing patient sensitive information at the nursing station and/or in the patient's room.
- Keep patient sensitive information turned face down in the work area.
- Computer *passwords* must not be shared.
- **NEVER** dispose of patient information in any trash container or recycling bin.
- Using cell phone cameras to photograph patients or their patient information is *strictly prohibited*, as is posting those pictures on social media sites such as Facebook or Twitter.
- You may see family, relatives, or friends. You may also be asked by someone to find out the status of a patient. However, you must not discuss any patient information outside of the hospital. Violations of confidentiality may result in you losing your volunteer position and may also result in liability to you personally.

\*In signing this statement of confidentiality, I agree to support Lawrence General Hospital's strong tradition of protecting the privacy of our patients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
Date

If you are under 18 years of age, the signature of a parent or guardian is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
Date