



Dear Parent:

Thank you for encouraging your child to volunteer at Hudson Regional Hospital. The Junior Volunteer Program is quite broad and covers many areas of interest that should be of great value in helping students plan a future career. There is much to be gained from time spent helping in the hospital, not the least of which is the satisfaction gained from helping others.

The Junior Volunteers have an orientation and an in-service training program here at Hudson Regional Hospital. They will be trained to do the work that is expected of them and will be given the opportunity to learn many things about the hospital. In order to partake in the training on patient floors, it is necessary that your child bring proof of immunization against measles as well as Mantoux (tuberculosis) testing.

1. In assuming the commitment of volunteer work, your child is to make sure he/she can assume hospital work as an extra-curricular activity.
- 2, Remind your son/daughter that they have an obligation to the hospital and to call in advance if they cannot keep their schedule. The Volunteer Office number is 201-392-3397.
3. Every volunteer is required to wear a jacket (these can be purchased for \$20 from the Volunteer Office after your child is cleared for volunteering).
4. Please discuss your child's schedule with him/her before the orientation session. Also have a plan for transportation.

On behalf of Administration and every patient at Hudson Regional Hospital who will be helped by the effort of you and your child, let me thank you for your interest and cooperation.

Sincerely,

Sabina Sanchez

Sabina Sanchez
Volunteer Services



Dear Junior Volunteer Applicant:

Thank you for inquiring about the Junior Volunteer Program at Hudson Regional Hospital. Enclosed you will find an application which must be completed and returned in the envelope provided.

Our Junior Program consists of the following:

1. Boys and girls who are ages 14 through 17 years old and who are in grades 9 through 12.

The minimum number of hours contributed to Hudson Regional Hospital must be 2 hours per week. Time reports, letters of completion or references are available from the Volunteer Coordinator.

2. Hours and schedule of volunteer hours will be discussed when orientation and medical requirements are complete.
Boys and girls are asked to dress appropriately for a professional healthcare environment. Required volunteer jackets will be available for purchase for \$20.00 once you have been cleared to volunteer.

Becoming a volunteer will be a valuable experience during your high school years. We look forward to working with you.

Sincerely,

Sabina Sanchez

Sabina Sanchez
Volunteer Services
Hudson Regional Hospital
55 Meadowlands Parkway
Secaucus, NJ 07094
201-392-3397
ssanchez@hudsonregionalhospital.com

HUDSON REGIONAL HOSPITAL JUNIOR VOLUNTEER APPLICATION

Name: _____ E-mail: _____

Address: _____ Telephone: _____

_____ Date of Birth: _____

Father's Name: _____ Mother's maiden name: _____

Name of person to notify in case of illness: _____

Relationship: _____ Telephone: _____

Why do you want to volunteer at Hudson Regional Hospital? _____

Name of school: _____ Grade: _____

Address: _____

Name of Guidance Counselor: _____

Is this to fulfill a school or church requirement? YES () NO () Hours required: _____

I will notify the Director of Community Service if I am unable to keep my volunteer assignment. I agree to abide by the requirements of Hudson Regional Hospital and the service to which I am assigned. I will keep in confidence all information I may hear directly or indirectly concerning a patient, doctor, employee or volunteer.

I agree **not** to leave the hospital grounds until my volunteer services are completed for the day.

Signature: _____ Junior Volunteer

PARENT'S AGREEMENT: I permit my son/daughter _____ to serve as a Junior Volunteer at Hudson Regional Hospital.

Signature: _____ Parent/Guardian Date: _____

HUDSON REGIONAL HOSPITAL
55 Meadowlands Parkway
Secaucus, NJ 07094
201-392-3397

VOLUNTEER SERVICES CONSENT FOR TREATMENT

In the event my son/daughter becomes ill or injured while performing volunteer service, and I cannot be reached, I hereby give Hudson Regional Hospital permission to administer emergency treatment, until I can be notified.

Signature

Date

FOR VOLUNTEER OFFICE USE

Evaluation form sent: _____

Returned: _____

Interview Date: _____

By: _____

Safety Manual Reviewed: _____

Start Date: _____

Resigned Date: _____

Uniform given: _____

Uniform Returned: _____

ID Badge given: _____

Sign-in Procedure _____

New Volunteer Orientation: _____

Birthday List: _____

Computer Entry _____



Dear Parent/Guardian:

Junior Volunteers are required to have a two step Mantoux Tuberculosis Test. This is in response to the Center for Disease Control (CDC) requirement. If your child has had a TB **screening in the last 6 months**; please provide copies of the documentation. Your child will only need to have the screening once which will be available at the orientation session. If your child needs both screenings; they will receive the first one at orientation and then the second one week later. These screenings will be conducted at no charge to you.

Included with this letter is “FACTS ABOUT THE TB SKIN TEST”. This will explain the importance of this tuberculosis test, what the skin test is, what a positive reaction is, and who should get a skin test.

The benefit to testing is Hudson Regional Hospital’s commitment that our volunteers are very important to us. We would like our volunteers to be healthy and to assure the health of our patients.

As our Junior Volunteers have not reached the age of consent, we are asking your permission for them to take advantage of this testing. Please be aware that if you choose not to have your child tested, **they will be unable to volunteer**.

Please complete the consent form on the next page and return it via email or mail. Should you have any questions or concerns, please do not hesitate to contact me at 201-392-3397.

Sincerely,

Sabina Sanchez

Sabina Sanchez
Volunteer Services
Hudson Regional Hospital
55 Meadowlands Parkway
Secaucus, NJ 07094
201-392-3397
ssanchez@hudsonregionalhospital.com

Volunteer Name _____

Parent/Guardian Consent for Mantoux Tuberculosis Testing

I have read and understand the attached description of 'FACTS ABOUT THE TB SKIN TEST'.

I hereby permit my son/daughter _____ to receive the Mantoux Tuberculosis Test as a requirement of volunteering at Hudson Regional Hospital.

Signature

FACTS ABOUT THE TB SKIN TEST

WHY IS THE TB SKIN TEST IMPORTANT?

A skin test is the only way to tell if you have TB infection. “TB” is short for a disease called tuberculosis. TB is spread by tiny germs that can float in the air. TB germs may spray into the air if a person with TB disease coughs or sneezes. Anyone can breathe TB germs into their lungs.

The germs can stay in your body without making you sick. This is called TB infection. For most people, the body’s immune system traps the TB germs.

But sometimes the TB germs can break away. Then they cause TB disease. The TB germs can attack the lungs or other parts of the body. If you have TB infection, you may need medicine that helps you and other people from getting sick with TB.

WHAT IS THE SKIN TEST?

The TB skin test is usually done on your arm. A small needle is used to put some testing material, called tuberculin, under your skin. In two or three days, a health worker will check to see if there is a reaction to the test.

The TB skin test doesn’t make you get TB. It is not a vaccine that prevents TB, like a flu shot helps prevent influenza. But it helps you find out if you have TB infection. Then you and your doctor can help you and other people from getting sick with TB.

WHAT IS A “POSITIVE REACTION”?

The TB skin test is positive if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have TB infection. Your doctor will give you other tests such as a chest x-ray to make sure you do not have TB disease. You may need medicine to keep you and other people from getting sick.

If you got the BCG vaccine (which is given in some countries but not usually given in the US) you may have a positive reaction to the TB skin test. Your doctor may give you other tests.

If you have HIV infection (the AIDS virus), or other conditions that make the body’s immune systems not work well, your body may not react to a TB skin test. Your doctor may give you

other tests. Also, if you got TB infection very recently, you may not yet react to the TB skin test. Your doctor may give you other tests.

Tell the doctor or health worker if you have ever had a positive reaction to a TB skin test or if you have been given TB drugs before.

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WHO SHOULD GET A TB SKIN TEST?

Everyone should have a TB Skin test at least once and should know whether the reaction was positive or negative. You should also be tested if there is any chance you have been infected with TB germs.... recently or many years ago.

You should be tested more often if you are at high risk of TB infection. If you have HIV infection, it is very important to get tested for TB infection at least once a year.

Other people at high risk include: people with medical conditions that increase the risk of TB (such as diabetes, the dust disease silicosis, or people undergoing treatment with drugs that affect the body's immune system, such as long-term use of corticosteroid); people from countries with high TB rates; people who do not get medical care, especially in low-income communities; people who work in or are residents of long term care facilities such as nursing homes, prisons, and hospitals; people who are very under-weight; alcoholics and intravenous drug users.

SYMPTOMS OF TB DISEASE

People who are sick with symptoms that can mean TB disease should see a doctor now. These symptoms may include feeling tired or weak all the time, weight loss, fever, night sweats, long term cough, chest pain, coughing up blood.

IF YOU WANT MORE INFORMATION OR HELP

For more information about tuberculosis contact your local American Lung Association or health department. You can help in the fight against tuberculosis and all lung disease by helping people know the facts, and by supporting your local American Lung Association.

IT'S A MATTER OF LIFE & BREATH!



Volunteer Medical History

Name: _____

Address: _____

Date of Birth: _____ **Sex:** _____

Family Physician: _____

Address: _____ **Phone:** _____

MEDICAL HISTORY: Have you ever had or do you presently have: **YES** **NO** **EXPLAIN**

Breathing Problems (asthma, emphysema, etc)	_____	_____	_____
High or Low Blood Pressure	_____	_____	_____
Heart Problems/Poor Circulation	_____	_____	_____
Back Problems	_____	_____	_____
Arthritis	_____	_____	_____
Hearing Problems	_____	_____	_____
Visual Problems (glasses, glaucoma, cataracts)	_____	_____	_____
Nervous Condition	_____	_____	_____
Chronic Illness (diabetes, epilepsy, etc)	_____	_____	_____
Allergies	_____	_____	_____
History of any surgery	_____	_____	_____
History of any work related injury	_____	_____	_____
Are you taking any medications?	_____	_____	_____

When was your last Tuberculosis test? _____

Were your results significant? _____ **Yes** _____ **No**

If yes, are you currently receiving treatment? _____ **Yes** _____ **No**

IMMUNE STATUS: **Have you ever had or been vaccinated or tested for:**

German Measles (Rubella) *Documentation Required _____

Measles (Rubeola) For those born after 1956 *Documentation Required _____

Chicken Pox (Varicella) _____

Shingles _____

Any other contagious disease _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date: _____ **Signature** _____

Parent/Guardian Signature _____

