

**Summer Junior Volunteer Program
2024 Information Packet**

February 1, 2024

Dear Prospective Junior Volunteer:

Thank you for your interest in the 2024 Junior Volunteer Program at Baylor Scott & White Medical Center – Grapevine. The summer Junior Volunteer Program is a competitive program for students entering 11th - 12th grades in the fall of 2024 (ages 16-18) that have an academic average of 3.0 or above, have an interest in a career in healthcare and have ***not*** previously participated in the program.

The information in this packet is only for Baylor Scott & White Medical Center – Grapevine location: 1650 West College Street, Grapevine, TX. Every Baylor hospital located in the North Texas region has their own application. Specific requirements and deadlines for Baylor Grapevine are below.

As a junior volunteer your specific goal is to enhance the patient experience. All duties done by junior volunteers benefit our patients, their family members, visitors, team members and the perception of Baylor Scott & White Medical Center – Grapevine.

Please be aware that this program does not include ‘job shadowing,’ following physicians/nurses/techs, going into surgery, the emergency department or any other clinical experience.

As we strive to meet the needs of the hospital, all junior volunteers are assigned to our Guest Relations role that involves assisting patients and visitors navigate their way through the hospital. This is an important part of our patient’s experience and you will gain more experience if you are committed, dependable and open to the various tasks asked of you.

Baylor Scott & White Medical Center – Grapevine will offer two 3-week junior volunteer sessions. Each session will be 5 days a week, Monday – Friday, 4 hours a day for three weeks. There are two shifts available: Mornings, 9:00 a.m.—1:00 p.m. and Afternoons, 1:00 p.m.—5:00 p.m. **You are expected to volunteer every day for those three weeks. Please do not apply to the program if you are unable to commit to a full session—5 days a week for three weeks (60 hours).**

Session A begins Monday, June 10 through Friday, June 28

Session B begins Monday, July 8 through Friday, July 26

We understand that many of you have busy schedules during the summer. Given the fact that we have a limited number of slots available, we ask that you consider whether a commitment for the entire Junior Volunteer Program is something you are able to fulfill.

All applicants are welcome to apply. In addition to targeting students with an interest in healthcare, we give preference to children/grandchildren of Baylor Scott & White Medical Center – Grapevine team members, volunteers, and affiliated physicians.

Application Requirements

All items below must be received in the Volunteer Office in a complete packet no later than **5 p.m. on Thursday, February 29, 2024**. Please send completed applications to CiCi Cates, Manager, Volunteer Services, 1650 West College Street, Grapevine, TX 76051. **Incomplete packets are not processed.**

1. A completed Application
2. The completed Medical Authorization Form
3. Completed Background Check Consent and Substance Abuse Consent to Screen form
 - a. Student must sign form
 - b. Parent/Guardian must sign forms if junior volunteer is under the age of 18
 - c. These will only be checked upon acceptance into the program
4. The completed Student Learning Commitment Agreement
5. Copy of your Immunization Record including documentation for the following vaccinations or titers:
 - a. MMR x 2
 - b. TDAP (adult vaccine – not Dtap)
 - c. Varicella x 2 (if you had the chicken pox, you will need to provide titers)
 - d. Hepatitis x 3
 - e. Flu (received after 8/1/2023)
 - f. Covid (fully vaccinated – i.e., 1 Johnson & Johnson, 2 Moderna or 2 Pfizer)
6. Two (2) non-family member recommendation letters. These letters should come from someone who knows you and your work ethic (for example, school administrators, teachers, counselors or employers). ***Letters from friends and relatives are not accepted.***
7. An unofficial copy of your school transcript (obtained from your school's admissions office) showing a GPA of 3.0 or higher. A copy of the classes you are taking is not acceptable.
8. Provide a professional essay (one-page, single spaced, typed – Times New Roman 12 font) that tells us the following information:
 - a. Why you want to volunteer in Baylor Scott & White Medical Center – Grapevine's Junior Volunteer Program;
 - b. What you bring to the program that makes you stand out from the other applicants;
 - c. What you expect to gain from the program;
 - d. A specific measurable goal you accomplished in your life;
 - e. What you did to reach that goal; and
 - f. Why you were proud of yourself for accomplishing that goal.

Due to the large number of applications received, we are not able to confirm receipt of any application.

Acceptance into the Junior Volunteer Program

- Every junior volunteer applicant that meets the initial steps of the application process will be contacted to come in for an interview.
- Junior volunteers that do not meet the initial steps of the application process will receive an email letting them know they were not accepted into the program.

- If you are accepted into the program, you will receive notice of your acceptance into the program via email no later than Friday, March 29, 2024. That email will provide additional detailed information regarding the next steps in the process. Any junior volunteer that does not complete the additional steps within the defined timeframe will be removed from the program.
- **Junior volunteers accepted into the program will be required to have a drug screen and TB Quantiferon Gold screen done at our Employee Health office. A parent/guardian must accompany the junior to this appointment to sign legal documents. Juniors accepted into the program must successfully pass a background check and drug screen. Any junior that does not pass the drug screen or background check will be removed from the program.**
- Junior volunteers accepted into the program will be required to purchase their uniform shirt for a fee of \$25.
- Every junior volunteer **must attend** the **MANDATORY** student-only orientation that coincides with the session assigned to the junior volunteer. Orientations will be on the first day of each session. If you do not attend the **MANDATORY** orientation, you will be removed from the program.

Completion of this application does not guarantee acceptance in the program.

Decisions of Volunteer Services are final.

Respectfully,

CiCi Cates, Manager
Volunteer Services
817-329-2665



Volunteer Services
1650 West College Street
Grapevine, TX 76051

JUNIOR VOLUNTEER APPLICATION

Name: _____
 Last First Adult Size Polo

Address: _____
 Street Name City State Zip

_____ Cell Phone Home Phone

_____ E-Mail Address Age Birthday (mm/dd/yy)

_____ Student ID Number School Attending in Fall 2024 Grade Fall 2024

Parent (or Guardian) Name: _____

Emergency Contact: _____
 Name Relationship Phone Number

Do you use any type of nicotine products? Yes _____ No _____

School Activities: _____

Community (volunteer) Activities

Work/Employment Experience:

Are you related to a Baylor Scott & White Medical Center – Grapevine staff member, affiliated physician or volunteer? If yes, please provide name and relationship of relative _____ Yes No

Have you applied to volunteer at any other organizations this summer (including any Baylor Scott & White facilities)? If yes, please provide the name and locations of those organizations. Yes No

JUNIOR VOLUNTEER PROGRAM

Medical Authorization Form

The following is needed in case your child becomes ill or is injured while volunteering in the hospital as a junior volunteer. This information will be held in highest confidence.

I, _____, parent/legal guardian of _____ give authorization for EMERGENCY medical attention in Baylor Scott & White Medical Center – Grapevine’s Emergency Room and authorize the following persons to be contacted in the event of illness or an accident while my child is volunteering as a junior volunteer.

1. _____
Name Address Phone

2. _____
Name Address Phone

PHYSICIAN TO BE CONTACTED:

Name Address Phone

Please indicate primary insurance holder:

Subscriber’s Name Birth Date Group No. Policy No.

Junior Volunteer’s Relationship to Subscriber: _____

Please give us any additional information we might need to know in case of an emergency

Parent or Legal Guardian Signature: _____
Name Date

Baylor Health Care System
(hereinafter referred to as "BHCS")**CONSUMER AUTHORIZATION FOR BHCS TO OBTAIN A CONSUMER REPORT AND AN INVESTIGATIVE CONSUMER REPORT**

I hereby authorize BHCS to request, have prepared, and obtain one or more consumer reports and one or more investigative consumer reports regarding me from a consumer reporting agency for the purpose of evaluating me for employment or volunteering purposes, including a pre-employment screening, or, if hired, any employment purposes related to your continued employment with BHCS. **I understand that these reports may contain information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources, creditors or other credit sources, or through personal interviews with my neighbors, friends or associates.**

I understand that information about me, whether or not compiled in a consumer report or investigative consumer report, may be communicated among persons who are related to BHCS by common ownership or affiliated by corporate control, and that I may direct that such information not be communicated among such persons.

I understand that I have the right to request from BHCS additional disclosures regarding the nature and scope of any investigation that forms the basis of an investigative consumer report. BHCS will respond, in writing, within five days of receiving the request or the date that the report was first requested, whichever is later.

I also acknowledge that I have received and reviewed a stand-alone "Disclosure to Consumer," which contains a summary of my consumer rights as defined by the FCRA. **This Disclosure to Consumer also informs me that BHCS may obtain, after receiving written authorization from me, one or more consumer reports and/or one or more investigative consumer reports from a consumer reporting agency for the purposes of evaluating me for employment purposes.**

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I agree that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee or as a volunteer. If I am under the age of 18 years, my parent or guardian has also read this authorization and accompanying consumer notification and consented to BHCS's obtaining Consumer Report and an Investigative Consumer Report.

Print Name

If name changed (through marriage or otherwise)
print former name(s) here.

Social Security Number
(for identification purposes only)

Date of Birth
(for identification purposes only)

Signature

Date

For Applicants under Age 18:

I understand and agree to the above terms, and authorize BHCS obtain a Consumer Report and Investigative Consumer Report on my minor child or dependent.

Signature of Parent or Guardian

Date

Printed Name of Parent of Guardian

Baylor Health Care System
(hereinafter referred to as "BHCS")

DISCLOSURE TO CONSUMER

This disclosure is to inform you that BHCS may obtain, after receiving written authorization from you, one or more consumer reports and/or investigative consumer reports from a consumer reporting agency HireRight for employment related purposes, including a pre-employment screening, or, if hired, any employment purposes related to your continued employment with BHCS.

A consumer report or investigative consumer report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources, creditors or other sources, or through personal interviews with your neighbors, friends or associates. You have the right to request from BHCS additional disclosures regarding the nature and scope of any investigation that forms the basis of an investigative consumer report. Such request should be made to:

Baylor Scott & White Health
Attn: Employee Relations
301 N. Washington Avenue
Dallas, TX 75246

BHCS will respond, in writing, within five days of receiving the request or the date that the report was first requested, whichever is later.

Para informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A Consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to an employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you chose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or in some cases a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air Carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center-FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency Bank

Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center

P.O. Box 1200
Minneapolis, MN 55480
c. FDIC Consumer Response Center

1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration

Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, S.E. Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street, S.W.
Washington, DC 20423
Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, S.W., 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F Street N.E.
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA
Washington, DC 20580
(877) 382-4357

Baylor Scott & White Health
(hereinafter referred to as "BSWH")**SUBSTANCE ABUSE IN THE WORKPLACE POLICY**
APPLICANT CONSENT TO SCREEN
BAYLOR SCOTT & WHITE HEALTH ("BSWH System")

I hereby agree, upon a request made under the BSWH System Substance Abuse in the Workplace Policy ("Policy"), to submit to a drug and alcohol screening and to furnish a sample of my urine, breath, hair, saliva and/or blood for analysis. I understand and agree that if at any time I refuse to submit to the screening under the Policy, or if I otherwise fail to cooperate with the screening procedures, my offer of employment or placement as a volunteer may be rescinded. I further authorize and give full permission to have the BSWH System contracted, approved third party vendor collect and screen the specimen pursuant to the Policy, and for the contracted, approved vendor to release any and all documentation relating to such screening to BSWH System. Finally, I authorize BSWH System to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized BSWH System officers, employees, and agents will have access to information furnished or obtained in connection with the screening; that BSWH System will maintain the results of such screening in a separate personnel file and protect the confidentiality of such information as required by law; and that BSWH System will share such information only to the extent necessary to make decisions regarding employment or volunteer placement and to respond to inquiries or notices from government entities.

I will hold harmless BSWH System, its contracted, approved third party vendor, and any testing laboratory BSWH System might use, for any alleged harm to me that might result from such screening, including rescission of any offer of employment or volunteer placement, or any other kind of adverse action that might arise as a result of the screening, even if a BSWH System or laboratory representative makes an error in the administration or analysis of the screening or the reporting of the results. I will further hold harmless BSWH System, its contracted, approved third party testing laboratory for any alleged harm to me that might result from the release or use of information or documentation relating to the screening, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This consent has been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered. If I am under the age of 18 years, my parent or guardian has also read and consented to the drug and alcohol screening and the terms of this consent.

Signature of Volunteer_____
Date_____
Social Security Number_____
Name – Printed_____
Driver's License Number and State**For Applicants under Age 18:**

I understand and agree to the above terms, and authorize BSWH System to conduct a drug and alcohol screening test on my minor child or dependent.

Signature of Parent or Guardian_____
Date_____
Printed Name of Parent or Guardian Name

STUDENT LEARNING COMMITMENT AGREEMENT

I, a student, if accepted into the Summer Volunteer Program, agree to:

- Attend the mandatory *Student-Only Orientation*.
- Commit to volunteering the entire 60 hours of the session I am assigned to with the understanding that the program runs for three weeks, 5 days per week, 4 hours per day.
- Show up to volunteer on time and volunteer the full hours assigned. Have reliable transportation to the hospital. Call the Volunteer Manager if I am ever running late or unable to volunteer on a specific day.
- Follow the appropriate dress code and policies, as defined by the hospital.
- Understand that I must submit on this form, any known conflicts I have with meeting the obligations set forth in this information packet. I have checked the appropriate blank below:

_____ I have no known conflicts that would prevent me from 100% participation in the Summer Junior Volunteer Program as described in this Information Packet.

_____ I have the following conflicts that would prevent me from 100% participation in the Summer Volunteer Program as described in this Information Packet:

- I understand that in accepting this volunteer position, subject to the clearing of any conflicts listed above, I am **committed** to full participation in the program and will not later accept a conflicting offer that would prevent my participation in the program.

_____ day of _____, 2024

Signature of Student

I/We, the parent(s) and/or guardian(s) of a student accepted into the Summer Junior Volunteer Program, have read this agreement and agree to support my/our student in following through on his/her commitment to the Summer Junior Volunteer Program.

_____ day of _____, 2024

Signature of Parent/Guardian

_____ day of _____, 2024

Signature of Parent/Guardian