

Southern Ohio Medical Center

Very Good things are happening here

1805 27th Street
Portsmouth, OH 45662

740|356-5000
www.somc.org

April 1, 2025

Dear Junior Volunteer Applicant:

Volunteer Services is excited to announce that the Junior Volunteer program at SOMC will return June 2025!

In regards to this program, participation is a privilege and a responsibility – but it's also a fun and valuable learning experience. In addition, it is a great reference for employment and college application purposes. The program will also give you the opportunity to learn about the many career possibilities in healthcare as you learn the essentials of commitment and responsibility while serving others in a meaningful way.

This year's Junior Volunteer Program will begin June 9th through August 1st. Effective 6/7/2023, the COVID-19 Vaccine will no longer be required for health care staff (including employees, contracted staff, students, and volunteers). COVID-19 Vaccines will continue to be offered for these groups as part of the onboarding process. However, if the individual has not previously been vaccinated, and does not wish to receive the vaccine, a signed COVID-19 Vaccine Declination form will be required. This form is available in the Volunteer Office.

The Junior Volunteer program's primary goals are to teach the value of community service and to expose our Junior Volunteers to the healthcare field. Qualities that we are looking for in our Junior Volunteers include: dependability, promptness, honesty and professionalism. SOMC has Performance Standards that you will be expected to abide by: Attitude, Compassion, Teamwork, Intercommunication, Ownership, Neat Appearance, and Sincere Customer Attention.

Once you have completed the enclosed application for the Summer Junior Volunteer program please return the required information to the Volunteer Office for review (1805 27th Street, Portsmouth, OH 45662). Acceptance letters for the program will be mailed by May 12th. If you are selected as a Junior Volunteer, you will need to have a 2-step Tuberculin Skin Test, which will be provided by SOMC at no charge. This is not required at the time of your application. However it is required to be completed once you are accepted and prior to orientation.

Again, thank you for your interest in our program and we look forward to hearing from you.

If you should have any additional questions or need further information please feel free to contact me at your convenience.

Sincerely,



Jenny Lavender
Manager, Volunteer Services

Volunteering enriches your
life!

lavendej@somc.org

740-356-8234 (work)



**SUMMER JUNIOR
VOLUNTEER
PROGRAM**

2025 Summer Application Packet

WELCOME!

We are excited you are applying to the 2025 Summer Junior Volunteer Program at Southern Ohio Medical Center! Volunteering can be very rewarding and we hope to provide you with an experience that will stay with you throughout your life.

Selected participants will have the opportunity to meet and learn from medical professionals throughout our system and with several career options to investigate.

We look forward to having you as a part of our SOMC Volunteer Team!

SOMC SUMMER JUNIOR VOLUNTEER PROGRAM

PACKET CONTENTS

PLEASE COMPLETE ALL DOCUMENTS

Your Summer Junior Volunteer Packet contains:

- An overview of SOMC's Summer Junior Volunteer Program
- Junior Volunteer Application
- Letter of Reference Form
- Instructions for the Personal Essay
- Parental/Guardian Agreement
- Dates to Remember
- Checklist

OVERVIEW

WHO ARE SOMC SUMMER JUNIOR VOLUNTEERS?

Summer Junior Volunteers are between the ages of 16 – 18 years of age, who give their time to assist with patient and non-patient care. All of their kind and generous efforts definitely adds to the comfort and happiness of our patients, staff, and visitors.

WHEN DO SUMMER JUNIORS VOLUNTEER?

Each Summer Junior Volunteer has his or her own schedule, arranged with the Volunteer Office. Schedules are dependent upon the needs of the departments, as well as the availability of the Junior Volunteer. Summer Junior Volunteers are required to work at least one two-three hour shift per week (dependent upon the department needs).

WHAT ASSIGNMENTS DO SUMMER JUNIORS PERFORM?

- Business Offices
- Inpatient Hospice
- Medical Floors
- Cancer Center
- Gift Gallery and much more...

SOMC VOLUNTEER SERVICES CONTACT INFORMATION

- To contact SOMC Volunteer Services you may phone 740-356-8234. Or mail information to:
SOMC Volunteer Services
ATTN: J. Lavender
1805 27th Street
Portsmouth, OH 45662.

The Volunteer Office is located in the Waller Building—Suite 204A

INSTRUCTIONS FOR PERSONAL ESSAY

All Summer Junior Volunteer applicants must submit a one page essay by the application deadline date - **May 2, 2025**. Essay requirements are as follows:

One typed or legibly printed page essay and must address the following:

- What is your reason(s) for volunteering?
- What do you hope to gain from your volunteer experience this summer at SOMC?

Southern Ohio Medical Center

Very Good things are happening here
1805 – 27th Street, Portsmouth, OH 45662

Volunteer Services Junior Volunteer Application

We applaud your interest in becoming a Junior Volunteer. Once you have completed your application and turned it into the Volunteer Office you will receive notice informing you of the time and date for orientation. You must be 16 years old in order to volunteer at Southern Ohio Medical Center.

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Date of Birth: _____ Home Phone Number: _____
(Include year) (Include area code)

Cell Phone: _____ Email Address: _____

School you attend: _____

Emergency Contact: _____ Phone: _____

Their relationship to you: _____

Do you have any physical conditions which may limit your activities/abilities to perform any of the various volunteer jobs?

_____yes _____no If yes, please explain: _____

.....

Confidentiality Statement

I understand and agree that I must hold in strictest confidence any observation I may make or hear regarding any patient, family member or staff member at Southern Ohio Medical Center.

Signature of Student

Date

Signature of Parent or Guardian**

Date

**Parental signature indicates that SOMC can check references and perform a TB test. It also gives permission for minors to obtain emergency medical attention when reasonable attempts to reach the parent or guardian have been unsuccessful. I hereby release SOMC, employees, officers, members of the Board of Directors and members of the medical and clinical staff from any responsibility related to any illness or injury that may occur while volunteering at SOMC.

.....

For Volunteer Office Use Only

FLU Vaccination (October-March): _____ TB Administered, Step 1: _____ Step 2: _____

Orientation Date: _____ Interviewer: _____

Start Date: _____ Assignment: _____

Junior Volunteer Recommendation Form

(To be completed by a Counselor or Teacher)

Dear Counselor or Teacher:

Students who apply for junior volunteer work must have a recommendation form completed by their school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program and services. This information will be kept confidential. Please return the completed form to my office at the address listed below at your earliest convenience. Thank you for your assistance.

Jenny Lavender
Manager of Volunteer Services
Southern Ohio Medical Center
1805 27th Street
Portsmouth, OH 45662

Student's Name _____ Grade _____

Please check where applicable

Above Average

Average

Below Average

Attendance

Scholastic Record

Courtesy

Maturity

Additional Comments

Signature _____ Title _____

School _____ Phone _____

**Southern Ohio
Medical Center**

Very Good things are happening here

DATES TO REMEMBER

May 2

LAST DAY applications will be accepted

May 12

Acceptance letters will be mailed

June 4 & June 6

MANDATORY Summer Junior Volunteer Orientation

Week of June 9

Volunteering begins

August 1

Program ends

PROCEDURAL STEPS

1. Complete and sign the Junior Volunteer Application
2. Distribute the Letter of Reference Form to your guidance counselor or teacher for completion and include in packet before mailing
3. Review the Volunteer time commitment and responsibilities information with your parent or guardian and have them sign the Junior Volunteer Parent/Guardian Agreement
4. Return your completed paperwork, along with a photocopy of your up-to-date COVID Vaccination document to: SOMC Volunteer Office, ATTN: Jenny Lavender, 1805 27th Street, Portsmouth, OH 45662, or you may drop off to Volunteer Office (Waller Bldg.—Suite 204A)

CHECKLIST

- Junior Volunteer Application
- Letter of Recommendation
- 1 page (typed or legibly printed) Personal Essay
- Summer Junior Volunteer Parent/Guardian Agreement
- Photocopy of up-to-date COVID Vaccine documentation

If you should have any questions please contact the SOMC Volunteer Office at 740-356-8234.

INSTRUCTIONS FOR PERSONAL ESSAY

All Summer Junior Volunteer applicants must submit a one page essay by the application deadline date - **May 2, 2025**. Essay requirements are as follows:

One typed or legibly printed page

Essay must address the following:

- What is your reason(s) for volunteering?
- What do you hope to gain from your volunteer experience this summer at SOMC?

SUMMER JUNIOR VOLUNTEER PARENTAL/GUARDIAN AGREEMENT

Prospective Summer Junior Volunteer Name: _____

In signing this agreement:

- I will attend the MANDATORY Summer Junior Volunteer Orientation scheduled on: **June 4 and June 6, 2025.**
- I will accept the responsibility to set up a weekly schedule with Volunteer Services.
- I understand and will abide by the Summer Junior Volunteer commitment of 6 out of 8 weeks of service from June 9 – August 1, 2025.
- I will always dress in the appropriate attire during my shift.

As a Summer Junior Volunteer for SOMC, I realize that I not only represent myself, but also SOMC and the Volunteer Services Department, and I will perform my service with compassion, dedication and respect.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____