



Requirements for Junior Volunteers

2025 Summer Placement

**All applications and accompanying forms are due by
Friday, March 28, 2025**

- ☐ 14-17 years of age by May 1, 2025
- ☐ Complete the initial online applications at <https://volunteer-covenanthealth.icims.com>
- ☐ Complete Junior Volunteer Application Supplement (below) including:
 - ☐ Completed reference from school counselor or teacher
 - ☐ Parental Consents
 - ☐ Provided up-to-date immunization records
- ☐ Make and maintain A/B/C grades
- ☐ Attend a mandatory orientation May 19th from 2pm – 5pm.
- ☐ Commit to a minimum of six weeks of service during the summer
- ☐ Commit to a minimum of four hours of service during each of your six weeks

Note: Junior Volunteering is different than Job shadowing. Job shadowing is a function that is overseen by the Human Resources and Nursing Department's for students over the age of 18 in healthcare-related fields or through a school sponsored program.

Accompanying materials may be submitted to:

Fort Loudoun Medical Center * Administrative Offices Suite 208
550 Fort Loudoun Medical Center Drive * Lenoir City, TN 37772
Or email to Tmcclain@covhlth.com

If you have any questions or concerns please feel free to contact Tami McClain @ 865-271-6504

All forms are due by Friday, March 28, 2025

When will I know if I've been accepted as a Junior Volunteer?

All applicants will receive a confirmation email and information about orientation the week of

April 25, 2025



Junior Volunteer Application

☐ New Applicant

☐ Returning Volunteer

Age: _____

Have you completed the online application? (circle one) Yes No If no – please visit <https://volunteer-covenanthealth.icims.com> to do so.

If you're a returning volunteer you will need to log in and update last year's information.

Name: _____ Date of Birth: _____

School: _____ Current Grade: _____

Address: _____

City, State, Zip: _____ Social Security #: _____

Your email address: _____ Cell Number: _____

Parents' Name (s): _____

Parents' address (if different from above): _____

Home phone: _____ Cell phone: _____

Parents email: _____

Family Physician: _____ Phone: _____

Are you related to any employee at Fort Loudoun Medical Center? (circle one) Yes No

If yes, please list name, relationship and department: _____

Note: Hospital policy states that Junior Volunteers are not permitted to volunteer in any department where an immediate family member is employed.

Why would you like to do volunteer work at Fort Loudoun Medical Center? _____

Are you interested in a medical career? (circle one) Yes No

If so, in what area? _____

What are your hobbies, skills and special interests? _____

In addition to this volunteer service during the summer months, do you plan to:

☐ Go to school (summer) how many hours a weeks? _____

☐ Work (summer) how many hours a week? _____

☐ Do other volunteer work (where) _____

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Junior Volunteer Availability Form

Due to a large volume of Junior Volunteer applications, it is important we know you are committed to providing service during the entire summer. We request six weeks of service (on your assigned day). We understand many families take vacations during this time of year so it's important to note in order to provide sufficient volunteer coverage to each area we must know these anticipated missed days before you begin your commitment with Fort Loudoun Medical Center. This will help us to schedule accordingly ensuring department coverage.

Please list any known vacation dates between 5/20/2025 – 8/10/2025 (i.e; camps, mission trips, sports practices, vacations):

Date unavailable: _____

Date unavailable: _____

Date unavailable: _____

Below are departments you could be volunteering in at Fort Loudoun Medical Center.

Our goal is to rotate volunteers, so you can get an overview of fields within healthcare.

I would like to work (please check one): ☐ ½ day a week ☐ 1 day a week ☐ 2 days a week or more

*We will try to accommodate the frequency you would like to work but must allow all junior volunteers to work throughout the summer. **Blank schedules will be sent out on April 25, 2025, allowing each volunteer to select their preferred areas and shifts.** Again, we will do our best to accommodate everyone's wishes.*

Positions available as a Junior Volunteer.

- **Escorting Patients to service areas from Registration**
- **Clerical assistance in administration**
- **Answering phones and directing patients in Professional Building lobby**
- **Lab – Answering department phone and receiving drop-off's at window**
- **ER – Cleaning, stocking, clerical**
- **Physical Therapy – Assists staff with cleaning rooms and equipment and answering phones. Shifts are 9-noon and noon – 3pm**
- **Surgery – Assisting staff with preparing rooms for patients, preparing patient packets, cleaning rooms after patients leave. Works closely with clinical staff. Also, assists families of patients in surgery waiting area. Limited afternoon availability. Shift usually starts at 8am to noon and noon to 4pm**
- **Radiology**

Mandatory Junior Volunteer Orientation

Junior Volunteers (new and returning) are required to attend a **mandatory** orientation session. During this session you will receive all pertinent education to your work at Fort Loudoun Medical Center and receive your ID badge.

☐ **Monday May 19, 2025, 2pm-5pm** Professional Building Conference Room
(Begin volunteering week of May 20th)

☐ **Junior Volunteer shirts are provided.** Please let us know your shirt size so we can order in time for orientation. Size: _____

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Junior Volunteer Agreement, Parent Consents, and Immunization Record

(To be completed by Junior Volunteer – return with application)

To Fort Loudoun Medical Center:

If I am selected as a Junior Volunteer I shall do my best to provide service to the highest quality and fulfil my duties as a volunteer. I will abide by all policies of the medical center.

I will report at my assigned time.

I will wear assigned uniform and follow the facility dress code.

If I am unable to work my assigned time I will notify the Volunteer Coordinator at the medical center as far in advance as possible.

Signature: _____ Date: _____

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(To be completed by parents – return with application)

To Fort Loudoun Medical Center:

My daughter/son _____ has my/our permission to serve as a Junior Volunteer at Fort Loudoun Medical Center.

I/we will have the attached health certificate completed by our physician.

I/we agree to share in the responsibility of my child's volunteer commitment.

Parent (s) Signature: _____ Date: _____

Parent (s) Signature: _____ Date: _____

All forms are due by Friday March 28, 2025

Consent to Photograph, Videotape, Film, or Any Other Means of
Recording that Captures Images of Volunteers, Staff, or Physicians and to Use and Disclosure of the Same

Covenant Health Facility: Fort Loudoun Medical Center

1. Subject. I hereby consent to and authorize the above-referenced Facility to photograph, videotape, film, or by other means of recording capture images of me (the "Recordings") and use and disclose the Recordings for the purpose described below.
2. Purpose. I understand and agree that the Recordings shall be used and disclosed for the Facility's (and/or its related organizations') public relations, publicity, advertising, or promotional activities.
3. Venues. I understand and agree that the Recordings may be used for multiple applications, i.e., in print, broadcast media, and on Covenant Health-sponsored Internet sites.
4. Ownership; Compensation. I understand and agree that the Facility (and/or its related organizations) shall be the sole owner of all rights to the Recordings, whether in original format or as edited, subtitled, narrowed, or otherwise altered from time to time, and I understand and agree that I shall have no ownership, copyright, license, or any other property interest whatsoever in the Recordings. I further understand and agree I will not receive any compensation relating to the Recordings (e.g., for the making of the Recordings, for the live or subsequent broadcast of the Recordings, or for the use, disclosure, sale or transfer of the Recordings in any way by Facility or its agents, successors or assignees). I waive any and all rights I may have to any claims for payment or royalties in connection with any exhibition, televising, or other showing of the Recordings, regardless of whether such exhibition, televising, or other showing is under philanthropic, commercial, institutional, or private sponsorship, and regardless of whether a fee of admission, sale price, or rental fee is charged.
5. Release. I hereby release Facility and its related organizations (including Covenant Health), and their directors, officers, employees, and agents, from any liability arising from the making, use, and disclosure of the Recordings. In addition, I understand that dissemination of Recordings for authorized marketing purposes may involve unsecured e-mail transmissions to media outlets at the outlet's request, and I release Facility and its related organizations and representatives from any liability arising from unsecured media communication channels.
6. Expiration. This consent will expire in six (6) years unless I provide an alternate expiration date or event:
_____.

Signed this __ day of _____, 2025.

Signature: _____

Print Name: _____

Title: _____

Parent/Guardian Signature: _____



Immunization Record

Please return with application

To be completed by applicant's parent(s)

All forms are due by **Friday, March 28, 2025**. No Exceptions. If your doctor's office is sending the files directly to us they must be received by the deadline above for the application to be processed.

Name of Junior Volunteer: _____

Parent's name providing immunization records: _____

Parents, please attach the most recent copy of your child's immunization record, like you provide annually to their school.



Counselor/Teacher Reference Form for Fort Loudoun Medical Center

- Applicant should provide this form to the teacher or counselor
- All forms due by **March 28, 2025**.

Volunteer Applicant's Name: _____

Name of School/Position at School _____

Teacher/Counselor Name: _____

I have recently applied to become a Junior Volunteer at Fort Loudoun Medical Center. I have given your name as a personal reference. Please take a few minutes to answer the following questions and return this form to the address below.

Fort Loudoun Medical Center will treat the information given with the strictest confidence. If you have any questions regarding the information requested please contact Tami McClain in Human Resources at 865-271-6504.

1. We welcome students and are concerned their school work (if volunteering during school year) does not suffer as a result of volunteering. Do you think the school work of this student would suffer if he/she volunteers on weekends or weekdays during the school year? Please comment:

2. Do you recommend the applicant as a dependable person and qualified for the responsibility for a Junior Volunteer position in the Medical Center? Please comment:

3. Do you have any concerns about this applicant's placement as a Junior Volunteer?

4. How long have you known the applicant? _____

5. Additional comments:

Thank you for taking the time to complete this reference form.

Please return this form to:

Fort Loudoun Medical Center * Administrative Offices Suite 208
550 Fort Loudoun Medical Center Drive * Lenoir City, TN 37722
Or email to Tmcclain@covhlth.com

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How to apply to be a Junior Volunteer?

There are two steps when applying to be a Junior Volunteer.

- 1) Complete this packet and return it to Human Resources
- 2) Go online to Covenant Health's application portal and apply. This will get you set up into the Covenant System.

Junior Volunteers can apply at this link... [Fort Loudoun Medical Center](#) scroll down to Volunteer Opportunities and Chaplain Support then click on complete Covenant application.

www.covenanthealth.com/fort-loudoun/

A screenshot of the Covenant Health Fort Loudoun website. The top navigation bar includes links for 'Get Care', 'Schedule Appointment', 'Pay a Bill', 'Careers', and 'Contact Us'. Below this is a search bar and links for 'Find A Doctor', 'Our Services', and 'Our Location'. The main banner features the text '2.2 Million Visits' and 'THE REGION'S LARGEST HEALTHCARE NETWORK' over a background image of a doctor examining a patient. On the right side, there is a sidebar with a link that says 'Volunteer Opportunities and Chaplain Support' and 'Be a Volunteer'. A red arrow points to this link.