

MARH Jr Volunteer Check-off List:

All Volunteers must read and sign the following forms included in your orientation packet.

All volunteers must have one or both parents read and sign forms as well.

These forms must be completed and signed as instructed above and turned in to Jana Woods Kennedy RN, MSN, MARH Clinical Educator (POB office 126) email jwoodskennedy@arh.org. No one is permitted to begin any actual Volunteering until all forms are signed and on file.

- 1) Letter of Reference from High School Teacher
- 2) Copy of Immunization Record
- 3) Copy of School Physical
- 4) TB LABs to be done for each student at MARH Lab
- 5) All Orientation Forms read and signed by both student and Parent.
 - A) Covid Education form
 - B) Cell phone form
 - C) MARH Orientation Packet
 - D) Application for Jr Volunteer Position and signed job description.

***An ARH Polo Shirt & name badge will be provided for all Volunteers.

***Each Volunteer will be asked to wear khaki pants with the shirt provided when volunteering at MARH.

APPLICATION FOR YOUTH VOLUNTEERS

(To be completed by applicant)



Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Year of High School Graduation: _____ Date of Birth: ____/____/____

High School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Reference: Teacher or Guidance Counselor: _____

Interests/Hobbies/Talents/Extracurricular Activities:

Goals for volunteering:

By my signature below I certify that I am in good physical and mental condition to serve as a youth volunteer. I agree to uphold the purpose and policies of the volunteer program of Appalachian Regional Healthcare.

Applicant Signature: _____ Date: _____

As the parent/legal guardian, I grant my permission for him/her to serve as a volunteer at Highlands ARH Regional Medical Center. I certify that he/she is at least 17 years of age and I also give permission for Highlands ARH to contact the reference(s) provided on the application. I understand that the youth volunteer program requires attendance at mandatory orientation and then a weekly commitment for the number of hours agreed upon.

Parent/Legal Guardian Signature: _____ Date: _____

Attach to this application: Copy of photo ID, Proof of TB skin test (within the last year), Proof of Measles-Mumps-Rubella inoculations, Proof of Varicella inoculations or date of disease
(A physician's note on letterhead or prescription pad OR school nurse's note on school stationery will suffice)

Return Completed Application in person, by mail, or e-mail to:



Jana L. Woods Kennedy
Clinical Education Coordinator

Middlesboro ARH Hospital

(606) 242-1589
jwoodskenedy@arh.org
3600 West Cumberland Avenue • Middlesboro, Kentucky 40965



Appalachian Regional Healthcare

COVID-19 EMPLOYEE COVID SCREENING EDUCATION

As part of our continual review process of policies pertaining to COVID-19, the decision has been made to no longer require employee screening. However, as an employee of ARH you are still expected to monitor yourself for symptoms of COVID-19 and report any symptoms or exposure to COVID-19 to your immediate supervisor or to the House Nurse Coordinator if after hours.

COVID-19 is an infectious disease caused by the novel coronavirus SARS-CoV-2. It was first identified in China in 2019 and in Kentucky in March 2020. COVID-19 is primarily transmitted through the respiratory droplets of an infected person when that person coughs, sneezes, or talks. Symptoms appear 2-14 days after being exposed to an individual with COVID-19 and may include:

- Fever or chills.
 - Cough.
 - Shortness of breath or difficulty breathing.
 - Sore throat.
 - Body aches.
 - Headache.
 - Loss of taste or smell.
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- Nausea, vomiting, and/or diarrhea.
 - Stuffy or runny nose.
 - Purple or blue discoloration of the toes and painful and swollen toes.

This list does not include all possible symptoms. If you experience any new onset of symptoms that are severe or concerning to you, then please contact your healthcare provider.

There are several ways you can help prevent contracting COVID-19, including:

- Wash your hands with soap and water or use hand sanitizer frequently.
- Wear all appropriate Personal Protective Equipment (PPE).
- Avoid large gatherings where there are unvaccinated individuals.
- Avoid sick people.
- Clean and disinfect surfaces and objects frequently.
- GET VACINATED!!

Please sign the attached form, attesting that you have read and understand this material. Your attestation

sheet will be included in your personnel file and you will no longer be required to screen daily either via the smart phone app or on paper. If you do not read this information and sign the attestation form, then you must continue to screen daily.

