



Summer Intern Application

Dear Community Friend:

Thank you for your interest in interning at Slidell Memorial Hospital (SMH) over the summer. You will find it a very rewarding experience.

The following information will help guide you through the application process:

- Application Packet which includes the following should be filled out and returned:
 - Application
 - Agreement Form
 - Authorization and Consent for Release of Information (Background Check Form)
 - Health Assessment
 - Interest and Skills Form
 - Parental approval forms if you are between fifteen and eighteen years of age.
You must be at least 15 years of age to intern at SMH.
 - An Agreement committing to **60 hours of service.** If you do not complete these hours, you will not graduate from this program.
- **Attendance at an orientation session is required by all interns. Please indicate on the appropriate page of the application the orientation session you are available to attend.**
- During orientation:
 - A TB Health Screening test will be administered. It will have to be checked by a registered nurse 2-3 days later. Full instructions will be provided at orientation.
 - A Color Blindness test will be administered.
 - Instructions for taking the drug screen test will be provided.
- Your criminal background check will be processed shortly after orientation.
- Once your criminal background check, drug testing results and health assessment has been reviewed, you will be contacted and guided through your first few days at SMH by a senior volunteer.

Additional Information:

- Dress Code – All interns are to dress in “business casual” attire. This means slacks or pants, dresses or skirts and comfortable walking shoes. Please do not wear jeans or shorts. You will be issued a polo shirt. **There is a fee for your polo shirt. Please send a check made out to SMH with your application. If you are not accepted into this program, your check will be returned.**
- Parking – Summer interns are required to park behind Founders on Robert Rd. and take the SMH shuttle. Additional information will be given during orientation.
- Smoking Policy – Because we care, SMH is tobacco-free. To protect and promote good health, smoking and the use of other tobacco products is not permitted anywhere on hospital property, both inside and outside. This policy applies to everyone including staff, volunteers, interns, patients, visitors, vendors and contractors.

Your interest in interning at Slidell Memorial Hospital is greatly appreciated. Please feel free to call me at 985-280-8531 if you have any questions. I look forward to hearing from you soon.

Sincerely,

Bonnie Rivet

Bonnie Rivet
Volunteer Coordinator



SUMMER INTERN APPLICATION

DATE: _____ T-Shirt/Polo size (adult male sizes): _____

NAME: _____ DATE OF BIRTH: _____
Last First Middle

HOME ADDRESS: _____
Street City/State ZIP

PHONE: _____(h) _____(c)

E-MAILADDRESS: _____

Intern Categories (Check all that apply):

___ Adult (over 18+)

___ College Student: College Name: _____ Freshman ___ Sophomore ___ Junior ___ Senior

___ High School Student: School Name: _____ Freshman ___ Sophomore ___ Junior ___ Senior

HOW MANY **TOTAL** DAYS PER WEEK DO YOU WANT TO INTERN: _____

DAYS AND TIMES AVAILABLE (check all that apply):

Monday:	___ 6am-11am	___ 8am-1pm	___ Noon-5pm	___ 4-8pm
Tuesday:	___ 6am-11am	___ 8am-1pm	___ Noon-5pm	___ 4-8pm
Wednesday:	___ 6am-11am	___ 8am-1pm	___ Noon-5pm	___ 4-8pm
Thursday:	___ 6am-11am	___ 8am-1pm	___ Noon-5pm	___ 4-8pm
Friday:	___ 6am-11am	___ 8am-1pm	___ Noon-5pm	___ 4-8pm
Saturday:	___ 6am-11am	___ 8am-1pm	___ Noon-5pm	___ 4-8pm
Sunday:	___ 6am-11am	___ 8am-1pm	___ Noon-5pm	___ 4-8pm

INTERN OPPORTUNITIES

“Angels in the ER” – Assists ER staff as needed. Example of responsibilities include visiting patients, transporting patients, providing information to family members, stocking supplies and helping with initial admission process.

Cancer Center Concierge– Greet visitors/patients, escort patients to their appointments, provide basic information and answer phone calls.

Care Partners – Assigned to a nursing floor to answer call lights, round on patients, restock supplies, transport patients, etc.

Clerical Support – Assigned to an SMH department such as Volunteer Services, Case Management, Accounting, Business Development, SMH Imaging, Marketing, Physician Network, etc. to provide clerical support.

Information Desk Ambassadors – Assigned to one of two information desks to provide information to visitors and patients and walk them to their destinations. This position requires computer skills, and willingness to learn many aspects of the Hospital operations. This assignment is never boring. Information Desk Ambassadors are also responsible for stocking coffee supplies in waiting rooms, delivering newspapers, cards and e-mails throughout the Hospital, sorting incoming SMH mail and assembling packets/mailers as needed.

Requested Area/Department to intern with (mark all that interest you):

Volunteer/Intern Opportunities		SMH Locations
<input type="checkbox"/> "Angels in the ER"		<input type="checkbox"/> Cancer Center
<input type="checkbox"/> Information Desk Ambassadors		<input type="checkbox"/> Main Campus
<input type="checkbox"/> Cancer Center Concierge		
<input type="checkbox"/> Care Partners		
<input type="checkbox"/> Clerical Support		

While our goal is to place you in the volunteer or intern position you request, we cannot guarantee a specific Department or assignment.

PRIOR VOLUNTEER OR INTERN SERVICE (Where else have you volunteered?):

AGENCY	POSITION	DUTIES

EMPLOYMENT HISTORY: *Please attach a resume if you have one available.*

EMPLOYER	DATES WORKED	DUTIES

Were you ever employed by Slidell Memorial Hospital? Yes No

If yes, please indicate dates employee dates: _____ to _____

Are any of your relatives currently employed by Slidell Memorial Hospital?

Yes - Relatives' Name/Relationship: _____ No

Have you volunteered or interned at Slidell Memorial Hospital in the past? Yes No

If yes, when and where? _____

Notice of Substance Detection Policy

The purpose of the Substance Detection Program is to promote optimum safety and well-being of volunteers, interns, employees, patients, and visitors. SMH is committed to providing a safe, productive, healthy, and wholesome environment. We are committed to taking reasonable and necessary steps to provide our hospital community with an environment that is free from the adverse effects of substance abuse, through creating and maintaining a drug-free workplace.

Are you willing to undergo a drug screen test (at our expense) prior to interning for SMH?

Yes

No

BACKGROUND CHECK:

We consider the safety and security of our patients, visitors and employees to be of the utmost importance. Applicants must complete an Authorization and Consent for Release of Information form to be screened at our cost for criminal background offenses by state and/or federal agencies. The existence of a criminal record does not constitute an automatic bar from interning, but will be considered in relation to your assignment and position requirements.

Have you ever been convicted of a felony or misdemeanor offense? Yes No

Are there any pending charges on your criminal background report? Yes No

Have you ever been sanctioned for Medicare fraud? Yes No

REFERENCES:

NAME	RELATIONSHIP	PHONE NUMBER

IN CASE OF EMERGENCY CONTACT:

Name Home Address ZIP

RELATIONSHIP: _____ E-mail: _____

Phone: _____(h) _____(c)

WHY DO YOU WANT TO INTERN AT SLIDELL MEMORIAL HOSPITAL?

I certify that the statements made in this application are true and correct. I authorize Slidell Memorial Hospital and its agent acting on its behalf to investigate all statements contained in this application. I understand that this information may be disclosed to any party with legal and proper interest and I release Slidell Memorial Hospital from any liability whatsoever for supplying such information. **I understand that I will not be paid for my services as this is strictly volunteer work.** I have read and understand the above statements.

SIGNATURE OF APPLICANT: _____ DATE: _____

DATE: _____
SIGNATURE OF PARENT OR GUARDIAN (if applicant is under 18 years of age)

Department: Volunteer Services

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application to volunteer with, **SLIDELL MEMORIAL HOSPITAL**, (hereinafter referred as "Company"). We're proud that our success is the result of the quality and caliber of our volunteers. You are applying for a position whose acceptance will place you in a category of recognized Professionals. In pursuit of that excellence we require, as a condition of placement, and/or continued placement, that all applicants consent to and authorize a pre-volunteer verification of the background information submitted on their application or resume.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this company may now, or at any time while you are a volunteer, administer a personality profile, conduct a verification of your education, previous employment/work history, credit history, contact personal references, require that you provide a urine specimen to be tested for the presence of drugs or alcohol, motor vehicle records, worker's compensation from the Department of Labor and/or the Worker's Compensation Commission, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in any State and/or other information as deemed necessary to fulfill the job requirements.

In conformance with the Americans Disabilities Act, I acknowledge by my **signature** _____ that I have been offered a volunteer position, contingent upon a satisfactory background investigation, and therefore, worker's compensation information obtained from the Department of Labor and/or the Worker's Compensation Commission is hereby authorized. If blank, the obtaining of worker's compensation information is not authorized. The results of this verification process will be used to determine eligibility under this Company's employment policies.

I authorize Verified Credentials, LLC (hereinafter referred as "VC"), and any of its agents/designated by Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of this Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide VC and Slidell Memorial Hospital with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, our agent, VC, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if volunteering was denied based on information obtained by SMH, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

Volunteer: Please Print

_____, **SS#:** _____
Last (Maiden) First M.I. U.S. Citizen: Yes _____ No _____

Address: _____
_____ **Date of Birth:** _____

Telephone # Home _____ **Cell** _____ **Alternate** _____

Excluding current residence, list the last two City, State and ZIP codes that you have lived in:

Signature: _____ **Date:** _____
Client # : 402-H25



INTERN AGREEMENT

As an intern at Slidell Memorial Hospital (SMH):

- I understand that I am not entitled to and will not receive any compensation, salary, benefits or payments in exchange for my providing services to SMH.
- I understand that my services are donated without contemplation of future employment, and given with humanitarian, religious or charitable reasons.
- I understand that as an intern, I am not covered by any state or federal wage and hour laws, nor am I eligible for workers' compensation, unemployment insurance benefits, or any other benefit available to employees.
- I release, discharge and relieve SMH from any and all claims whatsoever of any nature arising as a result of my intern services and all related activities.

Furthermore, as a Intern at Slidell Memorial Hospital (SMH), I agree to:

- Respect all patient or hospital related information as confidential.
- Adhere to all hospital policies, rules and standards of conduct that apply to hospital employees and independent contractors including the hospital's policy on confidentiality which I have signed and submitted.
- Report to my assignment as scheduled or notify the department supervisor.
- Avoid seeking out or visiting with friends who are patients or who are working in other departments during the hours of my assignment.
- Be neat in appearance and in uniform when on assignment, with name tag clearly visible.
- Be courteous and pleasant to patients, visitors, staff and other interns or volunteers.
- Follow instructions carefully. Ask questions if unsure of an assignment.
- Uphold the good name of SMH to the community.
- Discuss any problems with the volunteer coordinator so that we can work together to solve them or understand them.

I also understand that the Coordinator of Volunteer Services reserves the right to terminate my intern status if I fail to follow policies, rules and regulations; if I am absent without prior notice; or if I have unsatisfactory attitude or appearance.

Finally, I understand that I can be terminated for giving unsatisfactory service or for any other circumstances which, in the judgment of the Coordinator of Volunteer Services, would make my continued service contrary to the best interests of Slidell Memorial Hospital.

Signature

Date

SIGNATURE OF PARENT OR GUARDIAN (if applicant is under 18 years of age) DATE: _____



PARENTAL/GUARDIAN APPROVAL FORM

SUMMER INTERN PROGRAM

This form must be signed by parent/guardian if intern is under the age of 18 years as of June 1, 2018.

Your daughter/son has asked to intern at Slidell Memorial Hospital. Please make sure that you read all the information enclosed regarding our program and expectations of your child.

All interns are required to have a TB test. SMH will do the TB testing during the orientation and there will be no cost to you for the test. They will have to return to SMH 2-3 days later to have the TB testing site read. By signing this document, you authorize SMH to administer the TB test to your child.

All interns are also required to take a drug test and a background check will be run. By signing this document, you authorize SMH to give your son/daughter a drug test and a background check. There will be no fee for these tests.

I understand my daughter/son is required to intern minimum of 60 hours over the summer to successfully graduate from this program.

My daughter/son, _____, has my permission to serve as an Intern at Slidell Memorial Hospital.

Parent/Guardian Signature

Relationship

Address

Phone

City, State, Zip

E-Mail



Intern Acknowledgement of Notice of Substance Detection Policy (HR-250)

The purpose of the Substance Detection Program is to promote optimum safety and well being of employees, patients, and visitors. Slidell Memorial Hospital is committed to providing a safe, productive, healthy, and wholesome environment for the employee, patient, and public. We are committed to taking reasonable and necessary steps to provide our hospital community with an environment that is free from the adverse effects of substance abuse, through creating and maintaining a drug-free workplace.

On the Job Use, Possession, Theft, or Sale of Drugs or Alcohol: Employees are not to report to work or remain at work under the influence of any substance, drug, or alcohol, lawful or unlawful. Employees will not be allowed to work impaired.

Alcohol: Being under the influence or in possession of alcohol by any employee while performing his/her job duties or while on Hospital property is prohibited. Employees should not consume an alcoholic beverage prior to coming to work. An employee may not be at work with the smell of alcohol on his/her breath.

Illegal Drugs: Consistent with existing State and Federal Laws, the use, sale, purchase, transfer, possession, theft, manufacture, distribution or dispensation of an illegal drug by any employee is prohibited.

The presence in any detectable amount of any illegal drug in an employee, or its possession by an employee, while performing Hospital business or while in a Hospital facility is prohibited. A copy of the entire Substance Abuse Prevention Detection Program (H.R. 250) can be obtained by request to the Volunteer Coordinator.

I hereby acknowledge that I have been informed of Slidell Memorial Hospital’s Drug and Alcohol Testing Policy.* I understand that I may be selected for screening by physical examination, including blood or urinalysis testing for the presence of a controlled substance or alcohol based upon that policy. I understand that a confirmed positive result or my refusal to submit to testing may result in immediate dismissal from the intern program at SMH.

Intern’s Signature

Date

Parent/Guardian Signature

*Policy HR-250-available upon request

Revised September 8, 2022



SUMMER INTERN REGULATIONS

You must report and sign in on time. It is YOUR responsibility to track your service hours.

Do not leave the Hospital Campus until your scheduled time is completed.

You must wear your blue polo shirt and badge at all times.

The dress code is as follows:

- **slacks, skirts, or capris can be worn – NO SHORTS**
- **comfortable, clean shoes, NO high-top tennis shoes, unlaced sneakers, or flip flops,**
- **No jeans**

You must notify the Volunteer Office (280-8531) if you are not able to report when scheduled. After two unexcused absences, you may be subject to dismissal from the Summer Program.

Personal phone calls are not allowed in the hospital, except to contact family members for transportation. Use of cell phones and/or texting while on duty is not allowed.

You may have a 15-minute break on a four – five-hour shift. Snacks and sodas may be eaten in the cafeteria only.

Smoking is not allowed in any of the hospital buildings.

You must successfully complete orientation before you can intern.

You are not allowed to bring a friend or have a visitor in the hospital when you are working.

Lunch and breaks may only be taken in designated areas, not in hallways or stairwells.

Do not accept tips.

Do not betray the patient or staff confidentiality. Do not talk about patients or staff outside the hospital or to your family or friends.

Do not hesitate to ask if you have a question.

Use good judgment and enjoy your summer!

Intern Signature

Date