



December 14, 2018

Dear Student STARS Prospect:

Thank you for your interest in volunteering this summer with CHRISTUS Trinity Mother Frances Health System's 16th annual STARS Program. Our summer program is designed for students interested in pursuing healthcare careers. **STARS (Students Taking Action to Reach Success)** is a premier educational opportunity that allows students an introduction to healthcare careers and increases healthcare-issues awareness through job shadowing. As students job shadow, they witness firsthand the work environment, occupational skills in practice, the value of professional training, and potential healthcare career options. Job shadowing is designed to increase career awareness, and reinforce the link between classroom learning and work requirements.

STARS hear daily presentations by the professionals of CHRISTUS Trinity Mother Frances Health System. These speakers give special insight into various health care opportunities and issues.

The following are requirements of applicants for the STARS Program:

- Between 15-18 years of age by June 1, 2019 for June session and July 1, 2019 for July session.
- Completion and receipt in Volunteer Services of the enclosed application and essay by **Friday, March 29, 2019.**
- Completion of three recommendation forms, (enclosed) from a non-relative adult (Pastor, Sunday School Teacher, Teacher, School Counselor, etc.) by **Friday, March 29, 2019.**
- No applications will be accepted after **March 29, 2019.**
- Participation in an interview in April or early May. Applicants will be emailed for an interview after completed packet is received (**please list an email on application that is checked regularly.**)
- Attendance at an orientation (times and dates are listed on the application) **These are the only dates available.**
- **Application Agreement signed by both applicant and parent/guardian.**

Program Information:

- A limited amount of students will be accepted. Students will be selected based on the essay, recommendation forms, interview, and previous volunteer experience at CHRISTUS Trinity Mother Frances Health System.
- STARS participate in **one** four-week session: Session I: June 7 - 27 or Session II: July 9 – August 1 (choose session preference on application)
- STARS may job shadow either 8:30am - 1:00pm or 11:30am – 4:00pm or one full day (8:30am – 4:00pm) **ONCE** a week (**Tuesday, Wednesday, or Thursday**)
- All day STARS have the opportunity to shadow up to four different departments per session.

If you have any questions, please email annette.rios@christushealth.org or stacy.warren@christushealth.org or call Volunteer Services at (903)606-4435. We look forward to visiting with you.

Sincerely,

A handwritten signature in purple ink that reads "Annette Rios".

Annette Rios
Director of Volunteer Services
CHRISTUS Trinity Mother Frances Health System

CHRISTUS Trinity Mother Frances Health System
STARS Student & Parent Acknowledgement
for Application to STARS Program

The CHRISTUS Trinity Mother Frances Health System STARS Program is a premier job shadowing program that allows young people to examine future healthcare careers. Acceptance into the STARS Program is based upon interviews, professionalism, essays, and level of commitment.

Your acknowledgement and support of your student is vital to your student's success in the STARS Program.

Explanation of placement times:

Students are able to participate **ONE** day a week: either Tuesday, Wednesday or Thursday. Students may participate a half day in which they will see one department each day and listen to a speaker, **or** a full day in which they will see two departments in one day in addition to listening to the speaker.

Half-day AM= 8:30-1pm

Half Day PM= 11:30-4pm

Full Day= 8:30am-4pm

- 1. I agree to abide by all policies as set forth by CTMF.
- 2. I understand that I must be present for all scheduled volunteer placements.
- 3. I understand that I must be present for all scheduled speaker presentations.
- 4. I understand that I will forfeit my place in the STARS Program if I schedule college classes, summer camps, or other programs that conflict with my scheduled placements.
- **5. I understand that I am able to adjust my schedule preferences BEFORE my designated STARS session begins.**
 - **Changes to the June session must be made by the end of May**
 - **Changes to the July session must be made by the end of June**
- **6. I understand that no changes will be made once my scheduled session begins.**
- 7. I understand that I am not allowed to have my cell phone in my possession while I am in a patient care area at CTMF.
- 8. I understand that artificial nails are not allowed in a patient care setting and I will be sent home if I present for shadowing with artificial nails.
- 9. I understand that I am in a professional environment and that I may be dismissed immediately for any inappropriate behavior.

Applicant Signature (required)

Date

Parent/Guardian Signature (required)

Date



PLEASE USE BLUE OR BLACK INK ONLY

Interview: _____ Orientation: _____
 Date App. Rec'd _____ Session: _____
 CB _____ RC TB _____ MMR _____ DB _____
 Vari/CP _____ Tdap _____ Picture _____ NB _____ /Exp _____

STUDENT APPLICATION

Mr. Mrs. Ms. Miss	Name (Last)	(First)	(M)	Date	Social Security No.
Address (Number) (Street) (City) (State) (Zip Code)					
Home Phone Number: _____			Daytime Phone Number: _____		
Email Address: _____			Fax Number: _____		
Cell Phone Number: _____					
Birth date:			Age as of June 1, 2019:		
Are you currently employed or enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Grade Classification: _____			School Name: _____		
Employer: _____			Job Title: _____		
Name of Emergency Contact:			Relationship to applicant:		
Emergency Contact Home Phone:			Emergency Contact Work Phone:		
Have you had previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your volunteer experience:					
Hobbies and special interests:					
Extracurricular activities:					
Do you have relatives who currently work for CHRISTUS Trinity Mother Frances Health System? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name, job title, and department:					
What days & times are convenient for volunteering? (<u>Circle all that apply, you can choose a half day or a whole day</u>) Please be specific about hours when you have transportation and no other commitments					
(AM = 8:30 – 1:00 PM = 11:30 – 4:00)		Tuesday AM / PM		Wednesday AM/PM	
				Thursday AM / PM	
Mark the summer session that is most convenient:			Mark the orientation date and time most convenient:		
<input type="checkbox"/> Session I: June 4-27, 2019			<input type="checkbox"/> Thursday, May 16, 2019 (4:30-7:00 PM)		
<input type="checkbox"/> Session II: July 9-August 1, 2019			<input type="checkbox"/> Monday, May 20, 2019 (4:30-7:00 PM)		

CONTINUE ON REVERSE SIDE

Areas of interest (check all that apply) :

- | | | |
|---|---|---|
| <input type="radio"/> 3 Dawson Nursing (Oncology) | <input type="radio"/> Endoscopy Center | <input type="radio"/> Pre-Op Holding (before surgery) |
| <input type="radio"/> 4 Dawson Nursing (Medical) | <input type="radio"/> EKG | <input type="radio"/> Radiology |
| <input type="radio"/> LPOHH 4 th Floor Telemetry | <input type="radio"/> ICUs (Surgical , Medical) | <input type="radio"/> Radiology Special Procedures |
| <input type="radio"/> LPOHH 5 th Floor Cardiac Observation | <input type="radio"/> Laboratory | <input type="radio"/> Recovery (PACU-Post Anesthetic Care Unit-after surgery) |
| <input type="radio"/> 4 Ornelas Nursing Unit-Neuro Patients | <input type="radio"/> MRI | <input type="radio"/> Respiratory Therapy (Pulmonary) |
| <input type="radio"/> 4 Ornelas Neuro ICU | <input type="radio"/> Neurology Clinic | <input type="radio"/> Sonography (Ultrasound) |
| <input type="radio"/> 5 Ornelas Nursing Unit-Med/Surg Patients | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Speech Therapy |
| <input type="radio"/> 6 Ornelas Nursing Unit-Ortho Patients | <input type="radio"/> NICU (Neonatal Intensive Care Unit) | List top 4 preferences: |
| <input type="radio"/> CAT Scan | <input type="radio"/> Ophthalmology, Optometry* | _____ |
| <input type="radio"/> Cath Lab (Heart Institute) | <input type="radio"/> Outpatient Physical Therapy * | _____ |
| <input type="radio"/> CRNA (Anesthesiology) | <input type="radio"/> Pediatric Clinics * | _____ |
| | | _____ |

* Applicant must have transportation to and from these off-campus sites

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled no contest for any criminal offense (felony or misdemeanor) other than a minor traffic violation?: Yes No

If yes, please state circumstances i.e. date, place, charge, court and action taken:

Are you charged with an unresolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?): Yes No

If yes, please state circumstances i.e. date, place, charge, court and action taken:

I hereby allow CHRISTUS Trinity Mother Frances Health System to perform a check of my background including criminal record, personal reference, driving records, past employment history, physician or therapist as appropriate for the volunteer tasks in which I have expressed an interest.

Signature: _____ Date: _____

I understand that I am applying to be a volunteer, not a paid employee, at CHRISTUS Trinity Mother Frances Health System. I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of CHRISTUS Trinity Mother Frances Health System (CTMF). I understand that all information concerning CTMF and its patients is strictly confidential, and I hereby agree to maintain this confidentiality. I agree to accept full responsibility and to hold harmless CHRISTUS Trinity Mother Frances Health System, its affiliated entities, employers, directors, officers, trustees or agents from any and all claims and damages that may arise from my participation in the volunteer program.

I have read and understand the above and agree to comply with all rules and regulations of CHRISTUS Trinity Mother Frances Health System and the Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the volunteer program. I understand the Volunteer Services Department is not obligated to provide a placement, nor am I obligated to accept the position offered. No offer of volunteer placement can constitute an agreement contrary to above.

I certify that all statements given on this application are correct and realize that omission, falsification, or misrepresentation of any information on this application or any other personal record may result in not being placed in a volunteer position or in discharge, no matter when discovered. In the event I volunteer, I agree to abide by all present and subsequently issued procedures, policies, rules, and regulations of the organization.

Signature: _____ Date: _____

The volunteer applicant is a minor. I hereby give my permission for _____ to perform volunteer work for CHRISTUS Trinity Mother Frances Health System and take a TB (Tuberculosis) skin test.

Parent/Guardian: _____ Date: _____

- **If you are accepted for the STARS program, you are required to attend Orientation and take a TB test.**
- **Your acceptance into the STARS program is dependent on your essay, interview, references & criminal background check.**

Please complete the following essay question:

PLEASE USE BLUE OR BLACK INK ONLY

Why do you want to be part of the Student STARS Program?

(You may write your essay here or type your essay and attach it to this application)

Return completed application and essay by **Friday, March 29, 2019** to:

Volunteer Services
800 East Dawson
Tyler, TX 75701
Fax: (903) 606-4703

PLEASE USE BLUE OR BLACK INK ONLY

Recommendation for CHRISTUS Trinity Mother Frances Hospitals and Clinics Student STARS Program

Student's Name: _____ Date: _____

Please evaluate the above named student; on a 1 to 5 scale (1 represents not recommended and 5 represents highly recommended). Your responses will be held in strictest confidence. Please circle the appropriate response.

1. **Cooperation** – Includes ability to get along with others, accept authority and follow instructions, adaptability, tactfulness, and flexibility.

1 2 3 4 5

2. **Character** – Includes loyalty, integrity, sincerity, and concern for others.

1 2 3 4 5

3. **Conscientiousness** – Includes willingness to work, perseverance, and work habits, attention to detail.

1 2 3 4 5

4. **Initiative** – Includes intellectual curiosity, willingness to attempt new things, resourcefulness.

1 2 3 4 5

5. **Reliability** – Includes dependability, good judgment, honesty, and ability to function with minimal supervision.

1 2 3 4 5

6. **Emotional Control** – Includes maturity, poise, stability, and self-confidence.

1 2 3 4 5

7. **Leadership Ability** – Includes objectivity, patience, and ability to accept responsibility.

1 2 3 4 5

Recommendation Key

- | | |
|----------------------------------|---------------------------------|
| 1 – Not recommended | 4 – Recommended with Confidence |
| 2 – Recommended with Reservation | 5 – Highly Recommended |
| 3 – Recommended | |

PLEASE USE BLUE OR BLACK INK ONLY

Remarks: _____

Recommendation Completed by (Signature & Title) _____

Date _____

Please return by **Friday, March 29, 2019**
to Volunteer Services via:
Email: annette.rios@christushealth.org,
Fax: (903) 606-4703, or mail to
Volunteer Services *800 East Dawson, Tyler, TX 75701

PLEASE USE BLUE OR BLACK INK ONLY

Recommendation for CHRISTUS Trinity Mother Frances Hospitals and Clinics Student STARS Program

Student's Name: _____ Date: _____

Please evaluate the above named student; on a 1 to 5 scale (1 represents not recommended and 5 represents highly recommended). Your responses will be held in strictest confidence. Please circle the appropriate response.

8. **Cooperation** – Includes ability to get along with others, accept authority and follow instructions, adaptability, tactfulness, and flexibility.

1 2 3 4 5

9. **Character** – Includes loyalty, integrity, sincerity, and concern for others.

1 2 3 4 5

10. **Conscientiousness** – Includes willingness to work, perseverance, and work habits, attention to detail.

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11. **Initiative** – Includes intellectual curiosity, willingness to attempt new things, resourcefulness.

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12. **Reliability** – Includes dependability, good judgment, honesty, and ability to function with minimal supervision.

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13. **Emotional Control** – Includes maturity, poise, stability, and self-confidence.

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14. **Leadership Ability** – Includes objectivity, patience, and ability to accept responsibility.

1 2 3 4 5

Recommendation Key

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Student's Name: _____ Date: _____

Please evaluate the above named student; on a 1 to 5 scale (1 represents not recommended and 5 represents highly recommended). Your responses will be held in strictest confidence. Please circle the appropriate response.

15. **Cooperation** – Includes ability to get along with others, accept authority and follow instructions, adaptability, tactfulness, and flexibility.

1 2 3 4 5

16. **Character** – Includes loyalty, integrity, sincerity, and concern for others.

1 2 3 4 5

17. **Conscientiousness** – Includes willingness to work, perseverance, and work habits, attention to detail.

1 2 3 4 5

18. **Initiative** – Includes intellectual curiosity, willingness to attempt new things, resourcefulness.

1 2 3 4 5

19. **Reliability** – Includes dependability, good judgment, honesty, and ability to function with minimal supervision.

1 2 3 4 5

20. **Emotional Control** – Includes maturity, poise, stability, and self-confidence.

1 2 3 4 5

21. **Leadership Ability** – Includes objectivity, patience, and ability to accept responsibility.

1 2 3 4 5

Recommendation Key

- | | |
|----------------------------------|---------------------------------|
| 1 – Not recommended | 4 – Recommended with Confidence |
| 2 – Recommended with Reservation | 5 – Highly Recommended |
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Remarks: _____

Recommendation Completed by (Signature & Title)

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