



The Student Healthcare Opportunity Program is being offered this year to students interested in volunteering at Good Samaritan. Students must be age 16+. The program focuses on introducing students to some of the various careers offered at Good Samaritan. Students will be providing additional part-time assistance with departmental needs. Program requirements are that you would participate a minimum of one day per week but no more than three days per week. The timeframe for each scheduled day is at least 2 hours and no longer than 4 hours. It runs from June 12th through August 4th. Students are requested to complete 6 weeks of the 8-week program.

This year we hope to make signing up easier! If you have students who are interested they can now go online to the link listed below to fill out the SHOP Application along with the SHOP Consent form. If you have any questions, please feel free to contact either Patty Keller (pkeller@gshvin.org) (812-885-3152) or Amy Bruggeman (abruggeman@gshvin.org/812-885-3313).

<http://www.gshvin.org/SHOP>



Dear Student Volunteer,

In preparation for your summer student volunteer time, this information is required from you. Some of this information is personal, so we use a system that protects your information. We will need a copy of your immunization records. You will need to show proof of the following vaccinations: MMR (measles, mumps, and rubella) Tdap (tetanus, diphtheria, and pertussis), a 2-step TB test and Meningococcal (if showing in lab) our organization requires documentation of a 2-step TB or IGRA lab test from the beginning of your program start date. An annual TB test is not acceptable. If you are unable to provide appropriate written documentation, you must obtain either a 2-step TB test, IGRA lab test, or chest x-ray (must be negative) prior to start of your clinical rotation. A 2-step TB test is a two consecutive test administered 7-21 days apart. You will also need to provide Varicella (chickenpox) vaccination. If you know you have had the chicken pox, you will need to provide physical documented proof of the date of onset, or a lab titer that shows immunity. Students utilizing Good Samaritan as a clinical site will be required to be FULLY vaccinated for COVID-19. Fully vaccinated is defined as 2 weeks after the vaccination series is completed. The Hepatitis B series is highly recommended but remains optional. Please be prompt in getting these requirements to the email listed below. Any missing or incomplete documentation could result in denial of student volunteering.

Patty Keller

Student Programs Coordinator

Good Samaritan

520 S. Seventh St. | Vincennes, Indiana | 47591

Hospital: 812.882.5220 | Direct: 812.885.3152

pkeller@gshvin.org

2- STEP TB – Available at Good Samaritan Schedule Below

FIRST STEP OF TB TEST		
TB Taken This Date	Must Be Read One of These Dates	Location
Tuesday, May 31	Friday, June 3	Health Office Between 10:15 a.m. & 2:30 p.m.
Wednesday, June 1	Friday, June 3	Health Office Between 10:15 a.m. & 2:30 p.m.

SECOND STEP OF TB TEST		
TB Taken This Date	Must Be Read One of These Dates	Location
Monday, June 13	Thursday, June 16	Health Office Between 10:15 a.m. & 2:30 p.m.
Tuesday, June 14	Thursday, June 16	Health Office Between 10:15 a.m. & 2:30 p.m.



2023 Student Healthcare Opportunity Program for Volunteers

Good Samaritan is looking for area students who are interested in volunteer opportunities with our organization this summer through the 2023 Student Healthcare Opportunity Program for Volunteers.

The program will operate **June 12th through August 4th.**

Requirements:

- Must be age 16 years or older
- Attend **mandatory** orientation: choose one of the dates below and mark the date on your application
- Volunteers must obtain and provide documentation of required immunizations and paperwork - no exceptions
- Return and complete the attached application and parental consent forms by Monday, May 4, 2023.
- Complete six weeks of the seven-week program with your assignments
- Be dependable and punctual during your volunteer placement(s)

Timeline of this year’s program:

Forms Due:	May 4	Completed application and parental form due.
Choose one orientation session:	June 12, 1:00 – 2:00 p.m. Please check which session you will be attending on the application form.	Mandatory Orientation – Good Samaritan Sixth Floor Columbian Towers*
	June 15, 1:00 – 2:00 p.m. Please check which session you will be attending on the application form.	Mandatory Orientation Good Samaritan Sixth Floor Columbian Towers*
Program start:	June 12 – August 4	Dates of summer volunteer program

*Directions to CIE Department: Park in 6th St. parking lot in front of Emergency Room beyond the orange cones (closer to the street). Enter through the ER doors and take the hallway to the left. Turn right at the Operators’ Desk and take this hall to the mural at the end. Use this set of elevators and go to the 6th floor. We will be happy to meet you upon your arrival at the reception desk. CIE Extension is 3313.

If you have any questions or concerns, please contact Patty Keller at pkeller@gshvin.org or 812-885-3152.

2023 Student Healthcare Opportunity Program for Volunteers

(Age requirement: 16 years or older)

Name _____ Phone _____ cell or home
(Last) (First)
Address _____ City, State, Zip _____
Email _____ Name of School _____ Grade/Fall 2023 _____
Date of Birth _____ Parent/Guardian _____

Emergency Contact Name: _____ Relationship: _____
Phone Numbers: Home (____) _____ Work (____) _____ Cell (____) _____

Please list the day(s) of the week and times (beginning/end) that you are interested in volunteering.

Students are allowed more than one day a week but no more than three days per week. Time frames should be at least 2 hours in length and no longer than 4 hours.

	Mon	Tues	Wed	Thurs	Fri	Sat
Time Frame						

Please be sure to take all of the following into consideration when choosing your dates. Vacations, driver's ed, summer school classes, sports, employment times, doctor appointments, etc. When choosing please keep in mind that you need to complete six weeks of the seven-week program.

Please list some areas within the hospital that you are interested in volunteering. 1. _____ 2. _____ 3. _____ Please know that assignment to these departments/area may not be available.
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Personal References

(List a current teacher and non-family members)

Name	Relationship	Work/Home Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature of Applicant _____ Date _____

E-mail or Mail the application and consent form to:

Patty Keller pkeller@gshvin.org Amy Bruggeman abbruggeman@gshvin.org or Good Samaritan – Collaborative Interprofessional Education Department, 520 S. 7th St., Vincennes, IN 47591. Completed application packets need to be turned in by May 4, 2023.

GOOD SAMARITAN T-SHIRTS
Students will be provided with a Good Samaritan t-shirt. Please check what size t-shirt you need: ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

MANDATORY ORIENTATION
Please check as to which orientation you will be attending: ___ Monday, June 12 th 01:00 – 02:00 p.m.. ___ Thursday, June 15 th 01:00– 02:00 p.m.

CONSENT TO PARTICIPATE FOR MINOR

(For parents/guardians of students under age 18)

I consent to allow _____, a minor, to participate in volunteer activities at Good Samaritan. I understand that our student's services are donated to the hospital without financial compensation or future employment.

- I release the hospital and its employees from any claim of liability for any damages, injuries or illnesses while participating in such volunteer activities. (If medical attention is needed, the volunteer may see his/her own physician or go to Emergency Services, by his/her choice and at his/her expense.)
- I understand that all **student volunteers** at Good Samaritan are required to turn in a copy of their immunization records and obtain any immunizations that the hospital requires for student volunteers.
- I understand that all volunteers must participate in **MANDATORY** Orientation.
- I understand that students must be able to fulfill six of the seven weeks of the program to be eligible to participate.
- I understand that volunteers are expected to make their best effort in fulfilling their commitment to the hospital by completing all assignments that they accept. Unscheduled absences will result in termination of the student's participation in the program (no exceptions).
- I understand that volunteers are expected to be professional in appearance, punctual and conscientious. They should conduct themselves with dignity, be courteous and considerate of others, while striving to make their work professional.
- I understand that cell phones are to be used for emergencies only and will be put away during the scheduled volunteer time.

By signing below, parent/guardian and student both agree you have read the provided information and agree to comply with these conditions.

Signature of Parent/Guardian

Date

Signature of Student Volunteer

Date

Please sign this consent form and return by May 4, 2023.

Good Samaritan
Collaborative Interprofessional Education Department
520 South Seventh Street
Vincennes, IN 47591



STUDENT/SHADOWER TB RISK ASSESSMENT

Name: _____ Date: _____

Email Address: _____ Phone: _____

Department Area (if known): _____

Treated with Antituberculous Medication? YES NO UNKNOWN

Temporary or permanent residence of >1 month in a country with a high TB rate?

Yes No Unknown

Current or planned immunosuppression (e.g. HIV, organ transplant recipient, immunosuppressive drug therapy)?

Yes No

Have lived with or had close contact with someone who has been diagnosed with infectious TB in the past 12 months?

Yes No

Do you currently have any of the following?

▪ Cough longer than 3 weeks in the last 12 months: Yes No

With blood: Yes No

▪ Persistent Night Sweats (Need to change your clothes or sheets due to sweating which can't be explained by other medical conditions):

Yes No

▪ Involuntary Weight Loss (20 lbs in a 6 month period without trying) :

Yes No

** If you answered "Yes" to any of the above questions, the Infection Prevention Coordinator will be contacting you for further information.

Two-Step TB Test

The 2-step TB skin test is a screening method developed to evaluate an individuals' status for active Tuberculosis (TB) or Latent TB infection. A 2-step TB test is recommended for initial skin testing of adults who will be periodically retested, such as health care workers.

When setting up your Two-Step TB Test please verify that this will require 4 visits over the course of 28 days. Do not make the mistake of receiving an “annual” which consists of only 2 visits.

We require the “4 visit” approach for the “2-step” skin testing (per CDC and Student Health recommendations).

STEP 1

- 1. Visit 1, Day 1**
PPD antigen applied under skin
- 2. Visit 2, Day 3**
PPD test is read

<i>NEGATIVE result</i>	<i>POSITIVE result</i>
2nd PPD required	Considered TB infected
Retest in 1 – 3 weeks after 1 st TST result read	Chest X-ray and further evaluation is required
Proceed to Step 2, Visit 3	No 2nd PPD needed

STEP 2

- 3. Visit 3, Day 7 – 21**
Second PPD skin test (for those whose 1st test was Negative).
- 4. Visit 4, 48 – 72 hours after the 2nd PPD test during Visit 3**

<i>NEGATIVE result</i>	<i>POSITIVE result</i>
Considered not infected	Considered TB infection in the distant past. Chest X-ray & further evaluation likely necessary.

****Disclaimer: if you have a two-step on file, from anytime in your lifetime, please send for prior approval. Leave adequate time incase you need to be screened again.****

OVERALL CHECKLIST	Attached Documentation to Email
Immunization Record including: <ul style="list-style-type: none"> • MMR (measles, Mumps, and rubella) • Tdap (tetanus, diphtheria, and pertussis) • Varicella (chickenpox) vaccination • 2 step TB test or IGRA lab test or Chest X-ray • Flu vaccination • Covid Vaccination Card • Hepatitis B series (optional) • Meningococcal (if shadowing in lab) 	
2023 S.H.O.P. Program for Volunteer Application	
TB Risk Assessment Form	
Consent to Participate for Minors Form	
Risk Management & Safety Handbook w/ Forms	To be completed during S.H.O.P. orientation
Code of Conduct Handbook w/ Form	To be completed during S.H.O.P. orientation
Good Samaritan Orientation Handbook w/ Form	To be completed during S.H.O.P. orientation

*Varicella (chickenpox) vaccination – If you know you have had the chicken pox, you will need to provide physician documented proof of the date of onset, or a lab titer that shows immunity.

*Flu vaccination – If you are doing your rotation anytime between October 1st and March 31st, you will need to provide proof of administration of a flu vaccine. A receipt of purchase will not be accepted.

*2 Step TB test – See attached document for a resource.

* Covid Vaccine – See attached memo.