

January 4, 2023

Dear Student STARS Prospect:

Thank you for your interest in volunteering this summer with CHRISTUS Trinity Mother Frances Health System's 20th 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, 2023, for June session and July 1, 2023, for July session.
- Completion and receipt in Volunteer Services of the enclosed application and essay by **Friday, March 3, 2023.**
- Completion of two recommendation forms, (enclosed) from a non-relative adult (Pastor, Sunday School Teacher, Teacher, School Counselor, etc.) by **Friday, March 3, 2023.**
- No applications will be accepted after **March 3, 2023.**
- Participation in an interview (either in person or over the phone) in March or early April. Applicants will be emailed for an interview after completed packet is received (**please list an email on application that is checked regularly.**)
- Orientation must be complete by the orientation deadline given to students in their acceptance letters.
- **Application Agreement signed by both applicant and parent/guardian.**

Program Information:

- A limited number of students will be accepted. **Due to our limited numbers, we will only accept students who are able to attend a full session (all 4 weeks) in either June or July.** Students will be selected based on the essay, recommendation forms, interview, and ability to participate in one of the full four-week sessions in either June or July.
- STARS participate in **one** four-week session: Session I: June 6-29 or Session II: July 5-27 (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.garcia@christushealth.org or stacy.warren@christushealth.org or call Volunteer Services at (903)606-4435. We look forward to visiting with you.

Sincerely,



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



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) _____									
Do you consider yourself Hispanic or Latino? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined		Which category best describes your race? <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined							
Home Phone Number: _____ Email Address: _____ Cell Phone Number: _____		Daytime Phone Number: _____ Fax Number: _____							
Birth date: _____		Age as of June 1, 2022: _____							
Are you currently employed or enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade Classification: _____ Employer: _____		School Name: _____ Job Title: _____							
Name of Emergency Contact: _____		Relationship to applicant: _____							
Emergency Contact Home Phone: _____		Emergency Contact Work Phone: _____							
Do you have 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) <table style="width:100%; text-align: center; margin-top: 5px;"> <tr> <td style="width:33%;">Tuesday</td> <td style="width:33%;">Wednesday</td> <td style="width:33%;">Thursday</td> </tr> <tr> <td>AM / PM</td> <td>AM/PM</td> <td>AM / PM</td> </tr> </table>				Tuesday	Wednesday	Thursday	AM / PM	AM/PM	AM / PM
Tuesday	Wednesday	Thursday							
AM / PM	AM/PM	AM / PM							
Mark the summer session that you can attend (As acceptance to the STARS program is limited, only students who are able to complete an entire 4-week session will be considered for the 2023 STARS Program): <input type="checkbox"/> Session I: June 6-29, 2023 <input type="checkbox"/> Session II: July 5-29, 2023 <small>(Tuesday students in July will start on 7/5 or 7/6 due to the July 4th holiday).</small>									

Areas of interest (check all that apply, department availability is subject to change)

- | | | |
|--|--|--|
| <input type="checkbox"/> 3 BT MICU/SICU Nursing | <input type="checkbox"/> CTC Maternal Fetal Medicine Clinic* | <input type="checkbox"/> Pre-Op Holding Nursing (before surgery) |
| <input type="checkbox"/> 4 BT ICU/IMC Nursing | <input type="checkbox"/> CTC Ophthalmology, Optometry at Health Park Plaza* | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> 5 BT Tower Oncology Nursing | <input type="checkbox"/> CTC Orthopedics (South Tyler OSMI)* | <input type="checkbox"/> Radiology Special Procedures |
| <input type="checkbox"/> 3 Dawson Medical Nursing | <input type="checkbox"/> CTC Pediatrics at (Turtle Creek or HOHP)* | <input type="checkbox"/> Recovery Nursing(Post-Op-after surgery) |
| <input type="checkbox"/> 4 Dawson Medical/Memory Care Nursing | <input type="checkbox"/> CTC Urology | <input type="checkbox"/> Respiratory Therapy (Pulmonary) |
| <input type="checkbox"/> 3 Houston Observation Care Center Nursing | <input type="checkbox"/> Emergency Care Center Nursing (ER) | <input type="checkbox"/> Sonography (Ultrasound) |
| <input type="checkbox"/> 4 Ornelas Nursing Unit-Neuro Patients | <input type="checkbox"/> ECHO | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> 4 Ornelas Neuro ICU Nursing | <input type="checkbox"/> EKG | <input type="checkbox"/> Sterile Processing |
| <input type="checkbox"/> 5 Ornelas Nursing Unit-Med/Surg Patients | <input type="checkbox"/> MRI | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> 6 Ornelas Nursing Unit-Ortho Patients | <input type="checkbox"/> NICU Nursing | |
| <input type="checkbox"/> Biomed | <input type="checkbox"/> Nuclear Medicine | |
| <input type="checkbox"/> CAT Scan | <input type="checkbox"/> Outpatient Infusion at NorthPark | |
| <input type="checkbox"/> Cath Lab | <input type="checkbox"/> Outpatient Physical or Occupational Therapy-HPP* | |
| <input type="checkbox"/> CRNA | <input type="checkbox"/> Outpatient Physical or Occupational Therapy-HOHP * | |
| <input type="checkbox"/> CTC Endoscopy (DDC) | <input type="checkbox"/> Outpatient Physical or Occupational Therapy -OSMI * | |

List top 5 preferences:

*** Applicant must have their own 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 and a drug test. More information on these items will be given upon acceptance to the STARS program.**
- **Your acceptance into the STARS program is based on a point system that considers your essay, interview, references, criminal background check, and availability of how many students we can accept into the program.**

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 3, 2023** to:

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

CHRISTUS # 14608
VOLUNTEER AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

In connection with your relationship with CHRISTUS, we may procure consumer reports about you for employment purposes.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION above and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (attached) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports," including criminal background checks, by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of , and/or itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

First Name: _____ Middle Name: _____

Last Name: _____

DOB _____ Last four digits of SSN _____

Parent/Guardian Signature: _____ Date _____

Please detach these next 3 pages and keep for your records.

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

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 3, 2023**
to Volunteer Services via:
Email: annette.garcia@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.

1 2 3 4 5

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

1 2 3 4 5

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

1 2 3 4 5

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

1 2 3 4 5

14. **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

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