

Saint Mary's Hospital Junior Volunteer – School Year Application

- High school students must be 16 to apply. Positions are limited and granted on a first come, first serve basis.
- If you are 18 or older, please use the adult application form and background check.
- Accepted high school students must be able to commit to a **minimum** of **40 hours**. A letter of recommendation will not be granted unless the 40 hours have been completed.
- **All applicants will be notified via email** (no phone calls) whether they will or will not receive an interview. **Please be sure your email address is legible on your application as that is our preferred form of communication.**
- **Onboarding must be completed within 30 days of being accepted into the program.** Failure to complete the onboarding process within 30 days will result in automatic withdrawal from the program unless an exception has been made due to extenuating circumstances.
- Occupational health clearance is required. Once accepted, candidate must call to make an appointment with our Occupational Health department to receive health clearance. Proof of immunity to MMR and Varicella, proof of a negative TB test result within the previous year, and proof of a flu shot during the official flu season are required.

This application must be filled out by the applicant, then signed in designated areas by a parent/guardian if under the age of 18. Please email or mail the completed application to:

Volunteer Services Department
Trinity Health of New England
114 Woodland Street, Hartford, CT 06105

Or

VolunteerServicesTHofNE@trinityhealthofne.org

JUNIOR VOLUNTEER APPLICATION

Please mail or email all pages back to:

Volunteer Services Department
Trinity Health of New England
114 Woodland Street, Hartford, CT 06105
VolunteerServicesTHofNE@trinityhealthofne.org

Date: _____

Name: _____ Social Security # (18+ only): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Cell #: _____

Email (required): _____ Date of Birth: _____

Parent/ Guardian's Name: _____

Emergency Contact: _____
(Name) (Relationship) (Tel. #)

Referred by Whom? _____

School: _____ Current Grade: _____

Career Interests: _____

Tell us why you want to volunteer: _____

Will you receive school credit for volunteering? Yes No

If yes, total number of hours needed: _____ Completion Date: _____

How did you hear of our Volunteer Program? (check one)

Hospital website Community event Religious group (church, etc.) Other (please specify)

School Activities: _____

Extracurricular Activities: _____

Please describe prior volunteer experience:

What are your personal strengths? Weaknesses?

Do you have any special skills you would like to use while you volunteer? _____

Do your parents/guardians understand that you have agreed to volunteer? Yes No

In order to be considered, you must commit to a minimum of 40 hours of volunteering over the course of three months.

Please indicate what day(s) and time(s) you would be available (VERY IMPORTANT)							
Day	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Times							

Applicant Agreement

I agree that the information supplied on this application is correct and I agree to the rules and regulations of the Junior Volunteer Program at Saint Mary's Hospital. I agree to commit to a minimum 40 hours of volunteering over the course of three months. I understand that a letter of recommendation will not be provided unless 40 hours have been completed.

Name of Applicant _____

Signature of Applicant _____

Date _____

Parent/Guardian Agreement

I give my permission for my son/daughter, if chosen, to participate in the Junior Volunteer Program at Saint Mary's Hospital. I will help him/her carry out this commitment.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Parental Consent Form for Minor Volunteers (17 years old)

Name of Applicant _____ D.O.B _____

As a parent/guardian of the above minor applicant, I give my consent that a tuberculosis blood test to be done by the Department of Occupational Health at Saint Mary's Hospital.

I understand that this is a requirement for volunteer eligibility with Saint Mary's Hospital.

Please answer the following questions:

Has the applicant ever had a PPD skin test before? YES NO

If yes, were you told it was "positive" or have any redness or swelling? YES NO

Has the applicant been treated with BCG against TB in the past? YES NO

Has the applicant or any of your family ever been exposed to active TB? YES NO

Has the applicant had any viral illness or received other vaccines in the past 4 weeks? YES NO

Does the applicant currently take cancer medicine or steroids? YES NO

Mandatory Flu Vaccine Information

Applicant must show written proof of having received a flu shot if applying to be a volunteer during the official flu season (November – May). The Department of Occupational Health cannot administer the flu shot to minors (under age 18) so applicant must receive it from their personal physician or a reputable center for flu vaccines (CVS, Walgreens, etc.).

If you are currently pregnant or nursing, you need to obtain written permission from your physician to have a TB blood test. Bring this permission slip with you to your Occupational Health appointment.

Name of Applicant _____

Applicant Signature _____

Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date _____

Volunteer Reference Form

Please complete the top portion and enter the names, titles and telephone numbers of THREE references. Please ask your reference to write a letter or complete the evaluation segment of this form. Return this completed form with your application. A reference may not be a relative, family member or friend.

I hereby authorize Saint Mary's Hospital to contact the following schools, places of employment, and/or persons who may aid Saint Mary's in determining a suitable volunteer placement for me.

I hereby release from any liability and hold harmless any and all individuals and/or organizations from any and all liability for providing the requested information. I hereby consent to the release of such information.

_____ **Applicant Signature**

_____ **Date**

_____ **Name**

_____ **Title**

_____ **Signature**

_____ **School/Company/Agency**

_____ **Phone Number**

Evaluation

	Above Average	Average	Below Average
Quality of Performance			
Attendance			
Interpersonal Skills			
Communication Skills			
Initiative			
Overall Activity			

Comments: _____

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Volunteer Reference Form

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Applicant Signature

Date

Name

Title

Signature

School/Company/Agency

Phone Number

Evaluation

	Above Average	Average	Below Average
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Comments: _____

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_____ ***Applicant Signature***

_____ ***Date***

_____ ***Name***

_____ ***Title***

_____ ***Signature***

_____ ***School/Company/Agency***

_____ ***Phone Number***

Evaluation

	Above Average	Average	Below Average
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