

## **Becoming a Junior Volunteer with the Thomas Hospital Auxiliary**

Students interested in participating in the Thomas Hospital Auxiliary's Junior Volunteer program this summer are asked to complete the attached application and have it signed by a parent/guardian. **Every page of this application and all the additional required documentation must be completed and returned no later than Tuesday, April 2, 2019.** *Applications submitted after this deadline will not be accepted.*

To qualify for the program, you must:

- Have completed all requirements for admission to grades 9th, 10th, 11th or 12th at your high school.
- Be between the ages of 14 and 17 years old, but not yet be eligible for graduation from high school.
- **Have a B (3.0) average (cumulative for the year) or higher. A copy of your school transcript must be sent with your completed application.**
- Be able commit to volunteering four hours a day, one day a week for a minimum of six weeks.
- Have good communication skills, a great attitude, and work well with others. All junior volunteers must show maturity, a willingness to accept responsibility, and cheerfulness on the job.
- **Complete and return the attached application and all additional required documentation no later than Thursday, April 2, 2019.** They may be brought to the Thomas Hospital Auxiliary office. They may also be mailed, e-mailed, faxed or brought to Melita Willkie, Manager of Volunteer Services, Thomas Hospital: P.O. Box 929, Fairhope, AL 36533; fax 279-1192; melita.willkie@infirmarhealth.org
- Complete a mandatory health screening/assessment, which will include a TB skin test and drug and alcohol screening, by the Thomas Hospital Employee Health Department, and have a hospital photo ID badge made.
- Attend a mandatory orientation to familiarize yourself with the expectations of the program, and Thomas Hospital's policies and procedures.

### **Important dates to remember for 2019:**

**Tuesday, April 2**

#### **Application deadline**

Completed applications and all the additional required documentation may be brought to the Thomas Hospital Auxiliary office or sent to:  
Melita Willkie, Manager of Volunteer Services  
Thomas Hospital P.O. Box 929, Fairhope, AL 36533  
Phone: 279-5525 Fax: 279-1192 E-mail: melita.willkie@infirmarhealth.org

**Tuesday, April 30**

#### **Informational meeting for accepted students and their parents**

*(recommended but optional)*

**7 to 8 p.m. in the Seminar Room of the Thomas Fitness Center**  
(a separate building located on the Thomas Hospital campus)

**Tuesday, May 7**

#### **Junior Volunteer program orientation** *(one orientation is mandatory for students)*

**6 to 7:30 p.m. in the Seminar Room of the Thomas Fitness Center**  
(a separate building located on the Thomas Hospital campus)  
Parents may attend, but their attendance is not required.

**Thursday, May 9**

#### **Junior Volunteer program orientation** *(one orientation is mandatory for students)*

**6 to 7:30 p.m. at Thomas Medical Center in Daphne**  
Parents may attend, but their attendance is not required.

**June 3 - July 23**

#### **Junior Volunteer program assignments**

Participation during six out of eight weeks or a TOTAL OF 24 HOURS, is required.

Questions? Contact Melita Willkie, Manager of Volunteer Services, at 279-5525 or [melita.willkie@infirmarhealth.org](mailto:melita.willkie@infirmarhealth.org)



**JUNIOR VOLUNTEER APPLICATION**

(PLEASE PRINT)

Date: \_\_\_\_\_ Birth date: \_\_\_\_\_ New Volunteer   
 OR  
 Age: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ Returning Volunteer

**APPLICANT PERSONAL INFORMATION**

\_\_\_\_\_  
 Last Name First Name Preferred Name

\_\_\_\_\_  
 Address City State Zip Code

\_\_\_\_\_  
 Home Phone Cell Phone Number Social Security Number Gender

\_\_\_\_\_  
 School Current Cumulative \Grade Point Average  
*(B average/3.0 cumulative GPA is required)*

\_\_\_\_\_  
 E-mail address

**Transportation must be provided by the applying students and/or their parents/guardians.**

**PARENTS/GUARDIANS**

**Mother**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Home Phone Cell Phone

\_\_\_\_\_  
 E-mail address

**Father**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Employer

\_\_\_\_\_  
 Home Phone Cell Phone

\_\_\_\_\_  
 E-mail address

## TIME COMMITMENT REQUIREMENT

From June 3 through July 26, 2019 participants are asked to volunteer one four-hour shift one day per week during this eight-week program. In order to accommodate activities, travel plans, illnesses and emergencies, participants are only required to volunteer a **minimum of four hours, one day per week for a total of SIX WEEKS (24 hours).**

## PERSONAL REFERENCES

Please list two personal references (teachers, ministers, employer, etc) (DO NOT INCLUDE RELATIVES):

Name	E-mail Address	Phone Number	Relationship
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Name	E-mail Address	Phone Number	Relationship
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## PARENTAL/GUARDIAN PERMISSION

This applicant has my permission to give his/her time to the Thomas Hospital Junior Volunteer Program, and I understand that he/she will receive no tangible reward or remuneration of any kind for the volunteer services he/she performs. I certify that this applicant is current on all immunizations. I will support his/her efforts to abide by the hospital rules and to be faithful and punctual in filling his/her assigned volunteer shift. I understand that this applicant's acceptance into this program is contingent upon a required drug and alcohol screening, and if he/she does not pass them he/she will not be accepted into the program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## REQUIRED PAPERWORK

The following documents must be received by **Tuesday, April 2, 2019**.

Please review the following checklist carefully to make sure ALL documentation is submitted by this deadline.

- Completed Junior Volunteer Application (two pages).
- Completed Reference Form – **Must be signed by school representative.**
- Completed Consent for Health-related Tests Form – **Must be signed by parent/guardian and notarized.**
- Copy of Immunization Records
- High School Transcript

## AUXILIARY CONTACT INFORMATION

**Applications and all required documentation must be received by **Tuesday, April 2, 2019**.**

They may be brought to the Thomas Hospital Auxiliary office or sent to:

Melita Willkie, Manager of Volunteer Services  
Thomas Hospital, P.O. Box 929, Fairhope, AL 36533

Phone: 279-5525 Fax: 279-1192  
E-mail: melita.willkie@infirmarhealth.org



# School Reference form for Thomas Hospital Junior Volunteer Applicants

I give permission for the release of any information and/or records requested by Thomas Hospital.

Date: \_\_\_\_\_ Name of school: \_\_\_\_\_

\_\_\_\_\_  
Student name Parent/guardian name

\_\_\_\_\_  
Student signature date Parent/guardian signature\* date

*\*The signature of only one parent/guardian is necessary.*

**\*\*\*The remainder of this form must be completed and signed by a school representative.\*\*\***

The student listed above has applied to volunteer at Thomas Hospital. We appreciate your assistance with answering some questions and add any additional helpful comments. The permission for the release of confidential information signed by the student and parent is on the top of the form. Thank you for your cooperation by completing this form and returning it to the student.

Student's name: \_\_\_\_\_ **Cumulative** grade point average: \_\_\_\_\_

Is this student a responsible individual? YES \_\_\_\_\_ NO \_\_\_\_\_

To your knowledge, does this student have physical and/or emotional issues that may affect their volunteering?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Any additional comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date Title

**PLEASE PROVIDE A CURRENT COPY OF STUDENT TRANSCRIPT**

*Students or school representatives are asked to submit this completed form and student transcript no later than **Tuesday, April 2, 2019** to: **Melita Willkie, Manager of Volunteer Services, Thomas Hospital**  
**P.O. Box 929, Fairhope, AL 36533 Phone: 279-5525 Fax: 279-1192**  
**E-mail: melita.willkie@infirmarhealth.org***