

Dear Prospective Junior Volunteer:

Thank you for your interest in Thomas Jefferson University Hospital's volunteer program. We have a variety of volunteer placements to suit different interests, skills and talents. The Junior Volunteer Program is designed to be a learning experience for you as much as it is an opportunity for you to help the Hospital.

**The Junior Volunteer Program runs twice a year:** Fall and the summer. The deadline to apply for the school year program in the fall is October 31<sup>st</sup>. The deadline to apply for the summer program is May 1<sup>st</sup> but depending on the volume of application for this program, we may have to close before the above deadline. It is important to get your application in as soon as possible. Orientations are held in late September or early November and late June or early July. We place Junior Volunteers into these programs only.

**You must be at least 14 years old to volunteer.** First, complete the application and consent form. Next, have an adult who is not an immediate family member complete and return the reference sheet. When we receive your application, we will review it and notify you of upcoming volunteer interview sessions. If you are accepted, we will schedule you to attend a mandatory orientation before you begin.

Your doctor or a nurse practitioner must document immunization records. You will receive information about this process when you come to interview.

Again, thank you for your interest in Jefferson. If you have any questions, please call the volunteer office at 215-955-6222 or you can email me at [Thomas.Schad.Jr@Jeffersonhospital.org](mailto:Thomas.Schad.Jr@Jeffersonhospital.org). We look forward to meeting you.

Sincerely,

Thomas Schad  
Coordinator, Volunteer Services

**THOMAS JEFFERSON UNIVERSITY HOSPITAL  
YOUTH VOLUNTEER APPLICATION**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
(first) (middle) (last)

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email address \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Name of School \_\_\_\_\_

Employment Experience \_\_\_\_\_

Date of Birth \_\_\_\_\_

Previous volunteer Experience \_\_\_\_\_

Dates \_\_\_\_\_ Number of hours served \_\_\_\_\_  
(If more space is needed, please use the other side of application.)

If referred by TJU employee or volunteer, please provide name/department \_\_\_\_\_

Indicate any foreign language which you speak proficiently \_\_\_\_\_

Volunteer Experience Preferred \_\_\_\_\_

(If you are not sure, information about our programs will be described to you in an interview or in an informational session)

Circle days of the week you are available M T W Th F Sa Su

Hours (schedule) you prefer to volunteer \_\_\_\_\_

Are you volunteering for school credit? \_\_\_\_\_

rev 2/06

<b>For Office use Only</b>		
Interview date _____	Ending Date _____	Total Hours _____
Group session _____	On data base _____	Orientation _____
Start date _____	Referred to _____	Supervisor _____
Placement _____	Schedule _____	Program _____

**Your reason for applying** (please write a brief statement on the reverse side of this application.)

### Personal References

(1)Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Relationship to You \_\_\_\_\_

(2)Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip code \_\_\_\_\_ Relationship to You \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ no \_\_\_

If yes, please explain \_\_\_\_\_

### STATEMENT OF AGREEMENT

I understand that I must be punctual and regular in attendance, helpful in my assignment and careful to honor the confidential nature of what I observe and all other rules and regulations of the Volunteer Service Department. I understand that my service as a volunteer is conditional, based on need and satisfactory service, and may be canceled at any time.

I certify that the above information is true and correct to the best of my knowledge. I understand any false statement on this application may be considered cause for rejection of this application, or for dismissal if such statement is discovered subsequent to an assignment. I agree that if offered an assignment, I will consent to a health screening. I understand that my assignment is conditional upon the satisfactory results of this screening.

I give permission for Thomas Jefferson University to investigate the information contained in this application, including inquiries of law enforcement agencies, agencies where I have previously volunteered, and the U.S. Government to release information on me to Thomas Jefferson University Hospital.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

My son/daughter is doing volunteer work at Thomas Jefferson University Hospital with my full knowledge and consent.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAYTIME AND EVENING TELEPHONE NUMBERS \_\_\_\_\_

# **Consent to Minor's Health Screening and Treatment for Volunteer Services**

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Thomas Jefferson University requires all volunteers to undergo a skin test to check for exposure to tuberculosis and blood test, which will include screening for immunity to certain infectious diseases such as rubella and chicken pox. Any volunteer found not to be immune to rubella is required to receive a vaccination.

The written consent of a minor's parent, guardian, or other legally responsible party is required for the performance of any medical services unless the minor has graduated from high school or is married or pregnant.

I hereby consent to the performance of all required medical services to my son/daughter by Thomas Jefferson University, including vaccination against measles, rubella, and/or mumps if indicated.

I also agree to allow Thomas Jefferson University to provide any necessary episodic medical care that my son/daughter may require during his or her volunteer placement.

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Date

## VOLUNTEER REFERENCE

\_\_\_\_\_ has applied for a volunteer position at Thomas Jefferson University Hospital. Your name has been given as a personal reference. Would you please complete this form and return it as soon as possible. All information you supply will be kept confidential.

Length of time you have known applicant \_\_\_\_\_.

Relationship to applicant \_\_\_\_\_.

How would you rate the following characteristics?

	Superior	Good	Fair	Poor
Sound judgment	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Exhibits initiative	_____	_____	_____	_____
Honesty/integrity	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____

Any other comments or information you think might be helpful will be greatly appreciated. Please inform us about specific strengths or weakness of which you might be aware.

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***Please return this from to:***

\_\_\_\_\_  
Name of Recommender

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Tom Schad  
Coordinator, Volunteer Services  
Thomas Jefferson University Hospital  
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Philadelphia, PA 19107  
Fax: 215-955-1935