

2020 Summer Junior Volunteer Application Information Sheet

Volunteer and Guest Services will receive applications for our Summer Program no earlier than **February 1 through 7, 2020 only.**

Up to 40 applicants will be contacted to arrange an interview.

If you have questions about our program, please contact Volunteer and Guest Services at backus.volunteers@hhchealth.org.

THE PROCESS – APPLICATION FORM

- Applicant completes the attached Junior Volunteer application in full
- Parent or guardian signs this application, giving the hospital permission to contact the teacher or guidance counselor chosen for required reference
- Attach a copy of the student's high school ID
- Attach healthcare provider or school nurse documentation of vaccinations
- Only complete applications filled out by the applicant will be considered

VACCINATIONS

For the safety of our patients, we require healthcare provider documentation of the following to accompany the application:

- First and second MMR (measles, mumps, rubella) vaccinations, and
- First and second Varicella inoculations or date of disease

APPLICANT INTERVIEWS

We request that a parent or guardian be present to gain an understanding of our program. Be your best; we aim to make this interview as meaningful as possible, and encourage participants to be prepared.

REQUIREMENTS FOR THOSE ACCEPTED INTO THE PROGRAM

- Provide the results of TWO PPD tests (a tuberculosis skin test). The first test may be scheduled online with the Backus Employee Health office in May through early June. The second test will be scheduled within 30 days of start.
- Attend an eight-hour orientation on Friday, June 19, 2020 (may be rescheduled to Saturday, June 20 if the school year is extended)
- Volunteer one eight-hour day per week after June orientation through August 28th
- Commit to not be away for more than two weeks over the summer and must make up those absences.

Summer Junior Volunteer Bridge Program FAQs:

When are applications due?

Applications will be received Saturday, February 1st 6:00 a.m. through Friday, February 7th 8:00 p.m. Applications may be dropped off at the Backus Hospital main entrance and given to the Information Desk staff, or delivered to the Volunteer and Guest Services Offices, Room A-G49 or A-G50.

Mailed applications must be received within these dates. Applications received before February 1st or after February 7th will be returned to you.

May I type my essay?

We request your essay be handwritten by the applicant on the back of the application.

Why do you need my high school ID?

Your high school ID is used to confirm your enrollment and your identity.

Do I need to provide two PPDs with my application?

No. Accepted applicants will receive PPD instructions in their acceptance packet.

What if I cannot attend the June 19th (or 20th if rescheduled) orientation?

Accepted applicants must attend the mandatory 8-hour New Volunteer Orientation. If you cannot, you should withdraw your application.

I am going to camp for three weeks; can I make up three weeks?

Unfortunately, no, your team depends on your attendance. Junior volunteers are allowed to miss and make up two scheduled days. If you plan to be away over two weeks this summer, you should withdraw your application.

The Junior Volunteer Coordinator will schedule up to two make-up days.

Can I pick what day I volunteer? Can I switch what day I volunteer each week?

At the interview, you will be asked what days of the week you prefer to volunteer. Every effort is made to accommodate your preferences. You are expected to work the same day of the week for all ten weeks of the program, your team depends on your attendance.

Remember:

- Only complete applications filled out by the applicant will be considered. Make sure all required attachments and signature/initials are included.
- We will contact you via email and USPS mail, so write legibly.
- The program runs for 10 weeks, starting Monday, June 22nd through Friday, August 28th.



FOR OFFICE USE ONLY

Date Received: _____

Healthcare Provider Documentation:

MMR: _____; Varicella: _____

Reference Sent/Returned: ____/____

Interview:

Yes or No Date/Time: _____

Accepted: Yes or No

Volunteer and Guest Services

Applications will be received February 1 – 7, 2020
Up to 40 applicants will receive an interview

APPLICATION FOR JUNIOR VOLUNTEER Summer Bridge Program

To be completed by applicant

Applicant Information (Must be a High School Student)

Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

City/State/ZIP Code: _____

Preferred Phone Number: _____ Email: _____

Print legibly. We will contact you via email.

School Information

High School: _____ High School Grad Year: 20____

Mailing Address: _____

City, State, ZIP Code: _____

Reference: Teacher or Guidance Counselor: _____

E-mail address: _____

Personal Statement Essay: Approximately 300 handwritten words *written on back of this application* as to why we should select you for this program including careers you would be interested in exploring.

Attach to this application a copy of your high school student ID; proof of your first and second Measles-Mumps-Rubella inoculations, and first and second varicella inoculations or documented date of disease. A physician's note on letterhead, prescription pad, or school nurse's note on school stationery will suffice.

I understand my son/daughter _____ if accepted is committing to volunteer one eight-hour day per week for ten weeks at Backus Hospital and give my permission to him/her to participate in all aspects of this program.

Parent and Applicant Initials _____

I also give permission for Backus Hospital to contact the school reference listed above.

Parent and Applicant Initials _____

I understand that the Junior Volunteer Program begins with Orientation on Friday June 19, 2020 (Saturday June 20, 2020 if the school year is extended), junior volunteers cannot miss more than two weeks, and that the program continues through Friday, August 21, 2020.

Parent and Applicant Initials _____

**Complete applications will be received
2/1/2020 through 2/7/2020 only**

Deliver to:

Volunteer and Guest Services
Backus Hospital
326 Washington Street
Norwich, CT 06360

Signature of Parent/Guardian

Print Name of Parent/Guardian

Preferred phone

E-mail address

Address

City/State/ZIP code

