2023 Summer Junior Volunteer Application Information Sheet

Volunteer and Guest Services will receive applications for our Summer Program from **February 15 through 22, 2023 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
- Clearly print the e-mail address used and checked regularly
- Parent or guardian signs this application, giving the hospital permission to contact the teacher or guidance counselor chosen for required reference
- Attach a photocopy 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
- Completed COVID-19 vaccinations (initial dose series and one booster)

**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 a Tuberculosis test. If you are accepted into the program, there will more information to follow on how to complete the test.
- Attend a six-hour orientation on Saturday, June 17th
- Volunteer one eight-hour day per week after June orientation until school restarts
- 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 Wednesday, February 15<sup>th</sup> at 6:00 a.m. through Wednesday, February 22<sup>nd</sup> 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 15<sup>th</sup> or after February 22<sup>nd</sup> 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 a photocopy of my high school ID?**
The photocopy of 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 Tuberculosis test instructions in their acceptance packet.

**What if I cannot attend the June 17<sup>th</sup> orientation?**
Accepted applicants must attend the mandatory 6-hour New Volunteer Orientation. If you cannot, you should not apply.

**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 for more than two weeks this summer, you should not apply.

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 medical documentation, ID photocopy, and signature/initials are included.
- We will contact you via email and USPS mail, so write legibly.
- The program runs from Monday, June 19<sup>th</sup> (or June 26<sup>th</sup> if the school year is extended) to the Friday before school starts.
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: __________________________
  □Cell □Home

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, first and second varicella inoculations or documented date of disease, and complete COVID-19 vaccination. 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 from June 19th (or June 26th if the school year is extended) until the start of school 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 Saturday, June 17th, junior volunteers cannot miss more than two weeks, and that the program continues until the start of school.

Parent and Applicant Initials _______ _______

Complete applications will be received 2/15/2023 through 2/22/2023 only
Hand deliver or mail to:
Volunteer and Guest Services
Backus Hospital
326 Washington Street
Norwich, CT 06360

Signature of Parent/Guardian

Print Name of Parent/Guardian

Preferred phone □Cell □Home

E-mail address

Address

City/State/ZIP code