



2023 - 2024 Student Volunteer Application Information Sheet

The Student Volunteer Program is for high school students that are interested in volunteering at Backus Hospital during the school year. The program follows the academic calendar and schedules will be based off of your availability.

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 Student Volunteer application in full
- Clearly print your e-mail address. We will use this regularly to communicate with you!
- Parent or guardian signs this application, which gives the hospital permission to contact the teacher or guidance counselor chosen for required reference
- Attach a photocopy of the student's high school ID (transcript is acceptable if no student ID)
- Only complete applications filled out by the applicant will be considered

COLLEAGUE HEALTH REQUIREMENTS

For the safety of our volunteers and patients, we require healthcare provider documentation of the following:

- First and second MMR (measles, mumps, rubella) vaccinations, and
- First and second Varicella inoculations or date of disease
- Completed COVID-19 vaccinations
- Complete annual Flu shot if here during Flu season.

Please submit this documentation at the time of application.

APPLICANT INTERVIEW

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 2-hour in-person orientation
- Commit to a minimum of 4 hours per week to volunteer. Please keep in contact with the supervisor(s) on schedule changes, or inability to work a scheduled shift

Student Volunteer Program FAQs:

When are applications due?

Applications are accepted throughout from August to February. We will stop accepting Student Volunteer Applications at the beginning of February, when we start accepting Junior Volunteer Summer Bridge Program Applications. Applications may be mailed to Backus Hospital Volunteer Services, emailed to Backus.Volunteers@hhchealth.org, or dropped off at the Backus Hospital main entrance and given to the Information Desk staff.

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. A copy of your transcript will be sufficient in the event your school does not issue IDs.

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

We do ask that you commit a minimum of 4 hours per week to volunteer. Your volunteer schedule will be based off of your availability, though there is value to consistency. This program follows the academic calendar, September through June.

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 please write legibly.
- The program follows the academic calendar and start dates will vary depending on applicant.



FOR OFFICE USE ONLY
 Date Received: _____
 Required Documentation: ID copy____
 MMR: ____; Varicella: ____; COVID____
 Reference Sent/Returned: ____/____
 Interview: Yes or No
 Date/Time: _____
 Accepted: Yes or No

Student Volunteer Application (follows academic calendar)

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 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: _____

* letters of recommendation will be accepted as well.

Health:

Do you agree to provide verification of 1st and 2nd MMR inoculations or titer? Yes No
 Do you agree to provide proof of 1st and 2nd varicella vaccinations, titer or physician-documented date of disease? Yes No
 Do you agree to have mandatory Tuberculosis tests? Yes No
 Do you agree to have a mandatory COVID-19 and flu vaccinations? Yes No

I understand my son/daughter _____ if accepted, is committing to volunteer at least one four-hour day per week at Backus Hospital and give my permission to him/her to participate in all aspects of this program. I also give permission for Backus Hospital to contact the school reference listed above.

Parent and Applicant Initials _____

Email, hand deliver or mail to:

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

Backus.Volunteers@hhchealth.org

 Signature of Parent/Guardian

 Print Name of Parent/Guardian

 Preferred phone Cell Home

 E-mail address

 Address

 City/State/ZIP code