Junior Volunteer Packet Spring 2027

Dear Prospective Junior Volunteer:

Thank you for your interest in the **Junior Volunteer Program at Atlantic Health CentraState Medical Center**. The focus of this program is for high school students to learn about the healthcare system through volunteering in various roles. Please note our volunteer program **does not include shadowing/direct physician contact.**

We invite young adults who are at least 15 years of age and actively attending high school to join us. (The summer preceding high school is not applicable). We accept new applications twice a year for the Spring and Summer sessions. Our Fall Session is reserved for Return Volunteers only.

PLEASE READ ALL INSTRUCTIONS.
Steps required to begin volunteering:

1. Complete the **Junior Volunteer Packet** *(this is your packet)*
2. Once **all** forms are completed and signed, please email your application by November 1 to *CS_Volunteers1@atlantichealth.org*. We are no longer accepting applications via mail or fax. No in-person drop-offs will be accepted. Please attach as PDF/Word Doc ONLY
   -do **NOT send as a Google Doc/link/embed into e-mail/picture**)
3. Schedule and complete a **Virtual Interview. You will receive an email to schedule.**
4. Receive your **Volunteer Placement** confirmation (not guaranteed).
5. Attend Mandatory Volunteer Orientation. Orientation is only for Students placed in the Program only. Orientation is Mandatory and no make-up days will be scheduled.
6. **Begin to volunteer!**

Junior Volunteer Packet

ALL Forms must be turned in at the same time. Incomplete forms will not be accepted. Applications are considered ***complete*** only when all items have been returned to Volunteer & Guest Services. We will contact you for next steps once we have your **completed Interest Form and Application Packet on file**.
Packet must be completed by the applicant. Parents/Guardians should not be filling out the Application.

1. **Volunteer Info Form**
2. **Volunteer Essay**
3. **Expectations & Guidelines**
4. **Letter of Recommendation**
5. **Student Volunteer Health Clearance Form** (Physician's signature)

**We accept Applications on a first-come, first-served basis. Submitting an Application *does not* guarantee placement. Submitting early increases your chances of being placed.

Atlantic Health

Junior Volunteer Information Form

Have you ever submitted a Volunteer Application in the past? **Yes**____ **No**____

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Adult Shirt Size [Circle One]:** S M L XL Other:

Student Cell: _____ **Student Email:** _____

Address: _____

Name of School: _____ **Grade Level:** _____

Name of Mother/Guardian & Contact #: _____

Name of Father/Guardian & Contact #: _____

Did Someone Assist You Filling Out This Application (Please Circle) Y N

Dates & Deadlines: Spring 2027

Applications Accepted: September 1- November 1, 2026
Session Dates: February 22, 2027 - June 20, 2027
Orientation Dates: Friday, February 5 OR Monday, February 15 (President's Day)

Volunteers are only permitted **three** unexcused absences during the Spring Session. Please be mindful of this when applying. Vacations/School Trips/SATs do not count as Excused Absences.

Volunteer Essay

On a separate piece of paper, please **type** a one-page essay as to why you feel you should be accepted into the Junior Volunteer Program at CentraState. Essays should include information about past volunteer experiences (if you have had any), special skills, and what makes you stand out from the other students applying. Please type in size 12 font. Have fun with your essay!

Please note that applications are not kept on file. If you are not placed in this currenct Session we will not hold your application and you will be required to fill out a new one if you choose to reapply in the future.

_____ _____ _____

Date **Volunteer Signature** **Print Full Name**

Junior Volunteer Expectations & Guidelines

To be completed & signed by Junior Volunteer as well as Parent/Guardian.

The following Expectations & Guidelines are essential to your participation in the Junior Volunteer Program. Please read the Expectations & Guidelines below, then please sign the bottom (both Applicant and Parent/Guardian).

1. I understand that I must be in uniform at all times when volunteering. I will wear khaki or black pants, blue polo uniform shirt (provided), sneakers, and my I.D. badge at all times. I will properly wear **approved mask** as needed. Failure to comply with dress code will result in **being sent home and not receiving hours for my shift.**
2. I understand that I must personally **sign in** at the Voltrak computer in the Main Lobby **immediately upon arrival** and **sign out at the conclusion** of my shift**. I will enter and exit through Entrance 2 only.** I understand that this is a record of my attendance and if I do not complete the *sign in procedure* there will be no record of my attendance and no way to verify my volunteer hours. If the computer is down, I will use the Red Binder located next to the computer.
3. I will report **on time** for my assignment and will remain through the end of my scheduled shift.
4. I understand that I have agreed to volunteer **1 day a week for a 4 hour shift** for the duration of my commitment.
5. I understand that I may **not** alter my schedule without approval from Volunteer & Guest Services.
6. If an unexpected circumstance arises (ex: illness), or a planned event prevents me from attending my scheduled shift (ex: SATs, vacation), I will **call my assigned department directly, as soon as possible,** to let them know I am unable to attend. Contact information will be found on your Assignment Description Form (Note: Three (3) absences are grounds for dismissal from the program. Summer Session only allows for Two (2) absences due to the short length of the session). "Excused" absences are at the discretion of the Volunteer Services Department.
7. I understand that I am to remain in my department for the entire four [4] hours that I have committed to volunteering, unless my supervisor directs me otherwise. I will report to my supervisor at the beginning and end of each shift, and will check in with her/him if I need to leave my area for any reason.
8. I understand that I am entitled to a $7.25 cafe' voucher to be used **before or after** my four [4] hour shift. If my purchase is more than $7.25, I will pay the difference. I understand that I should not expect a break during the four [4] hour shift.
9. I understand that I must fill out a ***Recommendation Request Form*** for any recommendation forms, letters, report of hours, etc. *Allow ten [10] business days to process*. (ex: National Honor Society, scholarship forms,) Form can be found *on the website as per Orientation.*
10. I understand that phone calls, texting, and ear buds are **prohibited** during my volunteer shift, except in an emergency, with approval from my supervisor. Photographs/videos/use of social media are absolutely prohibited.
11. I understand that I must not enter a patient room with an **Isolation Sign** on the door, and if assigned to a patient unit, I am not permitted to participate in procedures or handle any equipment.
12. I understand that a Flu Shot is mandatory for the Fall Session. If I cannot medically get a Flu Shot, I will receive an exemption letter from my physician. I understand that exemptions may not be accepted.

Volunteer Name (Print)	**Date**	**Volunteer Signature**
Parent/Guardian (Print)	**Date**	**Parent/Guardian Signature**

Letter of Recommendation

A letter of recommendation is required for all volunteers. The letter should be written by someone that knows you well. **It cannot be written by a family member.** Individuals can include teachers, guidance counselors, coaches, managers, etc. Students, please copy the following instructions and provide to the individual doing the Recommendation.

Instructions for Individual Writing Letter of Recommendation:

- Letter shall be considered confidential and should not be shared with the student.
- Letters should be emailed directly to Volunteer Services. Please email to *CS_Volunteers1@atlantichealth.org.* Please include the name of the student in the Subject Line of the email.
- Please include your contact information in your letter in the event we need to contact you. Please also include your relationship to the student.
- If you have any questions, please contact us at 732-294-2622.

Name of Recommender: _____
Title: _____
Contact Information (Email or Phone Number): _____

*****_Please note that your Letter of Recommendation needs to be submitted_ ***PRIOR*** _to the Application due date on_ ***November 1***_. We will NOT contact you if we do not receive your Letter of Recommendation. It is your responsibility to ensure we receive it._ ***Please turn in this form with your Application so we have record of who is writing your Letter.***

_____	_____	_____
Volunteer Name (Print)	**Date**	**Volunteer Signature**

Atlantic Health

Infection Control Staff Only:
*Approved:*_____
*Denied:*_____

Junior Volunteer Health Clearance Form

This form MUST be completed i*n full* by your personal Physician.

We suggest checking with your insurance company to ensure coverage for items below. CentraState is **not** responsible for Insurance or Doctor Fees.

_____ _____
Full Name of Volunteer **Date of Birth**

A. To my medical knowledge, this applicant is capable of performing volunteer assignments:

___ With no restrictions
___ With restrictions (physical/emotional/allergies/precautions/religious to be observed) please describe:
_____
_____

B. Immunity of the following (*Please Provide Immunization Dates OR Titers*):

Disease	2 Immunization Dates [two required]		Titer Result with Date Pos.	Neg.
Measles				
Mumps				
Rubella				
Varicella [Chicken Pox]				

C. Immunization Dates: **TDap:** _____ **Flu (required after September 1):** _____

D. Tuberculin (TB) Test Options ***(You only need to do one of the following three steps)***
****If a TB Test was done within the past 12-months, those results can be submitted***

1) Blood Test for IGRA (Quantiferon/QFT)(quickest results)

Date	Result

2) Two-Step TB Skin Tests [Mantoux/PPD/TST] (***2 tests** given 1-3 weeks apart)
*****Both steps must be completed prior to the application deadline. No late results will be accepted.**

Date Administered	Date Read	Result
1. _____		
2.		

3) Chest x-ray (if you test positive for TB only)

Date Administered [within last year]	Date Read	Result

Name of Physician_____

Address/City/State/Zip Code_____

Phone Number: _____