Dear Junior Volunteer Program Applicant:

Thank you for your interest in the Chilton Medical Center’s Junior Volunteer Program.

This application requires completion by both you and your parents/guardians. Additionally, within the application, there is a section that needs to be completed by your school guidance counselor.

If we have any junior volunteer opportunities available, upon receipt of your application, you will be called in for an interview. PLEASE NOTE THAT YOU WILL BE CONTACTED ONLY IF THERE IS A VOLUNTEER OPPORTUNITY AVAILABLE. Following the interview, if accepted into the program, you will be given a “Health Certificate,” and “Tuberculosis PPD Testing Form to be completed by your physician.

To verify if volunteering is right for you, please consider the following requirements for all Junior Volunteers:

- Must be high school students between the ages of 15-18
- Must complete a health certificate that provides proof of vaccinations, and the certificate must be signed by the volunteer’s physician
- Must receive a TWO-step TB test
- Must have a flu shot, if they are providing services during the flu season (December – June)
- Must complete 50 services hours to receive a college recommendation letter
- Must attend a 2 hour Junior Volunteer Orientation session

If you have any questions, please do not hesitate to call the Volunteer Services Office at (973) 831-5016, Monday – Friday, 8:00 a.m. to 4:00 p.m.
APPLICATION FOR
JUNIOR VOLUNTEER SERVICE

Last name ___________________________________________ First ______________________________ M.I. ______

Address _________________________________________________ City __________________________

State __________________________ Zip ______________ Home phone (          ) __________________________

Parent’s name ___________________________________________ Work phone (          ) __________________________

Student’s Email Address: ______________________________________________________________

Age ________ Date of birth ___________ Male/Female(circle) Social Security ________

School Name ____________________________________________

Grade [CIRCLE ONE]  9  10  11  12 Graduation year _____ Career interest __________________________

Is a family member an employee of the hospital? Where?

Have you ever pled guilty, no contest (no lo contender) or been convicted of a crime which has not been expunged, annulled, sealed, pardoned, or statutorily eradicated by the Court? (Before you answer, please note that a conviction or plea of guilty will not necessarily prohibit you from becoming a volunteer)

______ YES ______ NO

If yes, please describe the nature of the crime, the date of the conviction and completion of any sentence and any subsequent rehabilitation.
____________________________________________________________________
____________________________________________________________________

IN CASE OF EMERGENCY:
Name __________________________________________________________ Relationship __________________________

Home phone (          ) ____________________________ Work phone (          ) ____________________________

IN YOUR OWN WORDS PLEASE TELL US IN A 50-WORD PARAGRAPH YOUR REASONS FOR WANTING TO BECOME A CHILTON JR. VOLUNTEER (must be printed legibly)

____________________________________________________________________
____________________________________________________________________

____________________________________________________________________

VOLUNTEER AGREEMENT
I understand that, as a volunteer, I must abide by the rules and regulations of Chilton Medical Center including the dress code and will be willing to serve at least three hours weekly in whatever service I am assigned. I agree to donate a minimum of 50 hours of service before I receive a letter or recommendation. I understand and agree that once I sign in for my shift I may not leave the hospital until the shift is over without the approval of a parent/guardian or the Coordinator of Volunteer Services. Once I leave the hospital grounds, I understand that the hospital will not be held responsible for me.

Date: ___________________ Applicant’s signature ____________________________________________
PARENTAL CONSENT

My son/daughter may serve as a Jr. Volunteer at Chilton Medical Center. I understand that final placement is contingent upon satisfactory completion of all pre-placement procedures including attendance at the entire scheduled Jr. Volunteer Orientation. In addition, I understand the importance of dependability and responsibility in the assignment. I will cooperate by providing transportation and seeing that he/she maintains the scheduled time and dresses following the Chilton dress code. I understand that my son/daughter must donate a minimum of 50 hours of service before he/she will be provided with a letter of recommendation. I understand that my son/daughter may not leave the hospital once they have signed in prior to the shift ending without my permission or the permission of the Director of Volunteers. I agree that if my son/daughter does leave the hospital prior to his/her shift ending, the hospital will not be responsible for my son/daughter.

Date _________________________________  Parent’s signature __________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

AN INSTRUCTOR OR GUIDANCE PERSON AT THE APPLICANT'S SCHOOL MUST FILL IN THE INFORMATION BELOW. THIS PERSON SHOULD THEN FORWARD THE APPLICATION TO CHILTON MEDICAL CENTER, 97 WEST PARKWAY, POMPTON PLAINS, NJ 07444.

CONFIDENTIAL RECOMMENDATION FOR JUNIOR VOLUNTEER

Student's name _________________________________________  Grade in school ______________________________

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Comments: ____________________________________________________________
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________________________________________________________

SIGNATURE _______________________________________________________
TITLE ___________________________________________________________
SCHOOL ___________________________________________________________
DATE ___________________________________________________________