



The William W.
Backus Hospital

2010

Dear Applicant

Thank you for your interest in The William W. Backus Hospital Junior Volunteer Program.

Because of the many applications we receive, acceptance into our program is very competitive. We regret that we will only be able to offer interviews to the first 100 applicants.

Enclosed you will find a Junior Volunteer application. Please note the following program requirements. You must:

- ✓ Be a high school student.
- ✓ Complete the application in full and by yourself.
- ✓ Have the application signed by your parent or guardian. This gives us permission to contact the teacher or guidance counselor you have chosen for your reference;
- ✓ Attach a small recent school photo.
- ✓ Attach proof of immunizations: your first and second MMR (measles, mumps, rubella), and first and second Varicella inoculation or date of disease.
- ✓ Submit your application no later than April 1, 2010, for consideration in this summer's program; applications submitted earlier have a better chance of being among those selected for the interviews.

I will contact you after March 1 to schedule your interview, and I will ask a parent or guardian to join you.

Thank you again for your interest in being a Backus Volunteer. I look forward to meeting you, and wish you continued success in your academic career.

Sincerely,

Mary E. Rahaim, CAVS
Director of Volunteer Services



Volunteer Services

FOR OFFICE USE ONLY

Interview: _____ By: _____
Proof of MMR: _____
Reference Sent: _____
Reference Returned: _____
Accepted Y or N: _____
Orientation Date: _____

APPLICATION FOR JUNIOR VOLUNTEERS

Application Date: _____
Deadline for accepting applications is April 1,
for the Summer Program.
Only the first 100 applicants will be interviewed.

To be completed by applicant

Applicant Information (Must be a High School Student)

Name: _____

Mailing Address: _____

City/State/ZIP Code: _____

Home Phone: _____ Cell: _____ Email: _____

High School Grad. Year: _____ Date of Birth: ____/____/____ Social Security # ____-____-____

School Information

High School: _____

Address: _____

City/State/ZIP Code: _____

School Reference /teacher/guidance counselor: _____

Goals for volunteering (200 words or less handwritten): _____

(Use revise side or attach essay.)

Interests/Hobbies/Talents/Extracurricular Activities: _____

Is volunteering a requirement for Court Ordered Community Service? Yes No # of hours _____

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

You will be contacted by the Department of Volunteer Services to arrange your interview.

Only the first 100 applicants will be interviewed for the summer.

I approve of my son/daughter _____ volunteering his/her time at The William W. Backus Hospital and give my permission to him/her to participate in the summer volunteer program. I also give permission for Backus Hospital to contact the school reference listed above. I understand that the Junior Volunteer Program begins with an Orientation in June, continues through the summer months requiring one eight-hour volunteer day per week, and into the Fall, Winter and Spring for those students who are able to continue through the school year.

Mail Completed Application to:

**Department of Volunteer Services
The William W. Backus Hospital
326 Washington Street
Norwich, Connecticut 06360
(860) 823-6320**

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Daytime Phone _____

Address _____

City/State/ZIP Code _____