

## Information Sheet

The Volunteer Services Office will begin accepting applications for our Summer Program on January 3, 2012.

Acceptance is very competitive and **we offer interviews to the first 100 applicants only** for a very limited number of openings. Each applicant will be contacted for an interview.

**Please read the following information carefully, if you have questions about our program, please contact Volunteer Services at 860-823-6320.**

### THE PROCESS – APPLICATION FORM

- The applicant should complete the Junior Volunteer application form in full.
- Be sure a parent or guardian also signs this form. This gives the hospital permission to contact the teacher or guidance counselor you have chosen for your school reference.
- Attach a recent school photo or a copy of the photo.
- Because of the many applications we receive, acceptance into our program is very competitive. We regret that we are only able to offer interviews to the first 100 applicants.
- Only complete applications will be considered.

### VACCINATIONS

For our health records, and to maintain the safety of our patients, please attach proof of:

- Your first and second MMR (measles, mumps, rubella) vaccinations,
- And Varicella inoculations or date of disease, as explained on the application.

### APPLICANT INTERVIEWS

Applicants are interviewed by Volunteer Services staff with a parent or guardian present. Please feel free to ask any questions about the Volunteer program, and to provide any information about your interests. This is a very competitive program, please be at your best for the interview. We aim to make this program as meaningful as possible, and encourage participants to be prepared.

### GUIDELINES FOR VOLUNTEERING

Applicants who are accepted into the summer program must:

- Provide a recent PPD (a tuberculosis skin test), or sign a new parental permission slip at Backus in June.
- Attend an 8-hour orientation June 22 or June 26.
- Volunteer a minimum of one eight-hour day per week throughout the months of July and August.
- Not be away more than two weeks.



FOR OFFICE USE ONLY

Interview: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Proof of MMR: \_\_\_\_\_  
Reference Sent: \_\_\_\_\_  
Reference Returned: \_\_\_\_\_  
Accepted Y or N: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_

# Volunteer Services

Application Date: \_\_\_\_\_

## APPLICATION FOR JUNIOR VOLUNTEERS

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.**

**The first 100 applicants will be contacted by the Department of Volunteer Services to arrange an interview.**

I approve of my son/daughter \_\_\_\_\_ volunteering his/her time at 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:  
Volunteer and Guest 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 \_\_\_\_\_