

Volunteer Services Junior Application

Thank you for expressing an interest in Volunteering at Anna Jaques Hospital. Please complete both sides of this application and return to the Volunteer Services Office. **Junior volunteers must be 14 years or older.**

General Information

Name:	Last	First	Middle	Date of Application:
Address:	Street	City	State	Zip
Home Phone: ()	Cell Phone: ()		Date of Birth:	
Email:				
How were you referred to Anna Jaques Hospital?				
Why do you want to volunteer at Anna Jaques Hospital?				

Educational Data

Name and Location of School	Number of Years Completed	Major course of study	Year of graduation

Special Skills and Community Affiliations

Please list and describe any special skills, talents, interests, community, and club memberships.

Volunteer Experience

Please list any volunteer service.

Organization:	Dates: From: To:
Description of responsibilities:	

Employment History

List current and past employers beginning with most recent.

Employer Name:	Dates: From: To:
Address:	
Position Title and Description:	
Employer Name:	Dates: From: To:
Address:	
Position Title and Description:	

Schedule Information

Please check in the table below, the days and number of hours in which you are interested.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Can you make a weekly commitment? _____ Hours per week: _____ Date you can begin: _____

To ensure that you derive maximum benefits from your volunteer service, the Volunteer Department requires that all junior volunteers give a minimum commitment of at least 50 hours. Hours may be completed over an extended period of time.

Reference

Provide the name of a person not related to you. A Teacher is acceptable.

Name	Address	Phone	Relationship	Years Acquainted

Emergency Contact Information

In case of an emergency, notify _____	Phone: _____
Relationship: _____	Cell Phone: _____

Certification and Authorization

Please read carefully.

I affirm that the information on this application is true and complete. I understand that before I begin my volunteer services, I will be interviewed, attend a mandatory orientation class, submit a health screening form proving immunity to the chicken pox and measles, mumps, rubella, or have a titre test drawn. I will also complete the mandatory TB test prior to my volunteer assignment. Please Note: The Flu Shot is MANDATORY annually. Junior volunteers must provide proof of Flu Shot.

Signature of Applicant

Date

Further Information

For questions or further information, contact Cheryl Satryb, Director of Volunteer Services.

Contact Information:

Phone: (978)463-1150
Fax: (978)463-1307

Email: csatryb@ajh.org

For Volunteer Office Use Only

Application Received _____ Interviewed _____

Orientation _____ OSHA _____

Medical Clearance Sent to OH _____ TB _____ MMR _____ CHICKEN POX _____ Clearance _____

Status: Accepted _____ Rejected _____ Deferred _____

Assignment and Schedule _____

Supervisor _____ Extension _____

Start Date _____ Badge ordered _____



25 Highland Avenue
Newburyport, MA 01950
(978) 463-1150

**JUNIOR VOLUNTEER PROGRAM
PARENTAL PERMISSION STATEMENT**

I hereby give my son/daughter permission to volunteer at Anna Jaques Hospital. I understand that my son/daughter has made a pledge to contribute a minimum of 50 hours of voluntary service, and I will support him/her in fulfilling this commitment. Hours may be completed over an extended period of time.

After review of the confidential medical history questionnaire by the Occupational Health Nurse, parents will be contacted if additional information is required in order to complete screening of the volunteer applicant.

Given the state of vaccination requirements, it is preferable that your son/daughter be vaccinated through your family physician. If it is not possible for you to obtain the necessary vaccinations through your family physician, please contact the Volunteer Office at (978)463-1150.

Please Note: All junior volunteers will be required to get a Flu Shot during flu season. Documentation of the Flu Shot is required annually. The Hospital does NOT provide the Flu Shot for Junior Volunteers.

I also give the Hospital permission to treat any medical emergency that may occur during the time in which my son/daughter is performing volunteer work.

Applicant Name: _____

Parent/Legal Guardian Signature: _____

Date: _____