

March, 2010

Greetings!

Enclosed is an application for the 2010 Junior Volunteer Program at **Emory University Hospital, 1364 Clifton Road, NE, Atlanta, Georgia, 30322**. In addition, you will find an information sheet for your doctor and school counselor to complete. After your doctor and counselor have completed and signed the Physician/School Counselor form, they should seal it in an envelope with their signature on the back. **Please mail these two forms along with your application and short paragraph, "Why I would like to be a Junior Volunteer at Emory University Hospital" directly to my office located at Emory University Hospital, Guest & Volunteer Services, 1364 Clifton Road, NE, Room D206, Atlanta, Georgia, 30322. Please do not send items separately. All forms are required to complete your application. We will not accept partial applications.**

The Junior Volunteer Program at Emory University Hospital has become very popular. The number of qualified applicants exceeds the number of positions available. **Therefore it is important that all your forms (application, counselor form, short paragraph and physician form to include Certificate of Immunization if applicable) are complete and turned in at the same time by the due date, Friday, March 31, 2010. The envelope should be postmarked no later than Wednesday, March 26, 2010.**

Qualified applicants for the Junior Volunteer program will be contacted and scheduled for a personal interview on a first-come basis until all positions are filled. These interviews will be conducted on Saturday, April 17, 2010. Those selected will participate in a mandatory orientation on **Thursday, May 13, 2010 from 5:00 p.m. – 8:00 p.m.**

Also enclosed, you will find information detailing the requirements of our junior volunteers. You will notice that we ask that all junior volunteers show proof of a measles vaccination dated 1992 or later. Your doctor can verify this information on the form he/she will fill out. If you received your vaccination at school or a clinic, you must attach proof with your application.

I hope that I have given you enough information for you to determine if you would like to be a junior volunteer at Emory University Hospital. I think you will find this to be a great experience! Please feel free to contact the Volunteer Services Department at 404-712-0375 or Tracy Russell-Gonzalez at 404-712-7638 if you have any questions.

Sincerely,

*Tracy Russell-Gonzalez*

Tracy Russell-Gonzalez  
Director, Guest & Volunteer Services  
Emory Hospitals and Wesley Woods Center



EMORY UNIVERSITY HOSPITAL

APPLICATION FOR JUNIOR VOLUNTEER PROGRAM

A Junior Volunteer is male or female, 15 (by June 1, 2010) to 18 years of age, who performs volunteer services at Emory University Hospital without compensation. Junior Volunteers serve within the Hospital under the supervision of the volunteer services department and are members of the Emory University Hospital Auxiliary. Return this application no later than **Wednesday, March 31, 2010 (postmarked by Friday, March 26, 2010)** to Emory University Hospital, Guest & Volunteer Services, NE, 1364 Clifton Road, NE, Room D-206, Atlanta, GA, 30322.

Date of Application: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Name of Parent's Employer \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade (circle): 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Honors: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

***\*Please attach a short paragraph explaining why you would like to be a Junior Volunteer at Emory University Hospital.***

Please list your family physician and one personal reference:

1. Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

All Junior Volunteers are required to show proof of measles vaccination dated 1992 or later. Have you attached your current up to date copy of Form 3231 (Certification of Immunizations) to this application:  
yes \_\_\_\_\_ no \_\_\_\_\_ or:

Parents (please fill out the following information):

I, \_\_\_\_\_, give permission for my **son / daughter** \_\_\_\_\_  
(Parent Printed Name) (Child's Printed Name)

to be a Junior Volunteer at Emory University Hospital.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature



## 2010 JUNIOR VOLUNTEER REQUIREMENTS

The following is information for you to review before filling out your Junior Volunteer Application. This information should help you understand the requirements necessary to become a Junior Volunteer at Emory University Hospital. If you have any questions regarding these requirements, please feel free to contact Tracy Russell-Gonzalez at 404-712-7638.

1. Junior volunteers must work a minimum of 40 hours during the 6 week program.
2. Junior volunteers must be 15 years or older by June 1, 2010.
3. **All Junior Volunteers are required to attend Orientation held on Thursday, May 13, 2010.**
4. **Junior volunteers must be available to participate in the program 5 out of 6 weeks.**
5. All junior volunteers must show proof of measles vaccination. NOTE: Baby vaccinations are not valid - Inoculation must be dated 1992 or later.
6. The doctor's questionnaire asks for verification of a measles vaccination. If your doctor verifies on this form that you have received a measles shot (dated 1992 or later), you do not need a separate form. If you received your measles shot from a clinic or school, you must include verification with your application.
7. All applications must be returned to Emory University Hospital no later than **Wednesday, March 31, 2010 (postmarked by Friday, March 26, 2010)**. All information on the application must be filled out and should include a parent or guardian signature. The doctor's form as well as the school counselor's form (sealed envelopes signed by personnel of the primary care establishment or school representative) should be mailed along with your application directly to Emory University Hospital, Guest & Volunteer Services Department at 1364 Clifton Road, N.E., Room D206, Atlanta, Georgia, 30322.
8. Once the application is received, qualified applicants will be contacted and scheduled for a personal interview on a first come-first served basis until all positions are filled. These interviews will be conducted on Saturday, April 17, 2010.
9. All junior volunteers are required to wear a uniform. The uniform may be purchased at the orientation at our cost of approximately:
  - Female - \$12.00
  - Male - \$15.00
10. Junior volunteers will receive a FreedomPay Meal Card for working a four hour shift or longer. Meal cards will be distributed when volunteers sign in. Junior volunteers must wear their uniforms and nametags when using their FreedomPay Meal Cards in the cafeteria.

  
EMORY HEALTHCARE  
EMORY UNIVERSITY HOSPITAL

11. Junior volunteers will also receive free parking when volunteering at the Hospital. Parking validations will be distributed when volunteers sign out.
12. All Junior Volunteers will be required to complete a mandatory Tuberculosis Skin Tests **if they are accepted into the program.**
13. If accepted into the program junior volunteers are scheduled to come in once (no more than twice) a week from 9:00 a.m. – 4:00 p.m.
14. All junior volunteers are asked to join the Emory University Hospital Auxiliary. Membership dues are \$5 and will be collected at orientation on May 13, 2010. **Checks are accepted and should be made payable to Emory University Hospital Auxiliary.**



**EMORY UNIVERSITY HOSPITAL JUNIOR VOLUNTEER PROGRAM**

**2010 CALENDAR**

Thursday, May 13, 2010

Volunteer Orientation -  
**Attendance** Required  
\$5 Auxiliary Dues to be Paid

Monday, June 14, 2010

Junior Volunteer Program Begins

Thursday, July 22, 2010

Last Day of the Program

**Junior Volunteers are not scheduled to come in on  
Fridays, Saturdays, Sundays, Holidays, or Evenings.**



EMORY UNIVERSITY HOSPITAL

SCHOOL COUNSELOR FORM

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

Dear Counselor:

\_\_\_\_\_ (volunteer printed name) has applied to participate in the 2010 Junior Volunteer Program at Emory University Hospital. Please comment on this student's record in the following areas:

Conduct: \_\_\_\_\_

Tardiness: \_\_\_\_\_

Absenteeism: \_\_\_\_\_

Other Information: \_\_\_\_\_

Would you recommend this student for the Junior Volunteer Program?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Counselor's Printed Name

\_\_\_\_\_  
Office Phone Number

This form is due no later than Wednesday, March 31, 2010 (postmarked by Friday, March 26, 2010). Thank you so much for taking the time to fill out this questionnaire. **After completing and signing this form, please place in an envelope, seal, sign back of envelope, and provide to student/parent.**



EMORY UNIVERSITY HOSPITAL

PHYSICIAN FORM

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

Dear Doctor:

\_\_\_\_\_(volunteer printed name) has applied to participate in the 2010 Junior Volunteer Program at Emory University Hospital.

Do you know of any physical, emotional or mental limitations which would interfere with his/her ability to function in the Hospital atmosphere?

**Please provide Form 3231 (Certificate of Immunizations) with this form.**

Additional Comments:

This form is due no later than Wednesday, March 31, 2010 (postmarked by Friday, March 26, 2010). **Please sign the form below, place in an envelope, seal, sign back of envelope, and provide to parent/student.** Your reply will be held in confidence and is an important factor in considering this young person.

\_\_\_\_\_  
Doctor's Name (Printed)

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Office Telephone Number

Doctor's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_