



March, 2010

Greetings!

Following is an application for the 2010 Junior Volunteer Program at **Wesley Woods Center, 1821 Clifton Rd, NE, Atlanta, Georgia, 30329**. 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 Wesley Woods Center" directly to my office located at Wesley Woods Hospital, 1821 Clifton Rd, NE, Atlanta, Georgia, 30329. 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 Wesley Woods Center 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, April 2, 2010. The envelope should be postmarked no later than Wednesday, March 24, 2010.**

Qualified applicants for the Junior Volunteer program will be contacted and scheduled for a personal interview on a first-come-first 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 **Tuesday, May 18, 2010 from 6:00 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 Wesley Woods Center. I think you will find this to be a great experience! Please feel free to contact me at the Volunteer Services Department at 404-726-6382 if you have any questions.

Sincerely,

Adelina Hay-Wasser

Adelina Hay-Wasser
Coordinator of Volunteer Services
Wesley Woods Center



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 Wesley Woods Center without compensation. Junior Volunteers serve within the Wesley Woods Campus under the supervision of the Volunteer Services Coordinator and Emory team member in charge of assigned area. Return this application no later than **April 2, 2010 (postmarked by Wednesday, March 24, 2010)** to Wesley Woods Hospital, Volunteer Services, 1821 Clifton Rd. NE, Atlanta, Georgia, 30329.

Date of Application: _____ Birthdate: Month: _____ Day: _____ Year: _____

Name: _____ Home Phone: _____

Street: _____

City & Zip: _____

Parent's Name: _____ Emergency Phone: _____

Name of Parent's Employer and Phone Number: _____

School: _____ Current Grade: _____

Honors: _____

Special Interests: _____

Email Address: _____

****Please attach a short paragraph explaining why you would like to be a Junior Volunteer at Wesley Woods Center.***

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 Wesley Woods Center. If you have any questions regarding these requirements, please feel free to contact **Adelina Hay-Wasser at 404-728-6382.**

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 Tuesday, May 18, 2010.**
4. All junior volunteers must show proof of measles vaccination. NOTE: Baby vaccinations are not valid - Inoculation must be dated 1992 or later.
5. 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.
6. All applications must be returned to Wesley Woods Hospital, Volunteer Services, no later than **Friday, April 2, 2010 (postmarked by Wednesday, March 24, 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 should be mailed along with your application directly to Wesley Woods Hospital Volunteer Services Department at 1821 Clifton Rd, N.E., Atlanta, Georgia, 30329.
7. 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.**
8. All junior volunteers are required to wear a uniform. The uniform consists of a **properly fitting** solid color polo shirt and khaki pants. Clean tennis shoes or loafer for footwear. Junior volunteers not wearing the proper clothing will be sent home for the day.
9. All Junior Volunteers will be required to complete a mandatory Tuberculosis Skin Tests **if they are accepted into the program.**
10. If accepted into the program junior volunteers are scheduled to come in once a week from 9:00 a.m. – 4:30 p.m. More days may be allowed depending on positions available.
11. Junior volunteers must be available to participate in the program 5 out of 6 weeks.



WESELY WOODS CENTER JUNIOR VOLUNTEER PROGRAM

2010 CALENDAR

Thursday, May 14, 2010

Volunteer Orientation -
Attendance Required

Monday, June 7, 2010

Junior Volunteer Program Begins

Thursday, July 15, 2010

Last Day of the Program

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



SCHOOL COUNSELOR FORM

Date: _____

Dear Counselor:

_____ has applied to participate in the 2010 Junior Volunteer Program at Wesley Woods Center. 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 Friday, April 2, 2010 (postmarked by Wednesday, March 24, 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.



PHYSICIAN FORM

Date: _____

Dear Doctor:

_____ (print name) has applied to participate in the 2010 Junior Volunteer Program at Wesley Woods Center.

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 Friday, April 2, 2010 (postmarked by Wednesday, March 24, 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: _____

