Greetings!

Following is an application packet for the 2017 Junior Volunteer Program at EMORY UNIVERSITY HOSPITAL and EMORY UNIVERSITY HOSPITAL MIDTOWN. 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 and School Counselor forms, they should seal the form in an envelope and sign the back of the envelope across the seal. 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 or EMORY UNIVERSITY HOSPITAL MIDTOWN” Please mail the completed application to your preferred entity (do not send items separately):

<table>
<thead>
<tr>
<th>EMORY UNIVERSITY HOSPITAL</th>
<th>EMORY UNIVERSITY HOSPITAL MIDTOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guest &amp; Volunteer Services</td>
<td>Guest &amp; Volunteer Services</td>
</tr>
<tr>
<td>1364 Clifton Road, NE, Box M10</td>
<td>550 Peachtree St, NE</td>
</tr>
<tr>
<td>Atlanta, Georgia, 30322</td>
<td>Atlanta, GA 30308</td>
</tr>
</tbody>
</table>

Emory University Hospital Program: June 5 – June 30        Emory University Hospital Midtown Program: June 12 – July 14

All forms are required to complete your application. We will not accept partial applications.

The Junior Volunteer Program at EMORY UNIVERSITY HOSPITAL and EMORY UNIVERSITY HOSPITAL MIDTOWN 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 17, 2017. The envelope should be postmarked no later than Monday, March 13, 2017. Junior volunteers support our gift shop and our radiology departments; visit patient rooms with book carts, provide visitor support in ICU and surgery waiting rooms and support a host of other areas during the four week program.

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. Those selected will participate in a mandatory orientation on Saturday, May 6, 2017 from 10:00 a.m. – 12:30 p.m.

Also, 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 (MMR) and chicken pox (varicella) vaccinations. 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 or EMORY UNIVERSITY HOSPITAL MIDTOWN. 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 University Hospital & Emory University Hospital Midtown
APPLICATION FOR JUNIOR VOLUNTEER PROGRAM

A Junior Volunteer is male or female, 15 (by June 1, 2017) to 18 years of age, who performs volunteer services at EMORY UNIVERSITY HOSPITAL or EMORY UNIVERSITY HOSPITAL MIDTOWN without compensation. Junior Volunteers serve within the Hospitals under the supervision of the volunteer services department and are members of the Auxiliary. Return this application no later than Friday, March 17, 2017 (postmarked by Monday, March 13, 2017) to (check preferred location):

☐ EMORY UNIVERSITY HOSPITAL
Guest & Volunteer Services
1364 Clifton Road, NE, Box M10
Atlanta, Georgia, 30322

☐ EMORY UNIVERSITY HOSPITAL MIDTOWN
Guest & Volunteer Services
550 Peachtree St, NE
Atlanta, GA 30308

Date of Application: _____________ Birthdate: Month _____ Day _____ Year _____ Age: ______

Name: _________________________________ Home Phone: __________________________

Street: __________________________________________________________________________

City: __________________ Zip: __________________________

Parent's Name: __________________________ Emergency Phone: ______________________

Parent Email Address: ________________________________

School: ____________________________ Current Grade (circle): 9th 10th 11th

Honors: __________________________________________________________________________

Special Interests: ___________________________________________________________________

Student Email Address: ____________________________

**Please attach a short paragraph explaining why you would like to be a Junior Volunteer**

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 and chicken pox vaccinations. Have you attached your 2017 copy of Form 3231 (Certification of Immunizations) to this application?

yes _____ no _____ or (write reason):

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
2017 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 or EMORY UNIVERSITY HOSPITAL MIDTOWN. If you have any questions regarding these requirements, please feel free to contact Tracy Russell-Gonzalez at 404-712-7638.

1. Junior volunteers must volunteer a minimum of 56 hours during the 4 week program.

2. Junior volunteers must be 15 years or older by June 1, 2017.

3. **All Junior Volunteers are required to attend Orientation held on Saturday, May 6, 2017.**

4. **Junior volunteers must be available to participate in the program,** (Emory University Hospital Program dates: June 5 – June 30. Emory University Hospital Midtown Program dates: June 12 – July 14).

5. All junior volunteers must show proof of measles and chicken pox vaccinations.

6. The doctor’s questionnaire asks for verification of a measles vaccination. 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 or EMORY UNIVERSITY HOSPITAL MIDTOWN no later than **Friday, March 17, 2017 (postmarked by Monday, March 13, 2017).** 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 either:

   - EMORY UNIVERSITY HOSPITAL
     Guest & Volunteer Services
     1364 Clifton Road, NE, Box M10
     Atlanta, Georgia, 30322
   - EMORY UNIVERSITY HOSPITAL MIDTOWN
     Guest & Volunteer Services
     550 Peachtree St, NE
     Atlanta, GA 30308

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.

9. If accepted into the program junior volunteers are scheduled to come in twice a week, from 9:00 a.m. – 4:00 p.m., Monday – Thursday. Teen Volunteers are not scheduled to volunteer Friday, Saturday or Sunday.

10. Junior volunteers will also receive free parking when volunteering at the Hospital. Parking validations will be distributed when volunteers sign out.

11. **All Junior Volunteers will be required to complete a mandatory Tuberculosis Test if they are accepted into the program.**

12. All junior volunteers are required to wear a uniform. The uniform may be purchased at the orientation. The combined cost of $20, will include the uniform and Auxiliary dues.
Dear Counselor/Teacher:

has applied for membership in the Junior Volunteer Program at EMORY UNIVERSITY HOSPITAL. Thank you for taking your valuable time to complete this evaluation. Your observations are an important part of this student’s application. **Upon completion, please place in envelope, seal & sign envelope and return to the student.** Would you please comment on this student's record in the following areas:

### Personal Qualities

<table>
<thead>
<tr>
<th>Attitude toward school</th>
<th>Cooperation</th>
<th>Emotional maturity</th>
<th>Integrity</th>
<th>Leadership potential</th>
<th>Reaction to criticism</th>
<th>Responsible</th>
<th>Self confidence</th>
<th>Self control</th>
<th>Sense of humor</th>
<th>Warmth of personality</th>
<th>Ability to work independently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Always cooperates</td>
<td>Very mature</td>
<td>Highly trustworthy</td>
<td>Leader</td>
<td>Excellent</td>
<td>Always responsible</td>
<td>Healthy self-image</td>
<td>Consistently friendy</td>
<td>Consistently workwell</td>
<td>Joins in readily</td>
<td>Consistently completes</td>
</tr>
<tr>
<td>Good</td>
<td>Cooperates</td>
<td>Age appropriate</td>
<td>Trustworthy</td>
<td>Can follow or lead</td>
<td>Good</td>
<td>Usually responsible</td>
<td>Good</td>
<td>Needs help occasionally</td>
<td>Sometimes contributes</td>
<td>Consistently completes</td>
<td>Recently completes</td>
</tr>
<tr>
<td>Fair</td>
<td>Sometimes cooperates</td>
<td>Sometimes immature</td>
<td>Usually trustworthy</td>
<td>Leads on occasion</td>
<td>Fair</td>
<td>Occasionally responsible</td>
<td>Usually friendly</td>
<td>Needs help frequently</td>
<td>Occasionally helps</td>
<td>Sometimes helps</td>
<td>Occasionally helps</td>
</tr>
<tr>
<td>Poor</td>
<td>Very immature</td>
<td>Usually trustworthy</td>
<td>Questionable</td>
<td>Never helps</td>
<td>Poor</td>
<td>Overconfident</td>
<td>Selfish</td>
<td>Rarely helps</td>
<td>Selfish</td>
<td>Rarely helps</td>
<td>Selfish</td>
</tr>
</tbody>
</table>

### Work Skills

<table>
<thead>
<tr>
<th>Class Participation</th>
<th>Ability to work in a group</th>
<th>Ability to work independently</th>
<th>Completes assignments on time</th>
<th>Follows directions</th>
<th>Takes initiative</th>
<th>Attention span</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joins in readily</td>
<td>Always works well</td>
<td>Always works well</td>
<td>Consistently completes</td>
<td>Easily and accurately</td>
<td>Always</td>
<td>Actively engaged</td>
</tr>
<tr>
<td>Contributes some</td>
<td>Sometimes</td>
<td>Usually helps</td>
<td>Needs some help</td>
<td>Usually</td>
<td>Usually</td>
<td>Attentive</td>
</tr>
<tr>
<td>Wants to dominate</td>
<td>Has difficulty</td>
<td>Needs help frequently</td>
<td>Needs additional time</td>
<td>Needs</td>
<td>Sometimes</td>
<td>Variable attention</td>
</tr>
<tr>
<td>Rarely contributes</td>
<td>Has great difficulty</td>
<td>Needs constant help</td>
<td>Has difficulty</td>
<td>Rarely</td>
<td>Requires frequent redirection</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>rarely helps</td>
<td>Requires frequent redirection</td>
<td></td>
</tr>
</tbody>
</table>

### Social Skills

<table>
<thead>
<tr>
<th>Peer relations</th>
<th>Relationships with adults</th>
<th>Concern for others</th>
<th>Attitude toward school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role model</td>
<td>Courteous</td>
<td>Very considerate</td>
<td>Excellent</td>
</tr>
<tr>
<td>Healthy relationship</td>
<td>Usually positive</td>
<td>Considerate</td>
<td>Good</td>
</tr>
<tr>
<td>Occasional problems</td>
<td>Usually considerate</td>
<td>Fair</td>
<td></td>
</tr>
<tr>
<td>Relates poorly</td>
<td>Shows little respect</td>
<td>Rarely considerate</td>
<td>Poor</td>
</tr>
</tbody>
</table>

Classroom Conduct/Areas of greatest strengths and greatest needs: Please comment on the student’s overall behavior/attitude:

Would you recommend this student for the Junior Volunteer Program?

Evaluator’s Name (please print): ___________________________ Phone: ___________________________

Evaluator’s Signature: ___________________________ Date: ___________________________ Title: ___________________________

Evaluator’s Email Address: ___________________________

This form is due no later than Friday, March 17, 2017 (postmarked by Monday, March 13, 2017). 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.**
Dear Doctor:

(volunteer printed name) has applied to participate in the 2017 Junior Volunteer Program at EMORY UNIVERSITY HOSPITAL or EMORY UNIVERSITY HOSPITAL MIDTOWN.

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 with this form.

Additional Comments:

This form is due no later than Friday, March 17, 2017 (postmarked by Monday, March 13, 2017). 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:  ________________________________

______________________________
______________________________
______________________________
2017 JUNIOR VOLUNTEER CHECK LIST

The following information must be received ALL TOGETHER in a sealed envelope by March 17, 2017. The envelope should be postmarked no later than March 13, 2017. All paperwork must be received for the application to be considered complete for either EMORY UNIVERSITY HOSPITAL or EMORY UNIVERSITY HOSPITAL MIDTOWN. All applicants will be notified on or before March 31, 2017, if they are eligible for the interview process.

Steps (students, please review with parents/guardians and check off each step and sub-step):

1. ______ Student Paragraph (5 - 8 sentence paragraph submitted WITH PACKET)? ________________

2. ______ Physician & Immunization Forms
   a. _____ placed in a sealed envelope, signed on the back

3. ______ High School Counselor Form (original document placed in a sealed school envelope)
   a. _____ placed in a sealed school envelope (school logo on front), signed on the back

4. ______ Other Teen Applications (checking “yes” to both locations will void applications)
   a. I have or will apply to volunteer at Emory University Hospital. Yes _____ No _____
   b. I have or will apply to volunteer at Emory University Hospital Midtown. Yes _____ No _____

5. ______ Submission (original documents) No extensions will be provided for incomplete packets
   a. _____ Complete packet mailed no later than post mark date (Monday, March 13th 2017) or submitted to the volunteer office by due date (Friday, March 17, 2017).

6. ______ Signed check list (this document must be submitted with the application packet.)

Students:
My signature below signifies I have discussed this opportunity with a parent or legal guardian, there is no expectation of monetary compensation and I have applied to only one entity (submission to both entities will void ALL applications):

________________________________________  __________________________  __________________________
Student Signature                                      Date                                         Printed Name

Parents:
I am aware that my son / daughter has applied for the Junior Volunteer program and we have reviewed and checked off the steps and sub-steps listed above:

I, ___________________________________________, give permission for my son / daughter ________________________
(Parent Printed Name) (please circle) (Child's Printed Name)
to be a Junior Volunteer at Emory University Hospital or Emory University Hospital Midtown.

________________________________________  __________________________  __________________________
Parent Signature                                  Date                                         Printed Name