Greetings!

The following is an application packet for the 2020 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 add your most recent official High School Transcript with your application. Please mail these 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 1 – July 10

Emory University Hospital Midtown Program: June 6 – July 17

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 6, 2020. The envelope should be postmarked no later than Monday, March 2, 2020.

Junior volunteers support our Gift shop and our Nursing units; visit patient rooms with book carts, provide visitor support in ICU and surgery waiting rooms and support a host of other areas during the six week program. Volunteering is not a shadowing 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, April 25, 2020 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) chicken pox (varicella), and Hepatitis B vaccinations. Your doctor can verify this information on the form he/she will fill out and 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, 16 (by June 1, 2020) 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 6, 2020 (postmarked by Monday, March 2, 2020) 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, chicken pox and Hepatitis B vaccinations. Have you attached your Certificate of Immunizations to this application?

yes _____ no _____ or (write reason):

Parents (please fill out the following information):

I, _________________________________ (Parent Printed Name), give permission for my son / daughter ________________________________ (Child's Printed Name) to be a Junior Volunteer at EMORY UNIVERSITY HOSPITAL or EMORY UNIVERSITY HOSPITAL MIDTOWN.

_________________________________________ __________________________________
Parent’s Signature Student’s Signature
2020 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.

1. Junior volunteers must volunteer a minimum of 32 hours during the 5 week program.

2. Junior volunteers must be 16 years or older by June 1, 2020.

3. All Junior Volunteers are required to attend Orientation held on Saturday, April 25, 2020 (10:00am-12:30pm).

4. Junior volunteers must be available to participate in the program, (Emory University Hospital Program dates: June 1 – July 10, 2020. Emory University Hospital Midtown Program dates: June 6 – July 17, 2020).

5. All junior volunteers must show proof of MMR, Chicken pox and Hepatitis B vaccinations.

6. All applications must be returned to EMORY UNIVERSITY HOSPITAL or EMORY UNIVERSITY HOSPITAL MIDTOWN no later than Friday, March 6, 2020 (postmarked by Monday, March 2, 2020). 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 once a week, from 9:00 a.m. – 4:00 p.m., Monday – Thursday. Teen Volunteers are not scheduled to volunteer Friday, Saturday, Sunday or major holidays.

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.
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>Very responsible</td>
<td>Healthy self-image</td>
<td>Excellent</td>
<td>Highly developed</td>
<td>Always friendly</td>
<td>Consistently workswell</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>Needs some support</td>
<td>Good</td>
<td>Good</td>
<td>Usually friendly</td>
<td>Needs help occasionally</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>Sometimes responsible</td>
<td>Seems overconfident</td>
<td>Fair</td>
<td>Fair humor</td>
<td>Occasionally friendly</td>
<td>Needs help frequently</td>
</tr>
<tr>
<td>Poor</td>
<td>Poor</td>
<td>Very immature</td>
<td>Questionable</td>
<td>Rarely leads</td>
<td>Poor</td>
<td>Poor self-image</td>
<td>Poor</td>
<td>Poor developed</td>
<td>Rarely developed</td>
<td>Needs help</td>
<td></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>
</tr>
</thead>
<tbody>
<tr>
<td>Joins readily</td>
<td>Always works well</td>
<td>Always works well</td>
<td>Consistently completes</td>
</tr>
<tr>
<td></td>
<td>Easily and accurately</td>
<td>50% of the time</td>
<td>Usually completes</td>
</tr>
<tr>
<td></td>
<td>Actively engaged</td>
<td></td>
<td>Usually</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Usually</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Attentive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Variable attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Requires frequent redirection</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>Occasionally problems</td>
<td>Usually considerate</td>
<td>Fair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></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 6, 2020 (postmarked by Monday, March 2, 2020). 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.
Date: __________________________

Dear Doctor:

__________________________ (volunteer printed name) has applied to participate in the 2020 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 6, 2020 (postmarked by Monday, March 2, 2020). 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: ______________________________________

_________________________________________

_________________________________________

_________________________________________
2020 JUNIOR VOLUNTEER CHECK LIST

The following information must be received ALL TOGETHER in a sealed envelope by March 6, 2020. The envelope should be postmarked no later than March 2, 2020. 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, 2020, 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 and High School Transcript (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 2, 2020) or submitted (hand delivered) to the volunteer office by due date (Friday, March 6, 2020).

6. _____ Signed check list (this document must be submitted with the application packet.)
   ✔ Please remember that the dates and times for the summer teen program are subject to change.

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 _______________________

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