



*Remarkable People. Remarkable Medicine.*

Dear Junior Volunteer Applicant,

Thank you for your interest in our Junior Volunteer program, which gives teens an opportunity to learn about healthcare by assisting staff, visitors, and patients with non-medical tasks. The Junior Volunteer program is for high school students 14-18 years of age. The students must be able to follow directions, accept supervision, comply with the rules, exhibit interest and enthusiasm, and work independently.

We are looking for students who can make a dependable commitment of one shift per week for an entire program. There are no evening or weekend shifts available. There are two programs each year; one during the summer (June through August) and one during the school year (September through May). If you are interested in serving in a healthcare setting and feel you can meet our expectations, we invite you to apply.

We often communicate valuable program information via email, so check yours regularly after submitting your application.

Be sure that your application is typed or printed in ink. Do not use pencil. All information should be neat and easy to read. When you submit your application package, make sure all forms are included. Required forms are:

- The application, completely filled out
- An essay of 200 words or more stating why you want to volunteer, why you think you would be a good volunteer, and how volunteering will benefit you. Please type or write legibly in pen. This should be on a separate piece of paper.
- Two teacher recommendation forms, one from an English, Foreign Language or History teacher and another from a Math or Science teacher. The teachers may seal their recommendation forms in an envelope and sign the flap, but the forms must be included with the application when submitted. Do not send separately. Recommendation letters are not required but may be attached; however, the standard Presbyterian form must be included.
  - Home-schooled applicants: Teacher recommendations may not be completed by anyone related to you. If you have no teachers other than your parents, the forms may be completed by a coach, work supervisor, or other adult who knows you well enough to complete the evaluation.

Summer program applications must be received or postmarked by **March 31**.

School year program applications must be received or postmarked by **September 20**.

Late applications will be placed on a waiting list and contacted only if there are positions available.

After submitting your application, you will be contacted to schedule an interview. A parent or guardian must accompany you to the interview.

If accepted into a program, you will be required to:

- attend an orientation class,
- complete hospital-provided TB testing,
- complete a hospital health questionnaire, and
- submit an immunization record with proof of two MMR vaccinations and a varicella vaccination date (or the date that you had chickenpox).

All requirements must be met before beginning volunteer service. If you have any questions, please contact betsy C. Krantz at 704-384-4866 or [eckrantz@novanthealth.org](mailto:eckrantz@novanthealth.org).

Thank you and we look forward to receiving your application.

Volunteer Services, Presbyterian Healthcare



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### Junior Volunteer Application

**Important:** Please type or print in **pen**. Do not use pencil.  
Print all information legibly, especially phone numbers and home and email addresses.

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

|  |       |  |                 |     |      |
|--|-------|--|-----------------|-----|------|
| Your Name:   |       |  | Name you go by: |     |      |
| _____  | _____ | _____  |                 |     |      |
|  | First | Middle   | Last            |     |      |
| Address:   |       | City:  |                 | St: | Zip: |
| Home Phone:  |       | Cell Phone:  |                 |     |      |
| E-mail address: _____  |       |  |                 |     |      |
| <b>Note:</b> Important program information is sent via email. If you list an email address, be sure to check it regularly. |       |  |                 |     |      |
| Birth Date:  |       | To qualify for the summer program, you must be 14 or older by June 1.<br>To qualify for the school year program, you must be 14 or older by October 1. |                 |     |      |
| School currently attending:  |       |  | Current Grade:  |     |      |

Place a check next to the ONE hospital to which you are applying:

|  |   |
|--|---|
| <input type="checkbox"/> Presbyterian Hospital Charlotte   | <input type="checkbox"/> Presbyterian Hospital Matthews     |
| <input type="checkbox"/> Presbyterian Orthopaedic Hospital | <input type="checkbox"/> Presbyterian Hospital Huntersville |

Have you volunteered anywhere else? \_\_\_\_\_

\_\_\_\_\_

What are your hobbies or special interests? \_\_\_\_\_

\_\_\_\_\_

Did someone suggest that you apply here? (guidance counselor, friend, another volunteer, parent, etc.) If yes, who was it and what is his/her relationship to you?

\_\_\_\_\_

|                |             |                 |
|----------------|-------------|-----------------|
| Father's Name: |             | Home Phone:     |
|                | Cell Phone: | Business Phone: |
| Email address: |             |                 |

|                |             |                 |
|----------------|-------------|-----------------|
| Mother's Name: |             | Home Phone:     |
|                | Cell Phone: | Business Phone: |
| Email address: |             |                 |

|   |  |                      |
|---|--|----------------------|
| Emergency contact if other than parent: |  | Relationship to you: |
| Name:                                   |  |                      |
| Best phone number to use :              |  |                      |

|   |  |
|---|--|
| Parental Consent  |  |
| <p>I hereby permit my child to join the Junior Volunteer program of Presbyterian Healthcare and to attend activities conducted at both Presbyterian and non-Presbyterian sites. I understand the responsibilities of being a volunteer and the commitment required, and I will help my child to comply with the rules and regulations. I certify that my child is 14 years of age or older by the date specified above.</p> |  |
| Signature of Parent or Guardian _____   |  |

**You must return ALL of the following documents to be considered for the program. See cover letter for details about the forms. Incomplete applications will not be accepted.**

- Application form
- Essay
- Teacher Recommendation from English, Foreign Language or History teacher
- Teacher Recommendation from Math or Science teacher

Mail your completed application and required documents to:  
 Volunteer Services, Junior Volunteer Program  
 Presbyterian Hospital  
 200 Hawthorne Lane, PO Box 33549  
 Charlotte, NC 28233-3549

All applications for the summer program must be received or postmarked by **March 31**.  
 All applications for the school year program must be received or postmarked by **September 20**.  
 Late applications will be placed on a waiting list and contacted only if there are positions available.

|   |
|---|
| <p>I verify that I have read and understood all information on the application, and am enclosing all required documents. I understand that acceptance into the program is not guaranteed. If accepted, I promise to follow the rules and will do the very best I can for the hospital.</p> <p>Signature of Junior Volunteer Applicant _____</p> |
|---|



## Junior Volunteer Program

### Teacher Recommendation Form for English, Foreign Language or History teacher

Student Name \_\_\_\_\_

Teacher Name \_\_\_\_\_ Subject \_\_\_\_\_

School \_\_\_\_\_

**Dear Teacher:** Participation in the Junior Volunteer Program requires a high level of responsibility and commitment. Students must be able to follow instructions and work independently. We appreciate your honest evaluation and assessment of the applicant. Students are accepted based on the application, interview, teacher recommendations and space available in the program. Thank you for your help.

|   | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| Conduct: The student follows school and class rules.  |           |      |      |      |
| Cooperation: The student works well with the class and teacher.   |           |      |      |      |
| Responsibility: The student accepts responsibility for his/her work and behavior.   |           |      |      |      |
| Attention: The student is able to listen and follow instructions.   |           |      |      |      |
| Communication Skills: The student speaks clearly and effectively.   |           |      |      |      |
| Initiative: The student is resourceful and self-reliant in dealing with new situations.                                     |           |      |      |      |
| Courtesy: The student shows respect for adults and authority, accepts supervision and treats others with kindness and tact. |           |      |      |      |

|  |     |    |           |
|--|-----|----|-----------|
| Does this student maintain a neat appearance?  | Yes | No | Sometimes |
| Has this student been subject to any significant disciplinary action?  | Yes | No |           |
| If you were a patient or employee at a Presbyterian facility, would you like this student assigned to your area? | Yes | No | Maybe     |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write any additional comments on the back. Thank you.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Junior Volunteer Program

### Teacher Recommendation Form for Math or Science teacher

Student Name \_\_\_\_\_

Teacher Name \_\_\_\_\_ Subject \_\_\_\_\_

School \_\_\_\_\_

**Dear Teacher:** Participation in the Junior Volunteer Program requires a high level of responsibility and commitment. Students must be able to follow instructions and work independently. We appreciate your honest evaluation and assessment of the applicant. Students are accepted based on the application, interview, teacher recommendations and space available in the program. Thank you for your help.

|   | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|
| Conduct: The student follows school and class rules.  |           |      |      |      |
| Cooperation: The student works well with the class and teacher.   |           |      |      |      |
| Responsibility: The student accepts responsibility for his/her work and behavior.   |           |      |      |      |
| Attention: The student is able to listen and follow instructions.   |           |      |      |      |
| Communication Skills: The student speaks clearly and effectively.   |           |      |      |      |
| Initiative: The student is resourceful and self-reliant in dealing with new situations.                                     |           |      |      |      |
| Courtesy: The student shows respect for adults and authority, accepts supervision and treats others with kindness and tact. |           |      |      |      |

|  |     |    |           |
|--|-----|----|-----------|
| Does this student maintain a neat appearance?  | Yes | No | Sometimes |
| Has this student been subject to any significant disciplinary action?  | Yes | No |           |
| If you were a patient or employee at a Presbyterian facility, would you like this student assigned to your area? | Yes | No | Maybe     |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write any additional comments on the back. Thank you.

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_