

Dear Prospective Junior Volunteer,

Thank you for your interest in the Enloe Medical Center Junior Volunteer program. Being a Junior Volunteer is an experience you'll remember for the rest of your life. You will make friends, gain skills and be eligible for one of three \$1,000 scholarships when you graduate. But the best part is you'll be helping your community!

We encourage you to apply to become a Junior Volunteer if you meet the following requirements:

- You must be enrolled in high school
- You must be 15 to 18 years old
 - Must be 15 by June 1st for summer intake or December 1st for winter intake
- You must have at least a 3.0 GPA.
- You must be able to commit to a weekly two hour shift for the service year.

To get started, complete the attached application and return it to the Volunteer Services Office located at 249 W. 6th Avenue in Chico. A completed application includes two letters of recommendation, a copy of your high school transcripts and parental consent. For more information on these items, please see attached checklist.

Please pay special attention to the dates and deadlines for the entire program. Note that the application deadline for the summer intake is the last Friday of March by 5pm or the last Friday of October by 5pm for winter intake. Note: Incomplete applications will not be forwarded to the next step.

If you have any questions, you may call the Volunteer Services office at 332-4575. We appreciate your interest and look forward to receiving your completed application!

Sincerely,

R. Galindo-Kuhn

Roseanna Galindo-Kuhn
Director, Volunteer Services

Junior Volunteer Application Checklist

- Complete and sign your application.

- Obtain two letters of recommendation.
 - One letter must be from a school counselor or a teacher.
 - The other letter can be from an employer, church leader, adult family friend, or other volunteer agency.

**Letters of recommendation may not be obtained from anyone related to you or living at your address.*

- Provide the complete names, mailing addresses and phone numbers of the references from whom you have obtained letters of recommendation. (This information will be asked for on the application.)

- Have your parent or guardian sign their consent for you to apply for and participate in the Junior Volunteer Program.

- Provide a copy of your high school transcripts (un-official transcripts are accepted).

- Submit these above application materials to be delivered no later than the last Friday of October at 5pm.

Once the application is received, the prospective Junior Volunteer will be scheduled for an interview. All those interviewed will be notified of acceptance via mail.

Please answer the following questions:

1. Will you be available to volunteer at least 6 out of the 8 weeks of summer?
 Yes No

2. Will you be available to attend the mandatory Junior Volunteer Orientation on December 8th?
 Yes No

3. Will you be able to commit to one 3-hour volunteer shift per week during the school year?
 Yes No

If you have any questions, please contact the
Volunteer Services Office at 332-4575.

Thank you for your interest in volunteering at Enloe Medical Center



Date Received _____

Application Complete Incomplete

Date Interviewed _____

JUNIOR VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Last Name First Name MI (Do you go by a different name?)

Address (Apt. #) City Zip Code

Home Phone _____ Cell Phone _____

Email _____

Birthday _____ / _____ / _____ Age _____ Gender: Male
 Female

Social Security Number (last four digits only) _____

EDUCATION:

Name of High School _____ Graduation Year _____

Grade Point Average: _____ Career Interest: _____

What are your plans following high school graduation? _____

PARENT/GUARDIAN INFORMATION:

Name of Parent/Guardian _____ Relationship _____

Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Work Location _____

In case of an emergency notify:

_____ *Name* _____ *Phone Number*

AVAILABILITY AND PLACEMENT INFORMATION:

Looking forward to next school year, please indicate to the best of your knowledge which days/times you **WILL** be available. Please consider other activities, clubs, or part-time work that you anticipate doing. Those under age 16 can only volunteer on the weekends due to California’s Child Labor Laws. Time slots shaded black are not shifts Junior Volunteers staff.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Mornings 10:00 – 1:00							
Afternoons 1:00-4:00							
Evenings 4:30-7:30							

Comments _____

Do you have reliable transportation? _____ Yes _____ No

Would you be willing to help with community outreach projects (such as the Enloe Picnic, health fairs, etc.)? _____ Yes _____ No

Do you have any physical limitations which may affect your volunteer assignment? _____ Yes _____ No

If Yes, please describe _____

What is your involvement with leadership, sports, music, or other activities?

What is your favorite subject in school and why?

What do you hope to gain from your volunteer experience?

EXPERIENCE INFORMATION:

Have you volunteered in a healthcare setting before?

_____ Yes
_____ No

If Yes, where and when? _____

Do you have any previous volunteer experience?

_____ Yes
_____ No

If Yes, where and when? _____

Do you have any previous or present work experience?

_____ Yes
_____ No

If Yes, where and when? _____

PERSONAL REFERENCES:

*Please provide complete names and addresses of the two references which have supplied letters. References should not be related to you or live at the same address. To process your application, **reference information must be complete.***

1. Name _____ Telephone _____
Address _____
City _____ State _____ Zip Code _____
Relationship _____ How long have you known? _____

2. Name _____ Telephone _____
Address _____
City _____ State _____ Zip Code _____
Relationship _____ How long have you known? _____

3. Do you have any relatives or friends employed by Enloe? If yes, who?

PARENT/GUARDIAN CONSENT:

Please have the parent/guardian listed on the first page of this application read and sign the following:

My son/daughter has my permission and full support to apply for and participate in the Junior Volunteer Program at Enloe Medical Center. It is my understanding that the Junior Volunteer program requires a 100 hour per year commitment (June to June or January to December) which includes a formal orientation and training program that occurs prior to volunteer service in preparation for a weekly evening or weekend shift that occurs during the school year.

By signing below I hereby authorize Enloe Medical Center to use photographs taken for marketing, public relations, recruitment, and educational purposes and waive any right to compensation for these uses. The term photograph shall mean motion picture or still photography in any format, as well as videotape, video disc, digital, electronic or other mechanical means of recording and reproducing images.

I have reviewed these application materials and the Schedule of Events calendar for the Junior Volunteer program. I fully support my son/daughter’s decision to apply for and participate in the Junior Volunteer Program.

Signature _____ **Date** _____

Printed Name _____

VOLUNTEER SIGNATURE:

Yes! I understand what is expected of me and I am committed to fulfill my duties as an Enloe Medical Center Junior Volunteer. If accepted into the program, I will attend orientation and trainings as scheduled and accept a weekly shift during the school year.

Signature _____ **Date** _____

Printed Name _____