



Dear Prospective Youth Volunteer,

Thank you for your interest in the Mary A. Kelly Youth Volunteer Program at St. Joseph's/Candler. The 2024 Youth Volunteer Program will run 8 weeks from June 3, 2024 until July 26, 2024.

Our program will be accepting students at Candler Hospital on Reynolds Street and at St. Joseph's Hospital on Mercy Boulevard. Program expectations include a minimum commitment of 6 of the 8 weeks. ***Please review your summer plans to ensure that you will be able to complete at least 6 weeks prior to applying.***

Our program is set up so that you will be working in the same area each week at the same time. For example, if you are scheduled in the Emergency Department on Tuesdays from 9am until 1pm – that is where you will be for the entire 8-week program. You can volunteer multiple days and/or shifts if you would like experience in several areas. 2024 volunteer areas will be determined later in the year and will be announced at the Volunteer Orientation in May.

Youth volunteers are required to be at least 14 years old by June 1, 2024 and at least entering the 9th grade in the Fall of 2024 with a minimum grade point average of 80.

Enclosed you will find an Application, our Program Guidelines, and a form for your school counselor to complete. Completed packets which include 1) application, 2) applicant's hand-written answers to questions on page 2 of application, 3) recommendation letter, 4) counselor form, & 5) copy of shot records must be received by March 29th. ***Please keep in mind that applications are judged by neatness, qualifications, and availability.***

For accepted program participants, there will be a mandatory Orientation session held in May.

If you have any questions, please email Holly Weiss at weissh@sjchs.org or call the Volunteer office at (912) 819-6186.

Sincerely,

A handwritten signature in black ink that reads "Holly M. Weiss". The signature is fluid and cursive.

Holly M. Weiss, CDVS
Director, Volunteer Services

St. Joseph's/Candler is an equal opportunity employer and does not discriminate on the basis of race, creed, color, age, sex, disability or national origin.

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS - STREET	CITY, STATE	ZIP CODE
HOME PHONE	CELL PHONE	OK to TEXT?
DATE OF BIRTH: _____ EMAIL: _____ @ _____		
PARENT/GUARDIAN 1	EMAIL	PHONE #
PARENT/GUARDIAN 2	EMAIL	PHONE #
HIGH SCHOOL	GPA (must have a minimum of 80)	GRADUATION YEAR

1. How did you learn of the volunteer program at SJCHS? _____

2. Are you related to anyone that works or volunteers for St. Joseph's/Candler? ☐ NO ☐ YES If yes, please list:

Name, Relation, Campus, Department

3. Have you ever volunteered before? ☐ NO ☐ YES If yes, what organization(s)? _____

4. Have you ever volunteered with SJCHS? ☐ NO ☐ YES If yes, when? _____

5. Do you prefer:

☐ Patient Contact: working directly on units where you have patient interaction

☐ Limited Patient Contact: working with patients on a limited basis

☐ No Patient Contact: working directly with visitors and hospital staff

6. Days/Shifts Available to Volunteer:

☐ Morning shift (9AM until 1PM) ☐ Afternoon Shift (1PM until 5PM) ☐ All Day (9AM until 5PM)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Last Day of School: _____

7. Have you ever committed a crime? ☐ NO ☐ YES If yes, please describe _____

LOCATION	<input type="checkbox"/> ST. JOSEPH'S HOSPITAL - 11705 Mercy Boulevard <input type="checkbox"/> CANDLER HOSPITAL - 5353 Reynolds Street
PREFERRED:	

Please continue on reverse

Special Skills and Talents:

School Activities and Awards:

Community Affiliations:

Volunteer Experience:

Work Experience:

Languages:

Sports Played:

Camps attending this summer:

What do you want to do when you graduate from high school?

Are you interested in pursuing a career in healthcare?

Answer the following on a separate sheet of paper (answers must be **hand-written in pen by applicant**):

- ☐ Why do you want to volunteer at St. Joseph's/Candler?
- ☐ What do you hope to gain from your experience as a hospital youth volunteer?
- ☐ What qualities do you believe you will bring to your volunteer position?
- ☐ Why should we choose you to volunteer?

Application, hand-written answers to the above questions, at least one Recommendation Form/Letter, and the Guidance Counselor Form are required before your application will be considered complete.

I certify that the statements made in this application are true and correct to the best of my knowledge, and I have given them voluntarily. I agree with the statements below and understand that by agreeing to participate in the Mary A. Kelly Youth Program, I am expected to contribute at least 24 hours and volunteer at least 6 weeks of the program.

- ☐ I am not required by court order to perform volunteer or community service.
- ☐ I have reliable transportation to and from the hospital.
- ☐ I understand the hospital will not verify my volunteer service hours until I successfully fulfill my volunteer commitment.

Signature

Date:

Parent/Guardian must sign the following statement of consent:

I give consent for the above-mentioned youth to participate in the St. Joseph's/Candler Mary A. Kelly Youth Volunteer Program.

Signature

Date:

Complete applications must be received by March 29, 2024.



Mary A. Kelly Youth Volunteer Program Recommendation

Youth Volunteers are required to submit at least one (1) recommendation from someone that is not related to them. This person can be a teacher, clergy, or supervisor. Please utilize the space below or you may attach a letter of recommendation. Thank you for your time.

Name of Potential Youth Volunteer: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Person Completing Form

Date _____

Title

Phone

Relationship to Student:

Student Name: _____

School: _____ Grade: _____

The student listed above is applying to volunteer this summer in the Youth Volunteer Program at St. Joseph's/Candler. He/She will work with patients and staff in the hospital; therefore we need to be confident in their ability and maturity to do the job. Please help us by evaluating the student in the following areas:

Ability to follow instructions	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Initiative/Motivation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Neatness/Personal Hygiene	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Communication Skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attitude/Conduct	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Current Grade Point Average: _____

Do you know of any reason that would hinder this student from doing a good job as a Youth Volunteer? _____

Students are required to have a minimum GPA of 2.5/80 and a good conduct record to be accepted into the program.

Thank you for taking the time to help us with the evaluation of this student.
Your assistance is invaluable to us.

Printed Name: _____ Phone _____

Job Title: _____

Signature _____ Date: _____

Please return this form directly to us by email at weiss@sjchs.org or
by fax at (912) 819-5889.