

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.

Please complete application using a pdf editor or PRINT legibly in ink.

LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS: STREET			CITY, STATE, ZIP CODE		MALE OR FEMALE
DATE OF BIRTH	AGE ON 6/1/26	PHONE NUMBER		OK to TEXT?	
APPLICANT EMAIL: _____					

PARENT/GUARDIAN 1		EMAIL		PHONE #	
PARENT/GUARDIAN 2		EMAIL		PHONE #	
HIGH SCHOOL			CURRENT GPA		GRADE ENTERING IN FALL 2026

1. How did you learn about our volunteer program? _____
2. Are you related to anyone that works or volunteers for St. Joseph's/Candler? ☐ NO ☐ YES If yes, please list:

Name, Relationship, Campus, Department

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3. Have you or any of your family members ever volunteered with SJCHS? ☐ NO ☐ YES If yes, who & when?
4. Have you ever committed a crime? ☐ NO ☐ YES If yes, please describe _____
5. Location Preferred:

☐ CANDLER HOSPITAL - 5353 Reynolds Street (Specialties - Oncology, Women's & Children Services)
☐ ST. JOSEPH'S HOSPITAL - 11705 Mercy Boulevard (Specialties - Heart Hospital and Orthopedics)

Attach personal hand-written answers by applicant to the following questions.

*** Answers that utilize AI technology will automatically disqualify 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?

** Must be **hand-written in ink by applicant**. Answers will be judged on originality, neatness, punctuation, and grammar.

Community/Volunteer Experience & Number of Hours Served:

Awards Received:

Work Experience:

Languages Spoken:

Sports Played:

Musical Instruments Played:

Special Skills/Talents:

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

Are you interested in pursuing a career in healthcare? ☐ NO ☐ YES

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 follow all policies and procedures of the program. (initial beside each statement)

_____ I am not required by court order to perform volunteer or community service.

_____ I have reliable transportation to and from the hospital.

_____ I am available and agree to volunteer a minimum of 5 of the 6 weeks of the program.

_____ I understand my entire application will be judged on content, neatness, & ability to follow all directions.

_____ I understand the hospital will not verify my volunteer service hours until I successfully fulfill my volunteer commitment.

Signature

Date:

PARENT/GUARDIAN: I give consent for the above-mentioned youth to participate in the SJ/C Youth Volunteer Program.

Signature

Date:

Application, answers to questions, at least one Recommendation Form/Letter, School Recommendation Form, and a copy of your Immunization Records must be received before your application will be considered complete.

Complete applications must be received by Friday, March 27, 2026 at 4PM.

Applicants 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. You may utilize the space below or you may attach a letter of recommendation. Thank you for your time.

Name of Potential Youth Volunteer: _____

Signature of Person Completing Form & Title

Date _____

Email

Phone

Relationship to applicant

You can return this form directly to us by email at weiss@sjchs.org, by fax at (912) 819-5889, or it can be submitted by student with their application.

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 ☐ Excellent ☐ Good ☐ Fair ☐ PoorDependability ☐ Excellent ☐ Good ☐ Fair ☐ PoorInitiative/Motivation ☐ Excellent ☐ Good ☐ Fair ☐ PoorNeatness/Personal Hygiene ☐ Excellent ☐ Good ☐ Fair ☐ PoorCommunication Skills ☐ Excellent ☐ Good ☐ Fair ☐ PoorAttitude/Conduct ☐ Excellent ☐ Good ☐ Fair ☐ 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?

☐ No ☐ Yes: _____

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 and greatly appreciated.

Printed Name: _____ Phone _____

Job Title: _____

Email: _____

Signature _____ Date: _____

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