



Dear Prospective Youth Volunteer,

Thank you for your interest in the Mary A. Kelly Youth Volunteer Program at St. Joseph's/Candler. The 2023 Youth Volunteer Program will run 7 weeks - from June 12, 2023 until July 28, 2023.

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 7 weeks and a minimum of 24 volunteer hours. ***Please review your summer plans to ensure that you will be able to complete at least 6 weeks prior to applying.***

Youth volunteers are required to be at least 14 years old by June 1, 2023 and at least entering the 9<sup>th</sup> grade in the Fall of 2023 with a minimum grade point average of 80. All volunteers are also required to have had the COVID vaccine.

Enclosed you will find an Application, our Program Guidelines, and a form for your school counselor to complete. Completed packets (which include Application, hand written answers by applicant to questions on page 2 of application, Recommendation letter, copy of shot records, and copy of COVID card) must be received by April 15<sup>th</sup>. ***Applications must be completed in pen and you will need to call the Volunteer Office at 819-6186 and make an appointment to turn in your completed application. 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 are accepted into the program, you will be informed by Friday, May 5, 2023.

If you have any questions, please email Holly Weiss at [weissh@sjchs.org](mailto: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, with the first letters of the first and last names being capitalized and prominent.

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 organizations? \_\_\_\_\_

\_\_\_\_\_

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 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 April 15th.*





## Mary A. Kelly Youth Volunteer Program Recommendation

*Youth Volunteers are required to submit at least one (1) Program 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 blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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Signature of Person Completing Form

Date \_\_\_\_\_

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Title

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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   ☐ 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? \_\_\_\_\_

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.

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

Printed Name: \_\_\_\_\_ Phone \_\_\_\_\_

Job Title: \_\_\_\_\_

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

**St. Joseph's/Candler  
Mary A. Kelly Youth Volunteer Program  
2023 Application Checklist**

*DUE before 4/14/23*

- ☐ Application
- ☐ Hand written answers by applicant to questions on page 2 of application
- ☐ Recommendation letter
- ☐ School Recommendation Form
- ☐ Copy of shot records
- ☐ Copy of COVID card if vaccines are not listed on shot records

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