



Dear Potential Junior Volunteer,

Thank you for your interest in volunteering with Christus Children's.

Please review the requirements below and submit your completed application and reference forms to Lyndsey.Paulson@Christushealth.org. Please only submit an application if you can meet all of the requirements.

Requirements for Volunteering with the Junior Volunteer Program-

- Volunteers must be 15-17 years old
- Submission of a completed application (includes two references)
- Completion of required health forms and proof of Flu and COVID vaccinations.
- Completion of formal interview
- Completion of all required volunteer forms
- Completion of general volunteer orientation
- Completion of orientation in assigned service area
- Commit to volunteer 1 of 2 offered sessions. Volunteers will commit to 3 shifts per week for 3 weeks. Only 1 shift can be missed during a 3-week session. If more than 1 shift is missed verification of hours may not be provided.
 - Session 1- June 10th-June 28th
 - Session 2- July 8th-July 26th
- Have parent/guardian permission to become a junior volunteer
- Wear a mask when in patient care areas
- Please note that this is a competitive program. Not all applicants are accepted. Exact number of volunteers accepted is dependent on successful interviewing, volunteer availability, and number of placements available.

After successful completion of the application process you will be contacted for an interview.

Thank you for your interest in sharing your servant heart with The Children's Hospital of San Antonio!

Sincerely,

Lyndsey Paulson

Junior Volunteer Application

Name:

First

Middle

Last

Address:

Street

City

State

Zip

Phone: (_____) _____

E-mail:

Birth date: (mm/dd/yr):

____ Social Security Number:

In an emergency, please notify:

Name:

Relationship:

Home Phone: (_____) _____

Work Phone: (_____) _____

Primary Physician _____ Phone _____

School _____ Grade _____ GPA _____

Hobbies/Interests-

Questions or Comments:

1. Please list any health concerns that may restrict your activities-
2. Please list any activity, work or organizational involvement that may interfere with your volunteer commitment-

3. Please list which session you would like to apply for-

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to a felony or a misdemeanor?

_____no _____yes, please explain

What do you hope to gain from your volunteer experience? -

Personal References: Please instruct two [2] persons to complete the attached personal reference forms. DO NOT include relatives. You may use employers, co-workers, church members, teachers, etc. Return with the application.

Agreement Statement: To the best of my knowledge, I will be able to meet all of the requirements, including the attendance requirement, set forth to be a Junior Volunteer. Junior Volunteers are required to attend a mandatory volunteer orientation and take a TB test. They are required to serve a minimum length of time and a minimum number of hours each summer. I agree to be on time to my assignment and if there is an occasion when I am unable to work my assigned shift, I will contact the Volunteer Services Department as soon as possible. I agree to wear the designated uniform during the times I am volunteering at the hospital. Junior volunteers are required to purchase a new uniform (shirt) for \$20.

Volunteer Signature _____ Date _____

Parent/Guardian Permission: I hereby give my permission for _____, to participate in the Christus Children's Junior Volunteer Services Program and to take instructions for work as a Junior Volunteer. I understand neither CHRISTUS Healthcare nor the Volunteer Services Department is to be held responsible in case of an accident.

Parent /Guardian Signature _____ Date _____

Reference Form 1

Name of Reference:

What is the best way to reach you should Volunteer Services have questions?

How long have you known this applicant?

I agree that I am not a relative of this applicant. ____yes ____no

What do you believe to be the applicant's greatest strengths?

What do you see as areas of growth for this applicant?

Do you have any concerns about this applicant's ability to volunteer at Christus Children's? If you do, please explain.

Please add any additional comments that you would like to make on behalf of this applicant.

Signature of Reference _____ Date _____

Thank you for taking the time to recommend this applicant for a volunteer position at Christus Children's.

Reference Form 2

Name of Reference:

What is the best way to reach you should Volunteer Services have questions?

How long have you known this applicant?

I agree that I am not a relative of this applicant. ____yes ____no

What do you believe to be the applicant's greatest strengths?

What do you see as areas of growth for this applicant?

Do you have any concerns about this applicant's ability to volunteer at Christus Children's? If you do, please explain.

Please add any additional comments that you would like to make on behalf of this applicant.

Signature of Reference _____ Date _____

Thank you for taking the time to recommend this applicant for a volunteer position at Christus Children's.

Attestation Form

Your student/patient _____ is participating in the summer Junior Volunteer program at Christus Children's. In order to participate in the program, students must provide acknowledgement from their current school district or Physician that they are compliant with State of Texas immunization requirements.

Please indicate immunization status below (X):

- _____ All immunization requirements have been met.
- _____ All immunization requirements have not been met.

School District/Physician Name (please print): _____

School District Health Care Provider/Physician Signature: _____

Date: _____

Parental/Guardian Consent for Release of Information: I,
_____ {Parent/Guardian name} give
_____ {School District or Physician name} permission to indicate
immunization information for my child _____ {Student name} to
CHRISTUS Santa Rosa Health System Junior Volunteer Program for screening purposes.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

TB Questionnaire- to be filled out and signed by parent/guardian

Name of Child _____ Date of Birth _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. As far as you know has your child: <ul style="list-style-type: none"> • been around anyone with any of these symptoms or problems? or • had any of these symptoms or problems? or • been around anyone sick with TB? 			
Was your child born in: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries:			
To your knowledge, has your child spent time (longer than 3 weeks) with: anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes (specify date ___/___/_____) No

Has your child ever had a positive TB skin test? Yes (specify date ___/___/_____) No

Has your child ever had a positive TB blood test? Yes (specify date ___/___/_____) No

