



Madera Community Hospital

Junior Volunteer Program

To Our Prospective Member:

Attached is a new member application form. Please fill it out completely, have your parent or guardian sign it and mail it to the address provided. When your application packet is complete, we will contact you regarding the next scheduled Orientation. At that time, you will meet the Advisors, take a tour of the hospital and receive complete information about the League of Volunteers and your responsibilities.

The purpose of the Junior Volunteer Program is to provide you an opportunity to explore the many careers offered in health care related fields and to provide needed services and assistance to the hospital staff, employees and patients.

Applicant must:

1. Be a full-time student in the 8th grade or above and be at least 13 years of age.
2. Attend the Orientation.
3. Be able and willing to work a minimum of 4-hour shifts and a minimum of 40 hours per year.

Must submit:

1. Application neatly filled out in ink.
2. Proof of minimum grade point average of 2.5 in all academic classes.
3. Two (2) letters of recommendation, one of which must be from an Academic Teacher, the other from someone within the local community. Neither may be a parent or under age 21.

We expect you to:

1. Be prompt and dependable, honest and cooperative.
2. Accept supervision and constructive criticism gracefully.
3. Maintain a high standard of conduct.
4. Observe all hospital rules.
5. Attend monthly meeting of Junior Volunteers.

You have just taken the first step toward entering into an interesting, satisfying and valuable volunteer endeavor where you can be of service to others while you explore the many career opportunities available to you in the health care field. We look forward to meeting you and having you join our ranks.



Madera Community Hospital

1250 E. Almond Ave, Madera CA 93637

JUNIOR VOLUNTEER APPLICATION FORM

		DATE	
NAME (Last, First, Middle)		ARE YOU 13 YEARS OR OLDER?	
STREET ADDRESS		HOME PHONE	
CITY, STATE, ZIP		E-MAIL	
FATHER'S NAME	PHONE	MOTHER'S NAME	PHONE

ACADEMIC BACKGROUND: Required minimum grade point average 2.5

SCHOOL	CURRENT GRADE	CURRENT GPA
COUNSELOR (S)		

EXTRACURRICULAR ACTIVITIES/EXPERIENCE: List the activities you are participating in and indicate the day and time you are involved.

SPORTS
SCHOOL CLUBS
COMMUNITY SERVICES
YOUTH GROUP
PART-TIME JOB
HOBBIES
OTHER

SCHEDULE: Write the time(s) when you are available to do volunteer work.

S	M	T	W	T	F	S

TRANSPORTATION: Do you have reliable transportation to assure you arrive for scheduled hours?

YES NO

REFERENCES: Not a friend or relative, prefer employer or school counselor/teacher.

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone

CAN YOU PERFORM THE ESSENTIAL DUTIES OF A JUNIOR VOLUNTEER ACCORDING TO THE JOB DESCRIPTION? (See attached)

YES NO

CONSENT FOR TB TEST AND PROGRAM PARTICIPATION

I authorize Madera Community Hospital to administer a TB test to my son/daughter _____ a minor. I also give my permission for him/her to participate in the Junior Volunteer Program.

Signature of Parent or Guardian

Date

Signature of Junior Volunteer Applicant

Date

PLEASE RETURN APPLICATION TO:

**Junior Volunteer Advisor
Melissa Bushéy
Madera Community Hospital
1250 E. Almond Ave
Madera CA 93637
559-675-5448
mbushey@maderahospital.org**