

Saint Anthony's Health Center

Junior Volunteer – Application



Birthdate: _____ Date of Application: _____

Last name: _____ First name: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

Parent's Phone Number: _____
(if different than yours)

Fathers Name: _____

Fathers Employer: _____ Work Number: _____

Mothers Name: _____

Mothers Employer: _____ Work Number: _____

Academic Background

	Name of School	Years Attended	Last year completed	Did you graduate?
Elementary				
Jr. High/ Middle				
High School				

School you are currently attending: _____

Year/Grade: _____

Grade Point Average: _____

Name of Counselor: _____

Name of Principal: _____

**A copy of your most recent report card must accompany your application. Please note that Junior Volunteers must maintain a "C" average to participate in the volunteer program. Report cards must be submitted to Volunteer Coordinator on a quarterly basis for continued evaluation.*

Extracurricular Activities

Please list the activities you are participating in:

Job, Volunteer or Community Service Experience

Employer/Organization: _____

Position/Duties: _____

Length of time at position: _____

Transportation

If you are selected as a volunteer how will you arrange to arrive here?

Friend/Family Members Employed by Saint Anthony's Health Center

Please list the names of family or friends employed at Saint Anthony's Health Center:

Personally

In paragraph form, please explain *WHY* you want to be a Junior Volunteer:

Saint Anthony's Health Center
Guardian Permission Form
Junior Volunteer



Date: _____

This is to certify that _____ **may serve as a volunteer**
(name of applicant)
at Saint Anthony's Health Center.

As a Junior Volunteer he/she will volunteer for not more than three (3) hours on school days and not more than eight (8) hours on days when school is not in session. Working hours for a Junior Volunteer are not before 7 a.m., nor after 7 p.m. Junior Volunteers will not work more than eighteen (18) hours in a school week, or more than forty (40) hours in other weeks. I also give my permission for a background check to be completed.

(Signature of Parent of Legal Guardian)

Junior Volunteer Guidelines



1. At least 14 years
2. Health: good physical and mental health.
3. Willing to adhere to the policies and procedures of the Junior Volunteer Program.
4. Willing to commit to four hours per week, with a minimum of 50 hours per semester. Volunteers are required to commit to a minimum of 6 months of service.
5. Have a sincere interest in people and have a sense of responsibility, dependability and reliability.
6. Ability to take and perform orders responsibly.
7. Ability to work harmoniously with others.
8. Maintain a “C” grade point average in school.
9. Complete the required two-step tuberculosis (TB) screening.

When applying for Junior Volunteer, you must submit the following items:

1. Completed Application
2. Signed Guardian Permission Form
3. Two (2) letters of reference – one from a teacher or counselor, and one from an adult (over 18 years of age) personal friend. If you apply during the summer, and cannot reach a teacher or counselor, you may submit two letters from adults.
4. Copy of latest report card, revealing at least a “C” grade point average.
5. Signed Consent Form for Tuberculin Skin Test.
6. Must show verification of *two MMR* shots since birth.

Please list below the area(s) you would be most interested in working:

- 1.
- 2.
- 3.

I have read the requirements for Junior Volunteers and would like to submit my application to become a volunteer. I give my consent to have a reference check completed on the above mentioned schools. I give my consent for a background check.

(Applicant's Signature)

I have read the requirements and hereby give my permission for my daughter/son to join the Junior Volunteer Program at Saint Anthony's Health Center.

(Signature of Parent/Guardian)