

Dear Potential Junior Volunteer,

Thank you for your interest in volunteering with The Children's Hospital of San Antonio! Pease review the requirements below and submit your completed application and reference forms to Lyndsey.Paulson@christushealth.org.

Requirements for volunteering with the Junior Volunteer Program:

- Volunteers must be 15-17 years old
- Volunteers must receive the Flu and COVID vaccines and wear a mask when at the hospital. Please attach records to your application.
- 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 seven out of the eight-week period for a minimum of 32 hours total for the summer. Volunteering one shift (four hours) per week will achieve the minimum requirement. The maximum amount of volunteer time allowed during the program is 128 hours, two days per week (four-hour shifts) totaling no more than 16 hours per week.
- Have permission of a parent/guardian to become a junior volunteer.

After successful completion of the application process, we will contact you for an interview.

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

Sincerely,

Lyndsey Paulson

Lyndsey Paulson

Director, Child Life and Child Development Services





Junior Volunteer Application

CHRISTUS Health

Name:					
First	Middle		Last		
Address:					
Street	City		State	Zip	
Phone: ()		Cell: (_)		
E-mail:					
Birth date: (mm/dd/yr):		Social Security N	lumber:	_	
In an emergency, please notify:					
Name:		Relationship	:		
Home Phone: ()	Wo	ork Phone: ()		
Cell Phone: ()					
Personal Physician			Phone		
School	G	Grade	Grade Ave	erage	
Hobbies/Interests					
How did you hear about our program?					
FriendNewspaper	Brochure	Bulletin b	oard		
Other (please specify):					
Questions or comments:					

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

Continued on next page













of San Antonio™	
CHRISTUS Health Have you ever committed, been convicted of, pled guilty	to, or plad pala contanda to a falany or a
misdemeanor?	to, or pied hold contendo to a relong of a
noyes, please explain	
What do you hope to gain from your volunteer experience	e?
Personal References: Please instruct two people reference forms. DO NOT include relatives. You members, teachers, etc. Return these forms with	may use employers, co-workers, church
Agreement Statement: To the best of my knowledge, I will the attendance requirement, set forth to be a Junior Volument and take a TB test. They a minimum number of hours each summer. I agree to be occasion when I am unable to work my assigned shift, I was soon as possible. I agree to wear the designated uniform Junior Volunteers are required to purchase a new uniform	nteer. Junior Volunteers are required to attend a are required to serve a minimum length of time and on time to my assignment and if there is an will contact the Volunteer Services Department as during the times I am volunteering at the hospital.
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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 applicantyesno
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 The Children's Hospital of San Antonio? 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 to The Children's Hospital of San Antonio





Reference Form 2

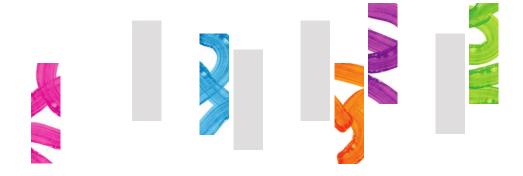
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Do you have any concerns about this applicant's ability to volunteer at The Children's Hospital of San Antonio? If you do, please explain.
Please add any additional comments that you would like to make on behalf of this applicant.
Signature of Reference Date
Thank you for taking the time to recommend this applicant to The Children's Hospital of San Antonio.





Attestation Form

CHRISTUS Health Your student/patient ____ _____is participating in the summer Junior Volunteer program at The Children's Hospital of San Antonio. 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} permission to provide immunization information for my child ______{Student name) to The Children's Hospital of San Antonio Junior Volunteer Program for screening purposes. Parent/Guardian Name: (please print) Parent/Guardian Signature:





TB Questionnaire

Name of Child	Date of B	Date of Birth				
Organization administering questionnaire		Date				
Tuberculosis (TB) is a disease caused by TB germs and disease. It is spread to another person by coughing or by the child.						
Adults who have active TB usually have many of the for appetite, weight loss of ten or more pounds over a sho			eks duratio	on, loss of		
A person can have TB germs in his or her body but no	t have TB disease (this is called latent	TB infecti	on or LTB	II).		
Tuberculosis is preventable and treatable. TB skin (called an IGRA) is used to see if your child has been United States to prevent tuberculosis. The test is not a We need your help to find out if	infected with TB germs. No vaccine is	recomme	nded for u			
Place a mark in the appropriate box		Yes	No	Don't Know		
TB can cause a fever of long duration, unexplained two weeks), or coughing up blood. As far as you k • been around anyone with any of these sympholems or problems? or been around anyone sick with TB? Was your child born in: Mexico or any other count Africa, Eastern Europe or Asia? Has your child traveled in the past year to: Mexico America, the Caribbean, Africa, Eastern Europe or Asia?	try in Latin America, the Caribbean,					
To your knowledge, has your child spent time (le who is/has been an intravenous (IV) drug user, HIV came to the United States from another country?						
Has your child been tested for TB? Has your child ever had a positive TB skin test? Has your child ever had a positive TB blood test?	☐ Yes (specify date//////)	□ No □ No □ No			