



# The Children's Hospital of San Antonio™

CHRISTUS Health

Dear Potential Junior Volunteer,

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







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## CHRISTUS Health

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 people to complete the attached personal reference forms. DO NOT include relatives. You may use employers, co-workers, church members, teachers, etc. Return these forms with your 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 \$15.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents' Permission: I hereby give my permission for my son/daughter, \_\_\_\_\_, to participate in The Children's Hospital of San Antonio Junior Volunteer Services Program and to take instructions for work as a Junior Volunteer. I understand neither CHRISTUS Health nor the Volunteer Services Department is to be held responsible in case of an accident.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





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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 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 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.





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**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 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.





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**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: \_\_\_\_\_





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CHRISTUS Health

## TB Questionnaire

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_ Date \_\_\_\_\_

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. <b>As far as you know has your child:</b> <ul style="list-style-type: none"> <li>• been around anyone with any of these symptoms or problems? or</li> <li>• had any of these symptoms or problems? or</li> <li>• been around anyone sick with TB?</li> </ul>			
<b>Was your child born in:</b> Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
<b>Has your child traveled in the past year to:</b> 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:			
<b>To your knowledge, has your child spent time (longer than 3 weeks) with:</b> 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

