

Bristol Hospital
Junior Volunteer Program
Parental Consent Form

In order for your child to become a volunteer with us, we need your consent and your involvement in helping them have a productive experience. Should you have any questions about the nature of our program, now or at any time in the future, please do not hesitate to call us at 585-3338.

We ask that you assist your child by attempting to avoid other commitments on their assigned volunteer day. This would include doctor / dentist appointments and work schedules. Our program depends upon a specific number of Juniors to be available on each day so that we can honor our service commitments to other departments. Juniors are expected to be in uniform (khaki pants / skirts / walking shorts with a shirt that we provide) and wearing closed-toed shoes. Summer program hours run from 9:00 AM to 3:30 PM, while the academic year program hours are 2:30 or 3:00 PM until 5:00 PM.

Upon orientation, the Juniors are provided with a set of guidelines to follow. Any deviation from these guidelines, including two unexcused absences, may result in dismissal from the program.

I understand that my child, _____, wishes to be considered for volunteer work at Bristol Hospital and I give permission for him/her to serve in that capacity, if accepted by the hospital. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties, and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to hospital policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

Name: _____

Relationship to volunteer applicant: _____

Date: _____

Bristol Hospital Junior Volunteer Program
Application

Name:	Date:
Address:	Telephone:
City, State, Zip:	
School:	Grade:
Name of Parent(s) or Guardian(s):	
Telephone :	
Special Skills, Languages:	
Prior Volunteer or Work Experience:	
Reason for Volunteering:	
Extra-curricular Activities: Please list other activities you are involved in, including the day of the week and time you are committed to (sports, school clubs, band, jobs, etc.).	
What is your preferred day of the week to Volunteer?	
Monday	Tuesday
Wednesday	Thursday
Friday	
Were you referred to our program by anyone?	
yes	no
If so, whom?	
Transportation: If you are selected as a volunteer, how will you arrange to arrive here?	
Are there any physical accommodations necessary for you to perform volunteer work here?	
yes	no
If yes, please explain:	
In case of emergency, please notify:	
Name:	Telephone:
Relationship:	

I agree that the above information is correct as of the date it has been filed. I also agree to the rules and regulations of the Junior Volunteer Program at Bristol Hospital as they are outlined upon interview, orientation, and in the Junior Volunteer Guidelines.

Signature of Applicant _____
Date

Junior Volunteer Program
Health Record

Name: _____ **Date of Birth:** _____

Preventative Tests:

	Date(s) Received
DPT	
Polio Vaccine	
Tuberculin Skin Test (please give result)	
MMR	
Hepatitis B Vaccine	
Other	

Previous Health History:

Height:
Weight:
Urine:
Vision:
Hearing:

General Health Comments:

Signature: _____

Physician, School Nurse, or Attendant

Date: _____

Dear Junior Volunteer Applicant,

Thank you for your application. As you may already know, there is tremendous interest among students your age to be part of Bristol Hospital's Junior Volunteer Program. We currently have a waiting list, but would like to encourage all interested students to apply. The need for volunteers does not diminish as we are always looking for ways to expand our services!

An application will not be considered unless it is complete. Please take the time to read everything carefully, and share the information with your parents or guardians. Applications are kept on file by the date they are received. As new Junior Volunteers are needed, applicants will be called by the Volunteer office to come in for an interview.

We ask that you take note of the following:

- The school referral form should be completed by a Guidance Counselor, Teacher, or School Administrator. It should be mailed back to the Volunteer Office at the address listed below.
- Please have the health form filled out by your doctor or by the school nurse.
- All applicants must be either 14 years old or entering the ninth grade. The requirements of our program call for the Junior Volunteers to work one day per week. The school year schedule runs from 2:30 or 3:00 p.m. (directly after school) until 5:00 p.m. During the summer, the hours of the program are from 9:00 a.m. until 3:30 p.m.
- *Most importantly, please share all information about this program with your parents and / or guardians.* It is very important that you and your parents are aware of what our program entails. We want you to have a positive experience as a volunteer at Bristol Hospital!

Again, we thank you for your interest in the Junior Volunteer Program. Should you have questions, please do not hesitate to ask. Our office hours are Monday through Friday, 9:00 a.m. until 5:00 p.m. and we can be reached at: (860) 585-3338. Our mailing address is:

Department of Volunteer Services
PO Box 977
Bristol, CT 06011-0977

We look forward to meeting you!

Sincerely,

Karen A. Cornell, LCSW, ACSW
Director of Patient & Customer Relations, Volunteer Services
& Communications

