

**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 8:30 AM to 4:00 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  
Health Record**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Preventative Tests:**

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

**Previous Health History:**

<b>Height:</b>
<b>Weight:</b>
<b>Urine:</b>
<b>Vision:</b>
<b>Hearing:</b>

**General Health Comments:**

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**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 -- in fact, 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 Juniors are needed, applicants will be called by the director 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 13 years old or entering the eighth 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 PM (directly after school) until 5:00 PM sharp. During the summer, the hours of the program are from 8:30 AM until 4:00 PM.
- *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, 8:00 AM until 5:00 PM 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,

Cindy McCool  
Volunteer Services