

Department of Volunteer Services  
600 North Wolfe Street  
Baltimore, MD 21287-6173  
410-955-5924 T  
410-614-8464 F



January 4, 2016

Dear Summer Junior Volunteer Applicant,

Thank you for your interest in The Johns Hopkins Hospital Summer Junior Volunteer Program. **This year the program begins on Friday, June 24, 2016 and ends Friday, August 12, 2016.** That is seven weeks of discovery in an administrative, lab, or patient and family centered care position within the Hospital!

Enclosed you will find a packet that includes an application, parental consent form, essay instructions, and two school recommendation forms. The listed items are considered a complete application packet. **The entire packet must be completed and postmarked by Monday, February 29, 2016 for consideration.** To ensure that your recommendations are completed and mailed by the deadline date, you may have your representatives return the forms to you in a sealed and signed envelope. You may then mail your entire application packet.

The staff of the Department of Volunteer Services will only evaluate complete application packet that meet the deadline. Please be mindful that there will be a selection process. Due to limited site placements, we will not be able to accept every applicant. The application information provided will be used to notify applicants by e-mail to attend a screening interview. **Summer Junior Volunteer screening interviews will take place Monday, March 21, 2016 through Thursday, April 14, 2016.** If the screening interview goes well, the applicant will be asked to schedule and attend a second interview by Friday, May 13, 2016. After completing two successful interviews, an applicant's eligibility for the Summer Junior Volunteer Program will be determined. If an applicant is accepted, an e-mail will be sent by Friday, May 20, 2016. **All students accepted into the Summer Junior Volunteer Program must attend a mandatory orientation on Friday, June 24, 2016.**

As stated previously, applicants will be notified by e-mail if an interview should be scheduled. Please ensure that your e-mail address is written legibly on your application. Also, remember the application deadline date of **Monday, February 29, 2016.**

Sincerely,

Kia-Lillian Hayes, MPS

Volunteer Services

Manager

**The Johns Hopkins Hospital  
Department of Volunteer Services  
2016 Summer Junior Volunteer Application**

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Home Telephone Cell Telephone E-mail Address

\_\_\_\_\_  
School's Name Current Grade

\_\_\_\_\_  
Parent's/Guardian's Name

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_

How did you hear about the Volunteer Services Department? *Doctor Referral Friend Media Ad School*

Are you required to volunteer? If yes, please explain. \_\_\_\_\_

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been.  
Yes \_\_\_ No \_\_\_

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involving information pertaining to rehabilitation.

**Volunteer Experience:** (List most recent service positions)

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Placement Preferences:** Indicate 1<sup>st</sup> (\_\_\_\_), 2<sup>nd</sup> (\_\_\_\_), and 3<sup>rd</sup> (\_\_\_\_) choice

1. Administrative: Administrative and clerical duties.
2. Child Life: Help children with recreational/educational activities.
3. Non-Clinical: Clerical, running errands, answering phones.
4. Library: Visit in-patient areas with book-cart, respond to request for books.
5. Nursing: Assist nurses, interact with patients, and assist with meals and paperwork.
6. Pharmacy: Shelf medications, prepare and label materials, and stock rotation.
7. Other: \_\_\_\_\_

The Johns Hopkins Hospital  
Department of Volunteer Services  
Pre-Interview Questions

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Please answer the following questions before attending your interview:*

What attracted you to this volunteer program? Is there an aspect within the program that motivates you to be a part of this program?

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What would you like to get out of your volunteer experience/internship? What would make you feel like you have been successful?

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Have you ever volunteered? If yes, for what agency and what position?

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Describe the agency and your volunteer responsibilities.

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What have you enjoyed most about your previous volunteer position(s)?

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Describe your ideal supervisor. What sort of supervisory style do you prefer to work?

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What skills and qualities do you feel you have to contribute to The Johns Hopkins Hospital?

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Are you willing to commit to the requirements of the volunteer program?

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## Parental Consent Form

Dear Parent or Guardian:

In order for your child to apply for a volunteer position with The Johns Hopkins Hospital Junior Volunteer Program, we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. If you have any questions or would like further information, please call the Department of Volunteer Services at 410.955.5924.

Name of prospective volunteer: \_\_\_\_\_

- I understand that my child (named above) wishes to be considered for a volunteer placement and I hereby give my permission for him/her to serve in that capacity, if accepted by The Johns Hopkins Hospital Department of Volunteer Services.
- I understand that my child must be at least **15 years of age** to volunteer.
- I understand that my child will not receive monetary compensation for the services contributed.
- I understand that my child is required to receive, free of charge, a tuberculosis screening.
  - **If an x-ray is required a parent/guardian must accompany him/her.**
- I understand that my child will be provided with the orientation and training necessary for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to the Hospital and its departments' policies and procedures.
- I understand that my child will be provided emergency medical care if injured while he/she is on duty as a volunteer.
- I authorize the release of educational recommendations from my child's school to the Department of Volunteer Services at The Johns Hopkins Hospital.
  - I understand that the information released may be requested for review by a potential supervisor.
- I authorize the Department of Volunteer Services to publish or release to the media any pictures of my child during his/her volunteer service at The Johns Hopkins Hospital for promotional or recognition purposes only.
  - Please check box if you **do not** consent to this statement. This box, if left unchecked, means that you **do** consent to any publications or media release.

*Note: The statement regarding the publishing or releasing to the media your child's photograph does not hinder the process of considering your child from becoming a volunteer at The Johns Hopkins Hospital if not checked.*

Parent/Guardian's Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Nature of relationship to volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

### Student Essay Requirement

Students must write and submit a 200-word essay describing "Why I want to volunteer at Johns Hopkins Hospital". Please attach the essay to this sheet and submit it with your application.

If you are interested in having your essay published at the end of your service term, check the indicator box below.

You have my permission to publish my essay!

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Confidential School Recommendation

**Student Name:** \_\_\_\_\_

**Parental Consent:** *I authorize the release of information from my son/daughter's school records to the Department of Volunteer Services at The Johns Hopkins Hospital.*

**Parental Signature:** \_\_\_\_\_

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

**Dear Counselor or Teacher:**

A student applying for volunteer service must have a recommendation from a school representative no later than **Monday, February 29, 2016**. Your evaluation and comments are appreciated. The information you provide may be reviewed by a potential supervisor. You may give the student the evaluation in a sealed envelope with your signature across the flap or you may mail it to the address listed in the top left corner of this form.

	Excellent	Good	Average	Below Average
Attendance				
Courtesy				
Dependability				
Initiative				
Scholastic Record				
Willingness				

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

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

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

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

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

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Initiative				
Scholastic Record				
Willingness				

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (Print): \_\_\_\_\_

School: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_