The summer Junior Volunteer Program is a competitive program that targets students ages 15-18 who think they may have an interest in a career in healthcare.

Junior Volunteers are exposed to various areas of the hospital such as inpatient units, Medical Imaging, Emergency, etc.

Two 4-week programs are held between mid-June – mid-August.

Junior Volunteers are required to complete 25 hours of service to successfully complete the program.

The application deadline is Friday, April 13, 2018 (no exceptions). Applications must be completed and signed by the applicant and a parent or legal guardian. Essay and application should be mailed or scanned and emailed to:

Jackie Martin, Director Community Benefit
Sentara Martha Jefferson Hospital
500 Martha Jefferson Drive
Charlottesville, VA 22911
Email: jgmarti1@sentara.com

All applicants are welcome to apply, but along with targeting students with an interest in healthcare, we also give preference to children/grandchildren of Sentara Martha Jefferson employees, volunteers, and affiliated physicians.

Two recommendations from non-family members must also be completed and returned to the above address by April 13th. The Junior Volunteer applicant should provide the recommendation form and a stamped envelope addressed to Jackie Martin (see address above) and allow the person completing it to mail the form directly to Sentara Martha Jefferson or email it directly to jgmarti1@sentara.com.

Junior Volunteer applicants must have at least a 2.5 GPA.

All Junior Volunteer applicants will be scheduled for a personal interview in late April or early May and notified of our decision regarding acceptance in May.

For further information, please contact Jackie Martin at jgmarti1@sentara.com or (434) 984-5655.
Name: ____________________, ____________________, __________, ___________________  
(last) (first) (middle initial) (nickname)  

Address: _______________________________________________________________________________  

Phone: ____________________________(home) ____________________________ (cell)  

E-mail address: ____________________________ Date of Birth: ______________  

1st Emergency Contact: ____________________________ Relationship: ________________  
1st emergency contact must be a parent or guardian  

Phone number: ____________________________(home) ____________________________ (work)  

2nd Emergency Contact: ____________________________ Relationship: ________________  

Phone number: ____________________________(home) ____________________________ (work)  

School: ____________________________________ Grade (next year): __________  

Extracurricular activities: _____________________________________________________________  

Work/Employment experience: _____________________________________________________________  

Prior volunteer experience: _____________________________________________________________  

What do you love to do? _______________________________________________________________  

Have you ever worked or volunteered at Sentara Martha Jefferson before? ________________  

How did you hear about our Junior Volunteer Program? ________________________________  

____________________________________________________________________________________
Are you related to a Sentara Martha Jefferson staff person, affiliated physician or volunteer?  
Yes_____  No_____. If yes, relative’s name: ________________________________________

What volunteer positions are you interested in?  **Positions are discussed during the interview.**
**If you already know where you’d like to work, please note here. If not, please leave blank.**

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________

You are required to complete 25 hours of service over the four week program. Most of our
Junior Volunteers work 3-4 hour shifts a couple of days a week. Please check all hours you are
available.

All available hours:  
____early morning (8-10)   ____late morning (10-12)
____early afternoon (12-2)  ____late afternoon (2-4)
____early evening (4-6)  

Is there any other information you would like to share?

______________________________________________________________________________

______________________________________________________________________________

I certify that the information given by me in this application is true in all respects. I understand that if any
information is found to be false, I may be subject to dismissal, without notice. I authorize all references to answer
the questions asked by the hospital concerning my ability, character, reputation, and previous experience, including
employment. I release all such persons from any liability or damages. If accepted as a Junior Volunteer, I further
agree to work faithfully and diligently, to be safe and avoid accidents, to come to work on time, and to notify my
supervisor about any changes in my schedule. I agree to abide by all policies and rules of the Hospital.

Junior Volunteer Signature: ________________________________ Date: _________

**Parental Permission:**

I, ________________________________, give permission for ____________________________
(parent or legal guardian) (student)

to participate as a Junior Volunteer at Sentara Martha Jefferson Hospital.

Parent or Legal Guardian Signature: ________________________________ Date: _________

******************************************************************************
In a one-page essay, please describe why you are interested in Sentara Martha Jefferson Hospital’s Junior Volunteer Program and what you expect to gain from the experience. Please describe your career goals and tell us about any special honors, awards, or extracurricular activities you have been involved in or received.

If you are a returning Junior Volunteer, please describe your experience in last year’s program.

You may use a word processing program to produce your essay, or you may write your essay in the space below.
Community Outreach
500 Martha Jefferson Drive - Charlottesville, VA 22911

*Instructions for Recommendation Forms*

- Deadline for recommendation forms is Friday, April 13\textsuperscript{th}.
- Returning Junior Volunteers are NOT required to submit recommendation forms.
- Recommendation forms should be completed by someone who is not a relative who knows something about your work ethic.
- Print two recommendation forms.
- Address two envelopes to:
  
  Jackie Martin, Director Community Benefit
  Sentara Martha Jefferson Hospital
  500 Martha Jefferson Drive
  Charlottesville, VA 22911

- Put postage stamps on your envelopes.
- Give each person a recommendation form and a stamped envelope.
- You may also ask them to scan the completed form, attach it to an email and send it to jgmarti@sentara.com.
- Make sure they know the deadline.
Student’s Name: __________________________________________________________

School Student Attends: _______________________________ Grade: ______________

How are you familiar with this student?
________________________________________________________________________
________________________________________________________________________

Do you think this student would make a good Junior Volunteer? If so, why?
________________________________________________________________________
________________________________________________________________________

Please rate this student as “Excellent”, “Good”, “Average” or “Poor” in each of the following areas:

Reliability: ___________ Attendance: ___________ Courtesy: ___________

Communication Skills: ___________ Motivation: ___________

To the best of my knowledge, this student meets the minimum 2.5 GPA required to apply for the Sentara Martha Jefferson Hospital Junior Volunteer Program.

Name of person recommending student: __________________________________________

School or Business: _________________________________________________________

Phone Number: ________________________________

Signature: _______________________________ Date: ___________________________