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 placed in various areas of the hospital, including inpatient units, Medical Imaging, Emergency, etc.

The six-week program will begin in late June or early July.

Junior Volunteers are required to complete 35 hours of service.

The application deadline is **Friday, April 12, 2019** (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:
Diana Webb, CHES
Community Health Educator
Sentara Martha Jefferson Hospital
500 Martha Jefferson Drive
Charlottesville, VA 22911
Email: dmwebb2@sentara.com

All applicants are welcome to apply, but along with targeting students with an interest in healthcare, we 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 12th**. The Junior Volunteer applicant should provide the recommendation form and a stamped envelope addressed to Diana Webb (see address above) and allow the person completing it to mail the form directly to Sentara Martha Jefferson or email it directly to dmwebb2@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 Diana Webb at dmwebb2@sentara.com or (434) 984-6220.
Sentara Martha Jefferson Hospital
Junior Volunteer Application

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 35 hours of service over the six 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 _______________________

( 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 12th.
- **Returning Junior Volunteers are NOT** required to submit recommendation forms.
- Relatives should not complete recommendation forms. The persons completing recommendation forms should know something about your work ethic.
- Print two recommendation forms.
- Address two envelopes to:
  
  Diana Webb, CHES
  Community Health Educator
  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 dmwebb2@sentara.com.
- Make sure they know the deadline.
Sentara Martha Jefferson Hospital
Community Outreach
500 Martha Jefferson Drive - Charlottesville, VA 22911

Junior Volunteer Recommendation Form

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: ___________________________