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 14, 2017 (no exceptions). Applications must be completed and signed by the applicant and a parent or legal guardian. Essay and application should be mailed to:

Jackie Martin, Director Community Benefit
Sentara Martha Jefferson Hospital
500 Martha Jefferson Drive
Charlottesville, VA 22911

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 14th. 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.

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.
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 (2017/18): _______

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 14th.
- 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.
- Make sure they know the deadline.
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:___________________