



Thank you for your interest in volunteering with CHRISTUS Children's. Please review the requirements below and submit your completed application and reference forms to [childrensvolunteer@christushealth.org](mailto:childrensvolunteer@christushealth.org)

### **Requirements for volunteering with the Junior Volunteer Program**

- Volunteers must be 15-17 years old
- Attend a volunteer information session
- Submission of a completed application (includes two references)
- Submission of an essay about why you want to volunteer at CHRISTUS Children's and what this opportunity would mean to you. (500 words maximum without the use of AI)

#### **Please attach alongside application as a PDF**

- Completion of all required volunteer forms
- Completion of general volunteer orientation
- Completion of orientation in assigned service area
- Volunteers must receive required vaccines (MMR, varicella and Tdap)

If your application aligns with what we're seeking in a junior volunteer, a member of our volunteer team will contact you to arrange a phone interview.

Thank you for your interest in sharing your servant heart with our patients and families!

#### **Adela Garcia**

Director of Volunteer Services

333 N. Santa Rosa St.

San Antonio, TX 78207

210.704.2534

[childrensvolunteers@christushealth.org](mailto:childrensvolunteers@christushealth.org)



## Junior Volunteer Application

Full Name (First, Middle and Last): \_\_\_\_\_

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

City / State / ZIP: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth (mm/dd/yr): \_\_\_\_\_

### **In an emergency, please notify:**

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Personal physician \_\_\_\_\_ Physician's phone #: \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Current GPA \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_



## Questions and comments

How did you hear about our program?

Friend     Newspaper     Brochure     Bulletin board

Other (please specify): \_\_\_\_\_

Any health problems that may restrict your activities: \_\_\_\_\_

\_\_\_\_\_

Special skills, languages or interests: \_\_\_\_\_

\_\_\_\_\_

Activity, work or organizational involvement that may interfere with your volunteer commitment:

\_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever committed, been convicted of, pled guilty to a felony or a misdemeanor?

No     Yes, please explain \_\_\_\_\_

\_\_\_\_\_



## Agreement Statement

To the best of my knowledge, I will be able to meet all the requirements, including the attendance requirement, set forth to be a Junior Volunteer. I will attend the mandatory volunteer orientation and take a TB test. As a junior volunteer, I am required to serve a minimum length of time and a minimum number of hours this summer.

I agree to be on time to my assignment and if there is an occasion when I am unable to work my assigned shift, I will contact the Volunteer Services Department as soon as possible. I agree to wear the designated uniform while volunteering at the hospital. I agree to purchase a new volunteer shirt for \$20.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parents' Permission

I hereby give my permission for my son/daughter, \_\_\_\_\_, to participate in the CHRISTUS Children's Junior Volunteer Program and to take instructions for duties as a junior volunteer. I understand neither CHRISTUS Children's nor the Volunteer Services Department is to be held responsible in case of an accident.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Personal References

Please instruct two [2] people to complete the attached personal reference forms. DO NOT include relatives. You may ask employers, co-workers, mentors, teachers, etc. Return your application with the completed reference forms below.



**Volunteer Applicant's Name:** \_\_\_\_\_

**Reference No. 1**

Name of reference: \_\_\_\_\_

What is the best way to reach you if we have questions about this volunteer applicant?

Email: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

I am not a relative of this applicant. \_\_\_ True \_\_\_ False

What do you believe to be this applicant's greatest strength? \_\_\_\_\_

Are you aware of any weaknesses that may prevent this applicant from being a volunteer at CHRISTUS Children's? \_\_\_\_\_

Please tell us about this applicant's work ethic: \_\_\_\_\_

Please add any additional comments that you would like to make on behalf of this applicant:

Signature of reference \_\_\_\_\_ Date \_\_\_\_\_



**Volunteer Applicant's Name:** \_\_\_\_\_

**Reference No. 2**

Name of reference: \_\_\_\_\_

What is the best way to reach you if we have questions about this volunteer applicant?

Email: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

I am not a relative of this applicant. \_\_\_ True \_\_\_ False

What do you believe to be this applicant's greatest strength? \_\_\_\_\_

\_\_\_\_\_

Are you aware of any weaknesses that may prevent this applicant from being a volunteer at CHRISTUS Children's? \_\_\_\_\_

\_\_\_\_\_

Please tell us about this applicant's work ethic: \_\_\_\_\_

\_\_\_\_\_

Please add any additional comments that you would like to make on behalf of this applicant:

\_\_\_\_\_

\_\_\_\_\_

Signature of reference \_\_\_\_\_ Date \_\_\_\_\_



**Attestation Form**

Your student/patient \_\_\_\_\_ is applying to participate in the summer Junior Volunteer program at CHRISTUS Children's. To participate in the program, students must provide acknowledgement from their current school district or physician that they are compliant with State of Texas immunization requirements.

Please indicate immunization status below (X):

\_\_\_\_\_ All immunization requirements have been met.

\_\_\_\_\_ All immunization requirements have not been met.

School District/Physician Name (please print): \_\_\_\_\_

School District Health Care Provider/Physician Signature: \_\_\_\_\_

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

.....  
**Parental/Guardian Consent for Release of Information**

I, \_\_\_\_\_ {Parent/Guardian name} give  
\_\_\_\_\_ {School District or physician} permission to provide  
immunization information for my child \_\_\_\_\_ {student's name} to  
CHRISTUS Children's Junior Volunteer Program for screening purposes.

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



## Tuberculosis Questionnaire

Name of Child \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_

Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of 10 or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. A TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. As far as you know has your child: <ul style="list-style-type: none"> <li>• been around anyone with any of these symptoms or problems? or</li> <li>• had any of these symptoms or problems? or</li> <li>• been around anyone sick with TB?</li> </ul>			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?  If so, specify which country/countries: _____			
To your knowledge, has your child spent time (longer than three weeks) with anyone who is/had been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB?  Yes (specify date \_\_\_/\_\_\_/\_\_\_\_\_)  No

Has your child ever had a positive TB skin test?  Yes (specify date \_\_\_/\_\_\_/\_\_\_\_\_)  No

Has your child ever had a positive TB blood test?  Yes (specify date \_\_\_/\_\_\_/\_\_\_\_\_)  No