



**West Tennessee  
HEALTHCARE**

## **Junior Volunteer Information**

### **Application Process:**

You must be at least 14 years of age by June 1 of the year you are applying, have completed the 8<sup>th</sup> grade and be no more than 18 years of age. Include with your application:

- completed copy of the application
- copy of your last report card (must have a 2.5 GPA)
- two completed reference forms from teachers (or other suitable reference) in sealed envelopes
- 250 word typed essay explaining how volunteerism makes a difference for our community
- Parent/Guardian Consent Form signed by parent/guardian
- Commitment Form signed by parent/guardian

### **Deadline for Application packets: March 13**

Packet must be completed and turned in as one packet. Please do not submit individual pieces. The packet must be submitted by mail and postmarked by March 13. Partial packets will be discarded.

**Opportunities for service include but are not limited to Nursing Areas, Gift Shop, Greeting at Entrances, Supply Delivery.**

**Hours of Shifts: 8 am -12 noon, 12 noon to 4 pm, 4 pm – 8 pm.** The program is approximately 8 weeks beginning the first week of June. A minimum of 28 hours is required with one excused absence. We will not be able to accommodate if you need to be out more than a week.

**Commitment Form and Parental Consent Form:** Parents are to sign a commitment form and a parental consent form after reviewing them with the student. Volunteering is fun and rewarding, but it is also a very serious commitment.

**Mandatory Orientation Required:** You will be sent orientation information if you are accepted into the program. Orientation will be scheduled for a date in May. Attendance is mandatory.

### **Application Packets are to be mailed to:**

**Katie Chandler, Customer Excellence Department  
Jackson-Madison County General Hospital  
620 Skyline Drive  
Jackson, TN 38301**

**Questions: Katie Chandler, 731-541-6154 or email [katie.chandler@wth.org](mailto:katie.chandler@wth.org)**

The Junior Volunteer Program is a program of the Customer Excellence Department. We appreciate your interest in volunteering at Jackson-Madison County General Hospital.



**West Tennessee**  
HEALTHCARE

## **JUNIOR VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of school attending \_\_\_\_\_ Grade Entering for 2026/27 school year \_\_\_\_\_

**During the summer months, you may volunteer in four-hour shifts between 8 am and 8 pm. List three choices of days/hours you are available to volunteer (number your choices in order of preference).**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am – 12 Noon							
12-4 pm							
4 – 8 pm							

**Please check your area of interest. Check at least three choices and mark which is first, second, and third.**

Nursing \_\_\_\_\_ Office/Clerical \_\_\_\_\_ Delivery/Retail \_\_\_\_\_ Greeting \_\_\_\_\_ General (willing to work anywhere needed) \_\_\_\_\_

**What are your hobbies?** \_\_\_\_\_

**What special skills/training do you have?** \_\_\_\_\_

**Are you interested in healthcare as a career?** \_\_\_\_\_

**If so, what is your career goal?** \_\_\_\_\_

**What is your adult T-shirt size? Circle One**

Small

Medium

Large

Extra Large

2 XL

3 XL

**IN CASE OF EMERGENCY, the hospital should notify whom:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent/Guardian Consent:**

I authorize my child, a minor, to participate in such volunteer activities at Jackson–Madison County General Hospital as may be prescribed. I understand the child's services are donated to the hospital without contemplation of compensation or future employment. I acknowledge the child's date of birth is accurate. I understand that my child will be expected to receive and follow instructions to complete tasks. My child should conduct themselves in a professional manner at all times.

I authorize the hospital to perform a Tuberculosis Skin Test and to review a brief health questionnaire. I will provide documentation of immunizations including MMR, Varicella (chicken pox) and Hepatitis B.

**Parent/Guardian Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Volunteer Acknowledgement:**

I understand that this program has a minimal attendance requirement and that failure to meet the requirement may result in my dismissal from the program. I understand that I will be required to receive instruction, follow instruction, and ask questions as they arise, and will be expected to complete tasks once I understand instruction. I am able to conduct myself in a professional manner at all times.

**Junior Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**INSTRUCTIONS:****Please read and follow all instructions.**

1. Only complete application packets should be submitted for consideration. Partial application packets will be discarded.

Completed Application Packet includes:

- Completed Junior Volunteer Application Form
- Two (2) completed reference forms from teachers (must be included inside packet) in sealed envelopes
- A copy of your last report card (must have 2.5 GPA)
- A 250-word typed or printed essay explaining why volunteerism is important to our community
- Parent/Guardian Consent Form signed by parent/guardian
- Signed Commitment Statement signed by parent/guardian

2. All applications must be mailed. The postmark deadline is March 13. A postage paid envelope may be provided upon request.

3. Applications packets are to be mailed to:

Katie Chandler, Customer Excellence Department  
Jackson-Madison County General Hospital  
620 Skyline Drive  
Jackson, TN 38301

4. Direct all questions to Katie Chandler, 731-541-6154 or email, [katie.chandler@wth.org](mailto:katie.chandler@wth.org).



## Commitment Statement

Volunteering is a fun and rewarding activity, but it is also a very serious commitment. Volunteering requires that you will be willing to learn, work hard, and be responsible and open to new experiences.

Participants in the program volunteer weekly over an eight-week period. They volunteer 4 hours per week (one half day per week.) There is a commitment to volunteering 28 hours for the program with one excused absence. We will not be able to accommodate students who will need additional absences.

Please consider carefully whether this time commitment will fit your schedule or other life commitments. You must have the willingness and ability to make a commitment to your volunteer assignment. The department in which you volunteer depends on you. You will be permitted no more than one excused absence in order to satisfactorily complete the program. We will not be able to verify hours if the program is not completed.

### *Your Commitment*

I understand the commitment responsibility:

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

Printed Name \_\_\_\_\_

Parent/Guardian – I understand my child's commitment responsibility for the program:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



## Parent/Guardian Consent Form

Your minor child has requested to be a Junior Volunteer at Jackson-Madison County General Hospital. They will be assigned to a specific work area, date and time to volunteer. In order for your child to participate, this form must be completed and returned to the Consumer Support Services Office with the application packet.

### ***Permission to participate in the Junior Volunteer Program***

My minor child, \_\_\_\_\_ (Name), may participate in the Junior Volunteer Program at Jackson-Madison County General Hospital.

Yes \_\_\_\_\_ No \_\_\_\_\_

### ***Confidentiality of Patients***

My minor child understand that patients in the hospital are entitled to privacy. They understand that they may recognize some patients, but the fact that these individuals are patients should not be disclosed/discussed with anyone including their parent/guardian. We, myself as well as my minor child, understand that we may be held personally liable and can be fined if a patient's confidentiality is violated.

Yes \_\_\_\_\_ No \_\_\_\_\_

### ***Photo Release***

I understand that being a Junior Volunteer may attract attention from the Hospital Media Department. There is a possibility your minor child may be photographed during their time as a Junior Volunteer. I grant permission to photograph my minor child in their work or group setting as a junior volunteer.

Yes \_\_\_\_\_ No \_\_\_\_\_

### ***Waiver & Release***

I recognize that my minor child's participation in the Junior Volunteer Program may expose my child to risks associated with the physical activity and other matters, which risks include, but are not limited to serious personal injury. I, and my minor child, hereby voluntarily assume all risks of loss, damage, or personal injury that may be sustained by my minor child during their participation in the Program. I (for myself, my heirs, executors, and personal representatives) agree to release, discharge, hold harmless, and indemnify the Hospital and its employees and agents from and against any and all liability, claims or demands arising out of or related to any loss, damage, or injury that my minor child may sustain that occurs as a result of or that relates to their participation in the Junior Volunteer program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



1 of 2 Required

## Reference Letter

(Form to be completed by teacher or other suitable reference and returned to student in a sealed envelope):

\_\_\_\_\_ (Name of Student) has applied to provide volunteer services with Jackson-Madison County General Hospital and has given your name as a reference. Being a volunteer does not require professional training. Any information you might provide will be regarded as confidential.

Please complete and return to the student in a sealed envelope.

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_
3. Do you believe this person would be a good volunteer? \_\_\_\_\_
4. If yes, why do you believe this person would be a good volunteer?  
\_\_\_\_\_  
\_\_\_\_\_

5. Is this person

Prompt: Yes \_\_\_\_\_ No \_\_\_\_\_

Patient: Yes \_\_\_\_\_ No \_\_\_\_\_

Dependable: Yes \_\_\_\_\_ No \_\_\_\_\_

Courteous: Yes \_\_\_\_\_ No \_\_\_\_\_

Tactful: Yes \_\_\_\_\_ No \_\_\_\_\_

Neat: Yes \_\_\_\_\_ No \_\_\_\_\_

Respectful: Yes \_\_\_\_\_ No \_\_\_\_\_

Able to complete tasks without a great deal of supervision: Yes \_\_\_\_\_ No \_\_\_\_\_

6. Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your time and responses.

Katie Chandler, Manager, Consumer Support Services, 731-541-6154/katie.chandler@wth.org



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3. Do you believe this person would be a good volunteer? \_\_\_\_\_
4. If yes, why do you believe this person would be a good volunteer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Prompt: Yes \_\_\_\_\_ No \_\_\_\_\_

Patient: Yes \_\_\_\_\_ No \_\_\_\_\_

Dependable: Yes \_\_\_\_\_ No \_\_\_\_\_

Courteous: Yes \_\_\_\_\_ No \_\_\_\_\_

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Respectful: Yes \_\_\_\_\_ No \_\_\_\_\_

Able to complete tasks without a great deal of supervision: Yes \_\_\_\_\_ No \_\_\_\_\_

6. Comments:

\_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your time and responses.

Katie Chandler, Manager, Consumer Support Services, 731-541-6154/katie.chandler@wth.org