

**DKH** DAY KIMBALL HEALTHCARE

Junior Volunteer Program  
Application Packet

# **DKH** DAY KIMBALL HEALTHCARE

**Department of Volunteer Services**  
**320 Pomfret Street**  
**Putnam, CT 06260**  
**Phone: 860.963.6458**

Dear Applicant,

Thank you for your interest in the Day Kimball Healthcare Junior Volunteer Program. Our program is a competitive one, averaging sixty applicants every year. Because of this, the application process is more rigorous than many other volunteer programs you may have been involved in. Before filling out your application, please note that eligible applicants must:

- Complete the ninth grade by the summer you enter the program, and be between the ages of 14 and 18.
- Attend one 8-hour training day in June.
- Commit to one 8-hour day per week for the months of July and August.

It is also worth noting that attendance in the program is VERY important. If you plan to be away this summer for more than two weeks, this program is not for you. More than one unexcused absence will be grounds for dismissal from the program. In return for your dependability, you will be able to spend the summer with friends learning about various careers in the hospital setting, building up your resume, and fulfilling any community service requirements you may have.

Attached to this letter you will find an application for the program as well as a reference form to be filled out by a guidance counselor, teacher or employer. Please be sure to talk to your family and any returning Junior Volunteers you may know to be sure that the program is right for you. Keep in mind that applications will be accepted beginning January 2<sup>nd</sup>, and **only the first 50 applicants will be interviewed**. The application deadline is April 1<sup>st</sup>. Once your application has been submitted, you will receive an informational packet to give you further details on how to schedule your interview during Spring Break.

I am very excited for the summer's Junior Volunteer Program, and hope you are too. It is bound to be another great year of friends and fun, and I can't wait to meet the new additions to our volunteer family! ***Please remember to include your immunizations, personal essay, and recent photo in your application.*** If you have any questions, please feel free to contact me by phone at 860-963-6458 or by e-mail at [jjohnson@daykimball.org](mailto:jjohnson@daykimball.org)

Thank you,

Janet Johnson, Coordinator  
Pastoral Care & Volunteer Services

Interview: \_\_\_\_\_  
Immunizations: \_\_\_\_\_  
Reference (Yes or No): \_\_\_\_\_  
Orientation Date: \_\_\_\_\_

## APPLICATION FOR THE JUNIOR VOLUNTEER SUMMER PROGRAM

- We will begin accepting applications **January 2<sup>nd</sup>**. Applications received before then will be sent back.
- Interviews will only be offered to the **first 50 applicants**.
- Applicants must have completed the ninth grade by the summer of entrance into the program.
- Please review the cover letter for other program requirements.
- The deadline for applications is **April 1<sup>st</sup>**.

\* To Be Included With Application \*

1. Immunization records from your Primary Care Physician

2. **ESSAY:** Include a 250-word essay explaining why you feel that you would be a good addition to the Junior Volunteer Program. You may include aspects of your personality, educational background and hopes for your future.

3. Reference form filled out by a Guidance Counselor, Teacher or Employer.

4. Recent photo.

Mail to:  
Day Kimball Hospital  
Department of Volunteer Services  
320 Pomfret Street  
Putnam, CT 06260

### Applicant Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Unit No.: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information

Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### School Information

High School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ High School Grad. Year: \_\_\_\_\_

List Interests/Hobbies/Talents/Extra Curricular Activities: \_\_\_\_\_

Are you employed? \_\_\_\_\_ Where? \_\_\_\_\_ How many hours a week? \_\_\_\_\_

**Parent/Guardian:** I give permission for my son/daughter \_\_\_\_\_ to volunteer his/her services at Day Kimball Hospital for one 8-hour day per week for the duration of the Junior Volunteer Summer Program. I understand that participants are not allowed to be gone for more than 2 weeks during their time in the program. I also understand that if my child is accepted to the program, it is mandatory that they attend a training session during the last week of June from 8:00 am to 4:00 pm at Day Kimball Hospital.

PARENT/GUARDIAN SIGNATURE x \_\_\_\_\_

**Applicant:** By signing below, I understand that if I am accepted into the Junior Volunteer Program, it is mandatory that I attend a training session during the last week of June from 8:00 am to 4:00 pm at Day Kimball Hospital. I am also committed to volunteering one 8-hour day per week.

STUDENT SIGNATURE x \_\_\_\_\_

Department of Volunteer Services  
 320 Pomfret Street  
 Putnam, CT 06260  
 Phone: 860-963-6458  
 Fax: 860-963-6043

## JUNIOR VOLUNTEER REFERENCE FORM

Applicant Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

(\*Must be Guidance Counselor, Teacher or Employer)

PLEASE CHECK THE FOLLOWING:

General Characteristics	Excellent	Good	Fair	Poor
Hygiene, neatness/grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider the applicant's special qualities of personality or character?

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Additional Comments:

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Signature: \_\_\_\_\_

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