

## **JUNIOR VOLUNTEER APPLICATION PACKET AND INSTRUCTIONS**

Thank you for your interest in applying to Sharp Chula Vista's Junior Volunteer program. The following information will help guide you through the application process. This is a highly sought after and competitive program. As such, our application and interview process ensures we select those applicants most suited for success as a volunteer. The application and onboarding process is lengthy and detailed, often taking up to four months before active volunteering begins.

### **ALL APPLICANTS MUST MEET THE FOLLOWING CRITERIA:**

1. Be at least 14 years old and have completed the 8th grade
2. Have a minimum GPA of 3.0

### **EXPECTED COMMITMENT:**

1. Long-term volunteer opportunity. Minimum of one year, with the option to continue beyond one year.
  - a. Because of the one-year commitment, we only accept applications from students in grades 9 through 11. Deadline for 11<sup>th</sup> graders to apply is December 31 of junior year.
  - b. High school seniors are welcome to apply to our college or adult program once they graduate.
2. Shifts are 2-4 hours, once per week.

### **APPLICATION and ONBOARDING PROCESS:**

1. APPLICATION:
  - a. Return the completed application packet to Sharp Chula Vista Volunteer Services Office. Application must be signed where designated. Completed packet will include: application, parental consent, unofficial transcript and teacher evaluation form.
  - b. An incomplete application will not be considered. If your application is incomplete in any way, Sharp Chula Vista Volunteer Services is not obligated to notify you.
  - c. We do not accept court ordered volunteers.
2. INTERVIEW:
  - a. Those applicants being considered for an available position will be invited to an interview. Interviews are conducted on an ongoing basis.
  - b. Those not being considered for an interview will receive written notification either by mail or email. It is not our policy to give feedback as to why an applicant was not selected.
  - c. During the interview every attempt is made to match applicants to the most appropriate service area with regard to scheduling, skills and interests.
3. ORIENTATION AND TRAINING:
  - a. If after being interviewed, we have a placement for you, you will be notified by email of your acceptance and will be given detailed instructions to complete the onboarding process.
  - b. Upon acceptance, you will learn which position you have been assigned.
  - c. Volunteer Services staff reserves the right to place you in a high priority position. You reserve the right to accept or decline the position being offered.
  - d. Onboarding includes: online and in-person orientations, completion of required training and documentation forms, health clearance, uniform purchase and ID issue.
  - e. Training in your assigned position takes place after completion of all onboarding requirements. Training is conducted with an experienced volunteer or staff member.
  - f. After successful completion of position specific training sessions, you will begin volunteering on your assigned shift.

**HEALTH REQUIREMENTS:**

If accepted as a Junior Volunteer, below are the Health Requirements. **NO ACTION IS REQUIRED AT THIS TIME.** More information regarding these requirements will be provided at the orientation.

1. MMR Vaccine (Measles/Mumps/Rubella) documentation or titer
2. Varicella vaccine (chickenpox) documentation or titer
3. Pertussis vaccine (Tdap) documentation
4. COVID vaccination documentation or receive vaccine from Sharp Healthcare
5. Influenza vaccination documentation, sign declination or receive vaccine annually from Sharp Healthcare
6. TB Testing: QFT blood draw or provide documentation QFT within 90 days of your scheduled appointment

If you have any questions, please call the Volunteer Service office at (619) 502-3606 or email us at [scv.volunteers@sharp.com](mailto:scv.volunteers@sharp.com).

**Please return this completed application packet in person or by mail to:**

Sharp Chula Vista Auxiliary  
751 Medical Center Court  
Chula Vista CA 91911

**Complete packet includes:**

- Junior Volunteer Application
- Consent for a Minor to Participate in Volunteer Activities
- Unofficial transcript
- Teacher Evaluation Form

**JUNIOR VOLUNTEER APPLICATION**

**AGES: 14 to 17**

**MINIMUM GPA: 3.0**

**COMPLETE PACKET INCLUDES:**

**application, parental consent, unofficial transcript and  
teacher evaluation form**

For office use only:

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

Confirmation sent: \_\_\_\_\_

Vsys entered: \_\_\_\_\_

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

Interview scheduled: \_\_\_\_\_

Vsys update: \_\_\_\_\_

Pin #: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

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

Primary phone: \_\_\_\_\_

Indicate phone type: Mobile Home

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

Grade: \_\_\_\_\_ Graduating Class: \_\_\_\_\_

Birth month and day: \_\_\_\_\_ / \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

List any current or upcoming clubs, sports, or other activities you are/will be involved in:

\_\_\_\_\_  
\_\_\_\_\_

List any volunteer experience. Provide name of organization and dates of service:

\_\_\_\_\_  
\_\_\_\_\_

List any current employers:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any family members or friends currently working or volunteering for Sharp HealthCare?

No  Yes, please list:

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

Do you speak any other languages? If yes, list: \_\_\_\_\_

Do you have any physical restrictions that would require accommodations? If yes, please explain:

\_\_\_\_\_

Parent/Guardian information:

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

Mobile number: \_\_\_\_\_

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

Mobile number: \_\_\_\_\_

Person to notify in case of emergency (other than parent/guardian):

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

Mobile number: \_\_\_\_\_

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

***Feel free to answer questions on a separate document and include with application packet.***

How did you become interested in volunteering and why did you choose Sharp Chula Vista?

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What does the “Sharp Experience” mean to you?

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What interests and skills do you have that would make you a great asset to the “Sharp Experience”?

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Write about what you do to make a positive first impression:

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Describe how you express gratitude and appreciation, or how you recognize the accomplishments of others?

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What are your career goals?

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**Volunteer Positions:**

Please check all positions that interest you:

**Patient Support**

- Birch Patrick Activities Aide
- Patient Activity Cart
- Music for Healing

**Customer Service**

- Ambassador / Escort
- Gift Shop
- Maternity Aide

**Department Support**

- Central Supply Runner
- Laboratory Aide
- Pharmacy Runner

**Volunteer Schedule:**

Please check all days and times that may work for you so we can find you the best shift.

*In accordance with federal and state child labor laws, minors under the age of 16 years are not permitted to work past 7 p.m. on school days. Please take this into consideration when selecting availability.*

	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon start time 3 p.m. or 4 p.m.					
Evening start time 6 p.m.					

	Saturday	Sunday
Mornings 9-12		
Midday 12-3		
Afternoons 3-6		
Evenings 6-8		

**Certification: Prospective Junior Volunteer Signature**

I certify that the answers given by me to the foregoing statements are correct and without omissions. I authorize Sharp Chula Vista Auxiliary and/or Medical Center to investigate the foregoing, and any other information, which might assist them in determining my qualifications for volunteering. I release Sharp Chula Vista Auxiliary and Medical Center and my former employers from any liability for damage, which may result from any such investigation. If, upon investigation anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the volunteer period. Documentation of eligibility to work in the United States will be required in compliance with the Immigration Reform Act of 1986. I certify the above is true to the best of my knowledge.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR A MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES

### THIS FORM IS TO BE FILLED OUT BY PARENT/GUARDIAN

This will authorize (name of minor) \_\_\_\_\_, a minor, to participate in volunteer activities at Sharp Chula Vista Medical Center, as prescribed by the Manager of Volunteer Services or the designated representative. I understand that my son/daughter's services are donated to Sharp Chula Vista Medical Center without compensation and without anticipation of future employment.

I release Sharp Chula Vista Medical Center and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by and due to neglect or willful misconduct on the part of the medical center, while participating in such volunteer activities.

I authorize the Sharp Chula Vista Medical Center Manager of Volunteer Services and/or their designee as my agent(s) to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, and who is on the medical staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide the authority and power on the part of my aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician, in the exercise of their best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California and shall remain effective for the period of time my son/daughter is a junior volunteer at Sharp Chula Vista Medical Center unless revoked in writing and delivered to the Manager of Volunteer Services prior to that time.

In accordance with federal and state child labor laws, minors under the age of 16 years are not permitted to work past 7 p.m. on school days. As such, I release information regarding my son/daughter's date of birth to Sharp Chula Vista Medical Center Volunteer Services department, so that appropriate placement and legal compliance can be maintained.

My son/daughter's date of birth is \_\_\_\_\_ Month/day/year

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHER EVALUATION FORM**

Page 1 of 2

The student below is applying to become a Junior Volunteer at Sharp Chula Vista Medical Center. He/she will be assisting with basic hospital duties, such as transporting equipment, engaging in patient contact, and working with confidential paperwork. Volunteering at Sharp Chula Vista Medical Center calls for maturity, a sense of responsibility, dependability, and sound ethical conduct. As such, it is our policy to screen all applicants and would appreciate your help in this process.

**THIS PORTION IS TO BE FILLED OUT BY APPLICANT**

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

School: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

**THIS PORTION IS TO BE FILLED OUT BY PARENT/GUARDIAN**

The teacher has my permission to release the below information to the Sharp Chula Vista Auxiliary.

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please enclose the following forms in a sealed envelope (separate from your application):**  
**Teacher Evaluation Form pages 1 and 2**

## TEACHER EVALUATION FORM

Page 2 of 2

### THIS PORTION TO BE FILLED OUT BY TEACHER

**GPA:** \_\_\_\_\_ (must be at least 3.0 overall to qualify for the volunteer program)

**The volunteer work that is performed at Sharp Chula Vista is significant to our “Sharp Experience” culture. We weigh this evaluation form highly when selecting top candidates. Please evaluate and rate carefully, and include any comments you feel may be helpful.**

	Excellent	Average	Poor	Not Sure Insufficient information	Comments
Attendance					
Scholarship					
Self-control					
Trustworthy					
Integrity					
Responsibility					
Personality					
Loyalty					
Follows instructions					
Circle your overall recommendation (10 being highly recommend): 1 2 3 4 5 6 7 8 9 10					

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

In what class do you have this student? \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### THIS FORM MUST BE IN SEALED ENVELOPE WHEN SUBMITTED