

## Sentara CarePlex Volunteer Services

Dear Junior Volunteer Applicant,

Thank you for your interest in becoming a Junior Volunteer at Sentara CarePlex Hospital. Enclosed is the application that includes a Parental Permission section. **PLEASE NOTE:** *Applications must be completed by the Junior.* Complete all the information and submit a copy of your most recent grades. A minimum GPA of 2.50 is required.

Please return the application packet to Sentara CarePlex Hospital no later than **Monday, June 3, 2024.**

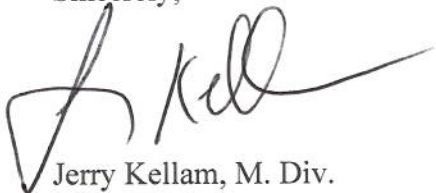
Upon receipt of your application packet, you will be contacted to set up an interview appointment. **While we would like to accept every applicant, we can only accommodate a certain number of students each year.** If selected for the 2024 Junior Volunteer Program, it will be explained that each applicant will be required to comply with the following items before becoming an active volunteer:

1. **You are required to commit to volunteer four days a week (Monday-Thursday) from 10am to 2pm.**
2. You must be 14 years old.
3. Our Employee Health Department will need proof of immunization. This will be discussed at the interview.
4. Blood work will be drawn. This requires a parental permission slip and the accompaniment of a parent or other responsible adult for the screening. The screening is given by our Employee Health Department, at no charge. Forms will be given at the interview.
5. Must attend a mandatory Junior Volunteer Orientation.
6. Required to wear a uniform shirt which is free through the Volunteer office. Also, required to wear black slacks or khaki pants (no denim or leggings).
7. Two letters of recommendation.
8. 90% attendance is required

**The summer program will begin Monday, July 15<sup>th</sup> and will end on Wednesday, July 31<sup>st</sup>.**

Please submit application to Tamia Corey, email: [TCCOREY@sentara.com](mailto:TCCOREY@sentara.com) office:  
757.827.2141

Sincerely,



Jerry Kellam, M. Div.  
Manager, Volunteer Services



S E N T A R A

Sentara Healthcare  
Volunteer Application  
Junior Program  
(Application Must Be Completed By Jr.)

Application Date: \_\_\_\_\_ Date Received in Office: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_  
Last First Home Cell

Address: \_\_\_\_\_  
Number and Street City State Zip

Will you be 14 years old by June 3<sup>rd</sup> of this year?  Yes  No

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

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_  
Name Relationship

Emergency Contact Phone number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work

**Education:**

Please Provide Copy of Last Semester Grades

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

Career Goal: \_\_\_\_\_

**References (2 Non-related):**

(1). Academic Teacher \_\_\_\_\_ / \_\_\_\_\_  
Name Phone No

(2). \_\_\_\_\_ / \_\_\_\_\_  
Name Phone No

(3). \_\_\_\_\_ / \_\_\_\_\_  
Name Phone No

**Parental Permission:**

I, \_\_\_\_\_, Give Permission For \_\_\_\_\_  
(Parent or Legal Guardian) (Jr.)

To Participate In The Sentara Healthcare Jr. Volunteer Program, At Sentara CarePlex Hospital.

**Sentara Healthcare  
Volunteer Application  
Junior Program  
(Application Must Be Completed By Jr.)**

**Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

*I Certify That The Information Contained In This Application Is True In All Respects. I Understand That If Any Information Is Found To Be False, I Am Subject To Dismissal Without Notice.*

**Jr. Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

