

Application for Summer Junior Samaritan Program – 2019

Please Print:								
Name of Junior Sama	ritan Applicant	/ Date						
Birth Date:	Cell Phone:							
E-Mail:								
Street Address	City/State	Zip Code						
School:	Grade (going into):							
Volunteer Experience:								
Work Experience:								
	ts:							
NEW APPLICANTS- Essay Ques double spaced) • New Junior Samaritan Vol Samaritan Volunteer at St. Junior Samaritan voluntee	tion: (Please answer on separate page unteer Applicants: What interests you hope to said what life and/or volunteer exposures; and what life and/or volunteer?	ge in 200 to 300 words, typed and you about becoming a Junior o gain from your experience as a						
		ng						

^{*}Junior Samaritans will be assigned in areas of need throughout the hospital.

In order for your a	application to be acce	epted, please choose	a minimum	of the requir	ed 36 hours of s	ervice.		
Which weeks do yo	ou plan to participate	? (Check all that app	oly.) Juniors v	will not work	on July 4th			
6/10 to 6/14	6/17 to 6/2	1	6/28	7/1 to 7/5	7/8 to 7/1	12		
7/15 to 7/19	7/22 to 7/20	6 7/29 to	8/2 🗌 8	3/5 to 8/19				
Which days of the Wed. & Thurs., etc	week? (<u>You may cho</u> c.)	oose up to 2 days . Fo	or Example: M	lon. & Thurs.,	, Tues. & Fri.,			
Monday	Tuesday	dnesday 🔲 Thu	rsday	Friday				
Indicate the shift y 3 Hours 9:00A.M 12:0	3 Ho	ours .2:30P.M 3:30P.M.	_	rs (with ½ hou A.M 3:30P.I	=			
St. John's Hospital.	yth khaki or black pan . The shirt must be tu ch pants; piercings, e etc.).	ucked in. The follow	ng are <u>not</u> pe	ermitted: jea	ns/denim, cargo	,		
Returning Junior Samaritans: Please wear your polo shirt that was provided for you last year. If you do not have last year's shirt, you may purchase an additional shirt for \$10.00.								
New Junior Samaritans: You will be required to purchase at least one polo shirt at \$10.00 (cash or check.)								
If you require a new shirt this year, please check your size below.								
Adult (Small)	Adult (Medium)	Adult (Large)	Adult (E	Extra Large)	Adult (2X)			
Parent('s) or Guardian('s) name(s):								
Address								
Sti	reet		City	State	Zip			
Primary Phone Number		Alternate Phone Number						
PLEASE READ THIS STATEMENT CAREFULLY!								
I hereby affirm that the information given by me on this application is true, accurate, and complete. I understand that any falsification or omission will be immediate grounds for dismissal from the volunteer program.								
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Signature of Appli	cant		Date:_					

Scheduling: Please mark the weeks you would like to participate in the Junior Samaritan program.