

Saint Alphonsus Junior Volunteers

What is the Saint Alphonsus Junior Volunteer Program?

It is an organization of teenage volunteers who give of their time, without pay, to provide essential services that help the medical center, and add to the comfort and happiness of the patients, staff and visitors.

What Will Volunteers Get Out of This?

This is an opportunity for you to learn new skills, develop new interests, make new friends, grow in understanding and **most importantly** enjoy the satisfaction that comes **from helping others**.

What Are the Requirements For Membership?

- Age: You must be 14 years old by the date of application. If you will not be 14 until a later date, please complete the application and you will be contacted when you become 14.
- GPA: A 2.5 grade point average **is preferred**. If there is a problem with grades or something that needs to be explained, an interview time is provided for each person making application.

Do I Need to Fill Out an Application Form?

- Yes The completed application form consists of:
- a. The first page of the application needs to be filled out by the applicant. The applicant **and** parents or guardian **must** sign the back of the application.
 - b. Two reference forms must be completed by an adult who knows you well. **No** relatives may be used as references. Good people to ask include teachers, your minister, an employer, someone you baby-sit for, a friend's mother, etc.
 - c. The school counselor's form includes:
 1. the most recent semester **GPA**
 2. comments about tardies and absences last semester
 3. comments on maturity and responsibility

What Services are Available?

Floor Service:

One (1) Junior Volunteer is assigned to each nursing station. The duties are: to make pick-up and deliveries at the nursing station, laboratory or the storeroom. The Junior Volunteers assist in dismissing patients, watering the flowers in patient's rooms and delivering the mail and flowers to patients.

School Year:

Saturday

10 am – 2 pm

Summer:
Monday – Friday 9 am – 1 pm
Saturday and Sunday 10 am – 2 pm

Floater Service:

Junior Volunteers are scheduled each shift to run errands as requested by each of the nursing stations. These errands include dismissing patients, making pick-ups and deliveries at the nursing stations, laboratory, or other designated locations. They also deliver flowers and plants as well as mail.

School Year:
Monday-Friday 4 pm – 6 pm
Saturday and Sunday 9 am - 1 pm and 10 am – 2 pm

Summer:
Monday-Friday 8 am – 12 noon and 12 noon – 4 pm
Saturday and Sunday 10 am – 2 pm

Welcome Center

After a Junior Volunteer has been with our program for two years, a Junior may be invited to volunteer at the Welcome Center.

Gift Shop

After a Junior Volunteer has been with our program for two years, a Junior may be invited to volunteer in the Gift Shop.

How Often Do We Volunteer?

During the school year we ask that you volunteer two (2) shifts per month and during the summer we ask that you volunteer one (1) shift per week.

School Vacations

Junior Volunteers are encouraged to volunteer during both Spring and Christmas school vacations. It is a good way to get extra hours!

Annual Functions

Awards Program is usually held in the fall. One star is usually awarded for each fifty (50) hours of volunteer service.

Senior Dinner is held in April/May. It's a time for us to say good-bye to those junior volunteers who are graduating from high school. This function is for the Graduates, their parents, Two of a Kind partners and the Junior Auxiliary Board of Directors.

Festival of Trees is over the Thanksgiving weekend.

Application for Membership
Saint Alphonsus Junior Volunteer Program
1055 N. Curtis Rd., BOISE, IDAHO 83706

This completed and signed application, two (2) written recommendations, report from your school and a personal interview with the Junior Volunteer advisors are required.

Date _____

Name (Last, First, MI) _____ , _____

Address _____

City, State Zip _____ , _____

Phone _____

Last school & grade completed _____

Will you be able to volunteer two (2) shifts monthly during the school year? *yes no*

Will you be able to volunteer a minimum of four (4) shifts monthly during the summer? *yes no*

Please give us the name and address of two (2) adults (not relatives) who know you well:

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Please write us a short paragraph telling why you would like to be a Junior Volunteer:

I have read the informational brochure and if accepted for membership, I agree to carry out the responsibilities of and abide by the rules of the Saint Alphonsus Junior Volunteers. I also authorize a representative of Saint Alphonsus to check my personal/professional references.

Signature of applicant

I have read the informational brochure and give my consent as a parent/guardian to allow this applicant to serve as a Saint Alphonsus Junior Volunteer.

Signature of Parent/Guardian

**Recommendation For Membership
In
Saint Alphonsus Junior Volunteer Program**

Student's Name _____

Address _____

City, State Zip _____ , _____ _____

Phone _____

School _____

How long have you known the applicant and in what capacity?

What do you consider the chief qualities of strength or weakness of this applicant?

Additional Comments

Your Signature

Thank you for your consideration.

Please mail directly to:

Saint Alphonsus Volunteer Services
1055 N. Curtis Rd.
Boise ID 83706

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Saint Alphonsus Junior Volunteer Program**

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Release Authorization

Saint Alphonsus Volunteer Services seeks information on grade point average, dependability and personal fitness.

I Hereby Authorize The Release Of All Information Contained In The School Records Of

Student name

To:

Saint Alphonsus Volunteer Services
1055 N. Curtis Rd.
Boise ID 83706

Student's Signature

Date

Witness Signature

Date

Parent's Signature

Date

School Recommendation
Saint Alphonsus Junior Volunteer Program

CONFIDENTIAL

Student's Name _____

Address _____

City, State Zip _____, _____

Phone _____

School _____

Please Tell Us About This Student's:

Dependability (Attendance-Tardiness)

Personal Fitness (Maturity-Responsibility)

G.P.A. *(Please List The Most Recent Semester's G.P.A. And Also The Semester Date)*

Additional Comments

Signature of Counselor

Date _____

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