Summary
Hello! Thank you for your interest in the volunteering at UVA Culpeper Medical Center. On the enclosed pages you will find our junior volunteer application packet. Please be sure to review and complete all sections. Incomplete applications will not be considered. You will note there are several items that require parent/guardian review and signature; we advise that applicants thoroughly review the application packet with their parent/guardian. Mandatory orientation is June 13th, 9am – 4pm; exceptions will not be granted.

The UVA Culpeper Medical Center volunteer program goal is to support our patients and community. Our volunteer program mission is to promote and provide an extraordinary patient experience by exemplifying the UVA Community Health Mission Vision & Values. Our Culpeper Medical Center volunteer vision is to grow our robust volunteer program, in turn adding value to our volunteers’ lives. Our volunteers donate their time and talent in a variety of service areas within Culpeper Medical Center and our junior volunteer program is an excellent experiential learning opportunity!

Application packet
Please complete the application packet and follow the instructions to submit one of 3 ways:

USPS mail:
Attn: Volunteer Programs
UVA Culpeper Medical Center
501 Sunset Lane
Culpeper, Virginia 22701

Drop off in person: The above address, at the first floor main lobby reception desk, in a sealed envelope attn: Volunteer Programs

Scan and email to: volunteers@culpeperhospital.com

There are two (2) reference forms included in the application packet. We must have two (2) satisfactory references (please no relatives) prior to your orientation. Suggested references: teachers, school administrators, guidance counselors, clergy, employers, youth group leaders, etc. Parents/guardians - be sure to complete the attached Volunteer Health Assessment form and include records with your application.

Please note that applications are due May 15th by end of business, and any application items received via USPS mail must be post marked on or before the due date.

Next steps
We will notify via email junior volunteer applicants by May 22nd, of their acceptance status. The email will include orientation details.

Orientation, assignments, training, schedules, uniforms & cafeteria
Junior volunteers will attend a mandatory full day of orientation on June 13th (see above). Exceptions will not be granted. All volunteers are required to wear the Culpeper Medical Center volunteer uniform (see section D):
- Navy vest or smock that you will purchase from Culpeper Medical Center volunteer programs ($20)
- White collared golf style (polo style) shirt (long or short sleeved), that you will provide
- Khaki tan or light brown pants or skirt, that you will provide
- Comfortable, fully enclosed shoes (ex: sneakers) in good repair, that you will provide
- All items must meet current CPMC dress code standards; this information will be provided during orientation
- Volunteers receive 1 free CPMC cafeteria meal per scheduled day

Assignments are determined according to role, department, and areas of greatest need. We do our best to consider scheduling requests (see section D), however, cannot guarantee.

Our junior volunteers will always be under the advisement and guidance of the staff in their assigned service area.

We welcome you to continue the legacy of volunteerism at UVA Culpeper Medical Center. The future belongs to you!

Questions? Email: volunteers@culpeperhospital.com –or– call: 540-829-4280
# Section A

**TO BE COMPLETED BY APPLICANT**

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<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<th>House #</th>
<th>Street</th>
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<td>(Mailing Address)</td>
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<th>Date of Birth: Month Day Year</th>
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<th>Cumulative Grade Point Average (GPA) to date: __________</th>
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<th>YES ___ NO ____</th>
<th>If yes, what major: _____________________________</th>
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<td>6.</td>
<td>Are you planning to go to college:</td>
<td>Are you planning to go to trade school: YES ___ NO ____</td>
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<th>YES ___ NO ____</th>
<th>If yes, what program: _____________________________</th>
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<th>Name of high school attending: _____________________________</th>
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<th>Favorite class and why: _____________________________</th>
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<th>In a few sentences (no more than 3) name a teacher who inspires you and why:</th>
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|   | _____________________________ |
Section A continued

**TO BE COMPLETED BY APPLICANT**

Please type or print neatly

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| 8. | A. List all academic honors and awards while in high school:  
________________________________________________________________________________________  
________________________________________________________________________________________  
________________________________________________________________________________________  
B. List all extracurricular and membership activities (sports, clubs, etc. – include year of participation):  
________________________________________________________________________________________  
________________________________________________________________________________________  
________________________________________________________________________________________  
C. List all community and volunteer service (include year of participation):  
________________________________________________________________________________________  
________________________________________________________________________________________  
________________________________________________________________________________________  
D. Use this space to detail any additional item you wish to be considered:  
________________________________________________________________________________________  
________________________________________________________________________________________  
________________________________________________________________________________________  
| 9. | Will you have a job during the summer? ____YES   ____NO  
| 10. | What is your favorite candy bar or snack item? ________________________________ |
Section B

TO BE COMPLETED BY PARENTS/GUARDIANS

Please type or print neatly

11. Name of parent(s) or legal guardian(s) _________________________________________________________

Home/mobile phone of parents or legal guardians: (_____)_____________ Work phone: (_____)_____________
(_____)_____________

Parent/guardian Email: _______________________________________

Media Release & Consent

I ____________________________________, give my permission for my minor child ____________________________________ to be photographed, filmed
(Print parent/guardian name) (Student printed name)
and/or recorded as described below.

I understand that the photograph(s), film(s) or other recording(s) may be used for media purposes to promote Culpeper Medical Center student and community programs.

- I have read and understand this information.
- I am permitted to act on behalf of the student to sign this document. My signature verifies permission to photograph, film or record under the above stated terms.

Signature of Authorized Person: __________________________ Date: ______________

Relationship to student: ________________________________

Section C

TO BE COMPLETED BY APPLICANT

Please type or print neatly

12. ESSAY

On a separate sheet please attach (staple) a typed essay (250 – 300 words) answering the question(s) below.

- Your essay must be well composed, with a clear thesis.
- Be sure to place your full name in the header.
- Be sure to staple your essay to this application packet.

Question: What does community service mean to you and how do you think volunteering at Culpeper Medical Center will benefit you?
Section D

TO BE COMPLETED BY PARENTS/GUARDIANS & APPLICANT

Please type or print neatly

13. **UNIFORM**
You will purchase from us your navy blue smock or vest which will be issued at orientation:

ENTER SIZE HERE: ______________ (Available in adult sizes XS – 5XL)

CHECK ONE: _____ Smock  _____ Vest

*Be sure to include $20.00 for smock/vest purchase or application will be considered incomplete.*

*(Money will be refunded if not selected for the program.)*

You are responsible for the rest of the uniform which consists of:
- White golf style collared shirt (long or short sleeve)
- Khaki tan or light brown pants (length must break on shoe) or skirt (length meets knee)
- Sneakers or comfortable closed shoes in good repair

14. **SCHEDULE**
Schedules will be determined with fairness to every participant.
Junior volunteers will be scheduled weekdays between the hours of 9:00am to 5:00 pm.
Shifts are typically 2-4 hours, twice weekly. Schedules will be issued and reviewed during orientation.

Specify days applicant absolutely *cannot* work by crossing through with an *X* on those days below

-AND-

provide hours available on the days applicant can volunteer by writing on the line below each day:

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Scheduled vacation dates: __________________________________________________________

**RIDESHARE**: I would like my child to carpool with _______________________________.

*(Name of other applicant)*

Please note: Transportation to/from volunteering assignments at Culpeper Medical Center is the sole responsibility of the volunteer. Junior volunteers will need to arrive on time and depart once their shift ends. Parents/guardians, we ask that you make this commitment with the applicant.
Section E
TO BE COMPLETED BY APPLICANT & PARENTS/GUARDIANS

Please type or print neatly

Attestation

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if selected to this program, my picture may be taken and used to promote UVA Community Health volunteer, student, and community programs.

I hereby understand that if selected to the program, I am committing to the UVA Community Health Mission Vision & Values, all policies, procedures, and guidelines. Expectations will be reviewed during orientation and I understand the importance of this commitment.

I hereby understand incomplete applications will not be considered. I understand the June 13th full day of orientation is mandatory, if I am selected to this program.

I have reviewed this packet in its entirety, with my parents/guardians.

Signature of applicant: __________________________________ Date: ___________________

Signature of parent/guardian: _________________________________ Date: ___________________

Checklist – be sure that all components are complete before submitting your application packet:

___ Application
___ Essay (attached)
___ Applicant signatures
___ Parent/guardian signatures
___ Thorough review of sections A, B, C, D, E with parents/guardians and applicant
___ Completed Employee Occupational Health form and immunization records
___ $20 smock or vest payment
___ 2 references
___ Introduction page retained for your records

Questions? Email studentprograms@culpeperhospital.com

Thank you!