PROGRAM REQUIREMENTS
1. Must be a student enrolled in the 9th through 12th grade and be 14 to 18 years of age.
2. Must maintain minimum of 3.0 grade point average (“B”).
3. Must be available to volunteer a minimum of 3.0 hours per week and complete 100 hours or more.
4. Must be in good health.

APPLICATION INSTRUCTIONS
1. Download, print, and complete the San Antonio Community Hospital Junior Volunteer Program 2012 Application.
2. Attach most recent report card or transcript.
3. Attach letter of reference written by a faculty member of your school.
5. Attach a 200-word essay (see instructions below).
6. Mail completed applications and required documents to:
   San Antonio Community Hospital
   999 San Bernardino Road
   Upland, CA 91786
   Attention: Volunteer Services / Kim Vollers

   All completed applications must be received by May 23, 2012

ESSAY INSTRUCTIONS AND QUESTIONS
In your own words, please answer the following questions:
1. What is your motivation for volunteering at San Antonio Community Hospital?
2. What do you feel you would contribute to our Junior Volunteer Program?
3. Discuss a time when you felt you were wronged, and how you dealt with it.
4. Please describe a situation in which you were able to prove yourself to be reliable, self-motivated, and hard-working.
5. Explain why you should be selected to participate in the Junior Volunteer Program.

SELECTION PROCESS
Each application will be reviewed by a panel including Volunteer Board Members and Hospital Staff.
Chosen candidates will be informed by mail on or before June 8, 2012 and will be given further instructions regarding the orientation process.
IMPORTANT: Please print clearly and complete entire form to be considered. Attach all required documents.

Name (First, Middle, Last) ___________________________________________ Date of Birth ________________

Street Address ________________________________________ Cell Phone ___________________ Home Phone ______________

City, State, Zip ___________________________________________ Email __________________________

ACADEMIC BACKGROUND

School You Attend _______________ City __________________________ Year of Graduation _____________

GPA ______________ Honors Received _______________________________________________________________________

COMMUNITY SERVICE ACTIVITIES AND/OR VOLUNTEER SERVICES

List the activities in which you have been involved. Indicate name of organization, a brief description of your duties, and dates and number of hours you served. If necessary, attach a separate page to indicate additional community service activities.

Organization ___________________________________________ Name of Contact _____________________

Start Date/End Date _______________ Duties __________________________________________________________

_____________________________________________________________________________________________________

EMPLOYMENT HISTORY

Please indicate any jobs you have had. If necessary, attach a separate page to indicate additional job history.

Company and Address __________________________________________________________________________________________

Name of Supervisor_________________________________________ Start Date/End Date  ________________________

Reason for Leaving _________________________________________________________________________________________________

Job Title and Duties _________________________________________________________________________________________________

EXTRACURRICULAR ACTIVITIES

Sports _______________________________________________________________________________________________________

School Clubs __________________________________________________________________________________________________

Student Government _____________________________________________________________________________________________

Are you related to any present employee or physician of San Antonio Community Hospital? If yes, please specify whom and relationship: _______________________________________________________________________________________________________

I have read the San Antonio Community Hospital Junior Volunteer Program requirements and application instructions and if selected, I agree to adhere to the guidelines of the program and all applicable Hospital policies and procedures.

Signature ___________________________________________________________ Date ______________

Parent Signature ______________________________________________________ Date ______________