



**Junior Volunteer Program
Application Packet
2026**

DKH DAY KIMBALL HEALTH

Dear Applicant,

Thank you for your interest in the Day Kimball Healthcare Junior Volunteer Program. Our program is a competitive one, averaging sixty applicants every year. Because of this, the application process is more rigorous than many other volunteer programs you may have been involved in. Before filling out your application, please note that eligible applicants must:

- Complete the ninth grade by the summer you enter the program, and be between the ages of 14 and 18.
- Attend one **mandatory** 8-hour training day on either **6/25 or 6/26**.
- Commit to one 8-hour day per week for the months of July and August.
- Have completed the COVID-19 Vaccine Series and Flu Vaccine or sign a refusal form.

It is also worth noting that attendance in the program is VERY important. If you plan to be away this summer for more than two weeks, this program is not for you. More than one unexcused absence will be grounds for dismissal from the program. In return for your dependability, you will be able to spend the summer with new friends learning about various careers in the hospital setting, building up your resume, and fulfilling any community service requirements you may have.

Attached to this letter you will find an application for the program as well as a reference form to be filled out by a guidance counselor, teacher or employer. Please be sure to talk to your family and any returning Junior Volunteers you may know to be sure that the program is right for you. Keep in mind that applications will be accepted until **March 15th**. Once your application has been submitted, you will receive an informational packet **via email** to give you further details on how to schedule your interview during Spring Break (4/13-4/17).

I am very excited for the summer's Junior Volunteer Program, and hope you are too. It is going to be another great year of exploration, new friends and experiences! **Please remember to include your immunizations, personal essay, and recent photo in your application, incomplete applications will be returned.** If you have any questions, please feel free to contact me by phone at 860-963-6458 or by e-mail at jjohnson@daykimball.org

Thank you,



Janet Johnson, CAVS
Coordinator Volunteer Services



APPLICATION FOR THE JUNIOR VOLUNTEER SUMMER PROGRAM

- Interviews will only be offered to the **first 40 applicants**.
- Applicants must have completed the ninth grade by the summer of entrance into the program.
- Please review the cover letter for other program requirements.
- The deadline for applications is **March 15th**

*** All items must be included with application, incomplete applications will be returned ***

- ✓ Immunization records from your Primary Care Physician (please include COVID-19 Vaccine Series and Flu Vaccine if received. If not, a refusal form will need to be completed if accepted into the program.)
- ✓ **ESSAY:** Include a 250-word essay explaining why you feel that you would be a good addition to the Junior Volunteer Program. You may include aspects of your personality, educational background and hopes for your future.
- ✓ Reference form filled out by a Guidance Counselor, Teacher or Employer. In sealed envelope.
- ✓ Recent photo.

Mail to:
Day Kimball Hospital
Department of Volunteer Services
320 Pomfret Street
Putnam, CT 06260

Applicant Information

Date: _____ Name: _____ Date of Birth: _____

Mailing Address: _____ Apt./Unit No.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact Information

Guardian 1: _____ Relationship: _____ Phone: _____

Guardian 2: _____ Relationship: _____ Phone: _____

Other: _____ Relationship: _____ Phone: _____

School Information

High School: _____

Current Grade: _____ High School Grad. Year: _____

List Interests/Hobbies/Talents/Extra Curricular Activities: _____

Are you employed? _____ Where? _____ How many hours a week? _____

Parent/Guardian: I give permission for my son/daughter _____ to volunteer his/her services at Day Kimball Hospital for one 8-hour day per week for the duration of the Junior Volunteer Summer Program. I understand that participants are not allowed to be gone for more than 2 weeks during their time in the program. I also understand that if my child is accepted to the program, it is **mandatory** that they attend a training session on either **6/25 or 6/26** from 8:00 am to 4:00 pm at Day Kimball Hospital.

PARENT/GUARDIAN SIGNATURE x _____

Applicant: By signing below, I understand that if I am accepted into the Junior Volunteer Program, it is **mandatory** that I attend a training session on either **6/25 or 6/26** from 8:00 am to 4:00 pm at Day Kimball Hospital. I am also committed to volunteering one 8-hour day per week.

STUDENT SIGNATURE x _____



Please place this form in a sealed, signed envelope and return to the applicant for submission with their application.

JUNIOR VOLUNTEER REFERENCE FORM

Applicant Name: _____ Grade: _____

Reference Name: _____ Relation to Applicant: _____

(*Must be Guidance Counselor, Teacher, Coach or Employer)

PLEASE CHECK THE FOLLOWING:

General Characteristics	Excellent	Good	Fair	Poor
Hygiene, neatness/grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you consider the applicant's special qualities of personality or character?

Additional Comments:

Signature: _____

Date: _____