



Dear Prospective Candy Striper:

We are now in the process of accepting applications for new Candy Stripers who want to volunteer at Butler Memorial Hospital.

There is only one Candy Striper class per year. The year begins in June with a mandatory orientation session for all Candy Stripers on **Saturday, June 8, 2019 from 9:30am - Noon**. In addition, Candy Stripers that are new to the program will also meet **Monday, June 10th for mandatory education from 1pm – 2:30pm**. If the Candy Striper cannot attend the orientation session(s), they must notify one of the Candy Striper advisors listed below prior to the class date. The Candy Striper must complete 100 hours of service from June, 2019 through June, 2020.

It is a Butler Health System requirement that all Candy Stripers must have an annual flu shot in addition, all new Candy Stripers need a 2-step tuberculin (TB) skin test. The flu shot and TB tests will be provided at no charge by Butler Health System or you can provide documentation that they were received from your own physician.

The reference forms should be given to the appropriate people for them to write their recommendation letters. The people you could ask for a recommendation would be a neighbor, teacher, minister, coach, employer or supervisor, but not family members.

Your application form, two letters for recommendation, and the TB form which must include your parent's signature, must be completed and returned no later than **Friday, March 15, 2019**, to:

Candy Striper Advisor
Joanne Nolsheim
1101 Stoneridge Blvd.
Butler, PA 16001
Or by email to: Vonnie.Neigh@butlerhealthsystem.org

After receiving your application information, we will contact you to schedule a personal interview. Thank you for considering volunteering at Butler Memorial Hospital.

Sincerely,

Candy Striper Advisors

Joanne Nolsheim (724) 287-8148
Vonnie Neigh (724) 287-5183 or (724) 284-4578
Linda Menchyk (724) 991-7898



BMH Junior Auxiliary Application

NAME _____
Last First Middle

Mailing Address _____

Home Phone _____ Your cell phone number _____

Your Email Address _____

Birth date ___/___/___ School Name _____

Grade entering in Sept _____ Name for Name Tag (first) _____

*****Parents Names*****

FATHER'S - Name _____

Address _____

Phone (work & cell) _____ Phone (home) _____

MOTHER'S - Name _____

Address _____

Phone (work & cell) _____ Phone (home) _____

Activities involved in (church, school, community) _____

Please complete this sentence: I want to be a Candy Striper because _____

Do you have a job? _____yes _____no

Choices of working days: Monday_____ Tuesday_____ Wednesday_____ Thursday_____

Friday_____ Saturday_____ Sunday_____

Prior to your interview, you must obtain two reference letters from teachers, guidance counselors, ministers, employers, neighbors or family friends – No family members please. One letter MUST be from a teacher.

Only one Candy Striper class is taken in a year. The year begins in June with a Mandatory Education session on Saturday, June 8, 2019 from 9:30am - Noon. In addition, Candy Stripers that are new to the program will also meet Monday, June 10th for mandatory education from 1pm – 2:30pm. The Candy Striper must complete 100 hours from June to June each year. (50 hours should be completed by January.)

The student will be contacted in the Spring and a personal interview will be arranged.

As a parent / guardian of the above student, I have read and agree to the above requirements.

Parent/Guardian Signature _____

Date _____



Junior Auxiliary

Personal Recommendation Form

You have been asked to write a letter of recommendation for _____, who is applying to be a member of the Junior Auxiliary (Candy Striper) of Butler Health System.

Your completed letter of recommendation should be returned by Friday, March 15, 2019 to:

Joanne Nolsheim
1101 Stoneridge Blvd.
Butler, PA 16001

Or by Email to: Vonnie.Neigh@butlerhealthsystem.org

You may write your recommendation directly on this paper, or send a separate letter.



Junior Auxiliary

Personal Recommendation Form

You have been asked to write a letter of recommendation for _____,
who is applying to be a member of the Junior Auxiliary (Candy Striper) of Butler Health System.

Your completed letter of recommendation should be returned by Friday, March 15, 2019 to:

Joanne Nolsheim
1101 Stoneridge Blvd.
Butler, PA 16001

Or by Email to: Vonnie.Neigh@butlerhealthsystem.org

You may write your recommendation directly on this paper, or send a separate letter.



CANDY STRIPER TUBERCULIN SKIN TESTING PROGRAM INFORMATION

Please print the following information:

Name _____

Maiden/Other Name _____

Address _____
Street City/State Zip

Birth Date _____ Age _____ Sex _____ Mother's First Name _____

Phone Number _____ Social Security Number _____

Family Physician _____

Have you ever been treated, admitted, or received services at Butler Memorial Hospital? Yes No

Signature/Date _____

Health History

Have you ever had a positive Tuberculin Skin Test (TST)? Yes No

If yes, did you receive treatment? Yes No

By whom? _____

When? _____

Date of most recent chest x-ray _____

List any allergies you may have _____

Parent/Guardian Consent

Parent/Guardian Signature _____ Date _____

This signature gives Butler Memorial Hospital permission to test the above individual for TB.

For Hospital Use Only

Referred to Family Physician _____ Date _____

Physician documentation received _____ Date _____