



Dear Prospective Candy Striper,

Thank you for your interest in our Candy Striper Program. This program has been designated to supplement and enhance the quality of care provided to patients, families, visitors and the community. You must be at least 14 years old and in ninth through twelfth grade. There is only one Candy Striper session per year. The year begins in June with a mandatory orientation session for all Candy Stripers.

**The Mandatory Orientation for all Candy Stripers will be
June 12, 2020 from 1:00 pm – 4:00 pm
Dimmick Classroom (located on the Ground floor at the Brady Street Entrance)**

Requirements of the Program:

- The Candy Striper must complete 100 hours of service from June 2020 through June 2021.
- The Candy Striper must attend a mandatory orientation session.
- It is a requirement that all Candy Stripers must have an annual flu shot. This will be offered by the hospital at no charge to you.
- It is a requirement that all Candy Stripers must have a TB Gold test. This test will be offered by the hospital at no charge to you. The TB blood work, known as TB Gold, requires a single tube of blood be drawn. It will eliminate the need for multiple return visits and results are typically back in 3-4 days rather than the 10 – 11 days required for 2 step PPD testing. The Candy Striper will be provided with a lab slip from Employee Health that they may take to any Butler Health System lab at their convenience (TB Gold blood cannot be drawn on Fridays).
- It is a requirement that Candy Stripers will need to provide proof of immunizations to Measles, Mumps, Rubella, Chicken Pox and Pertussis (Tdap).

Included with this letter, you will find an application and reference forms. The people you could ask to write a letter of recommendation would be a neighbor, teacher, minister, coach, employer or supervisor (but not family members).

Your application form and two letters of recommendation must be completed and returned no later than **Friday, March 20, 2020**. Any applications received after this date will be reviewed ONLY if there are vacancies remaining.

Applications can be mailed to:

Mrs. Bev Taylor
437 Thorn Run Road
Chicora, PA 16025

or by email to: Vonnie.Neigh@butlerhealthsystem.org

Applications may also be left with a Greeter or Volunteer at the Tower or Brady Lobby Desks

After receiving your application information, a Candy Striper Advisor will contact you to schedule an interview. Thank you for considering volunteering at Butler Memorial Hospital.



Candy Striper Application

Last Name: First Name: Middle Initial:

Mailing Address:

Home Phone #: Your Cell phone #:

Your email address:

Birth Date: School Name:
Grade you will be entering in September:

Parent/Guardian's Information:

Name:
Address:
Work/cell #:
Home #:

Name:
Address:
Work/cell #:
Home #:

Do you and your parent/guardian understand that a Candy Striper must complete 100 hours of service with 50 hours completed by January? Yes No

Do you and your parent/guardian understand that a requirement of the Candy Striper program is having the TB Gold test & flu shot? (Both are provided at no cost by the hospital)? Yes No

Do you and your parent/guardian understand that all selected Candy Stripers must attend a mandatory orientation prior to volunteering? Yes No

Do you and your parent/guardian understand it is a requirement that Candy Stripers will need to provide proof of immunizations prior to volunteering? Yes No

I understand the requirements of the Candy Striper program at Butler Memorial Hospital. My signature indicates my willingness to meet all requirements. Yes No

Signature of Applicant
Date: _____
 Signature of Parent/Guardian
Date: _____



Recommendation for the Candy Striper Program

You have been asked to write a letter of recommendation. This individual is applying to be a member of the Candy Striper program at Butler Memorial Hospital. You may write your recommendation directly on this paper, or in a separate letter.

Your completed letter of recommendation should be returned by **Friday, March 20, 2020** to:

Bev Taylor
437 Thorn Run Road
Chicora, PA 16025

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

Student Name: _____

Your relationship to the student: _____



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