



Dear Prospective Junior Auxiliary Member:

Thank you for your interest in our Junior Auxiliary Pilot Program. This program has been designated to supplement and enhance the quality of care provided to patients, families, visitors, and the community; as well as to broaden your awareness of various medical professions. You must be entering 10th, 11th, or 12th grade by the fall of 2023 to qualify for this program. There is only one class/session per year. The membership year for 2023 will begin on June 12, 2023, and will conclude on August 25, 2023. A mandatory orientation session is required for all chosen Jr. Auxiliary members.

Mandatory Orientation for all Jr. Auxiliary Members:

Date and Time: May 23, 2023 or May 24, 2023 from 3:30 pm to 5:00 pm. The member only needs to attend one of these sessions; whichever is most convenient.

Place: Nixon Sarver Classroom (located on the 2nd floor-enter through the Tower Lobby and ask the greeter for directions to training room)

Requirements of the Program:

- The Junior Auxiliary member must complete the program as designed. Current plans are to rotate them to various departments for a more comprehensive experience.
- The Junior Auxiliary member must attend a mandatory orientation session as noted above.
- All Junior Auxiliary members 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 Junior Auxiliary member will be provided with a lab slip from Employee Health that they may take to any Butler Health System lab at their convenience. **Please note: TB Gold blood cannot be drawn on Fridays.**
- CMS (Center for Medicare and Medicaid Services) requires that all Hospital volunteers have the primary COVID vaccine series. We will need proof of the primary vaccine series or have an approved religious or medical exemption. (See <https://www.butlerhealthsystem.org/about-us/volunteer-opportunities/> for forms.)
- All Junior Auxiliary members must provide proof of immunizations for Measles, Mumps, Rubella, Chicken Pox and Pertussis (Tdap). This record should be requested from the applicant's physician and submitted as directed.
- All Junior Auxiliary members must follow the protective masking guidelines as specified by hospital.
- All Junior Auxiliary members must purchase a hospital issued t-shirt to wear with khaki pants or a khaki skirt as their uniform.

Included with this letter, you will find an application and two 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 31, 2023. Preference may be given to early applications. Applications received after March 31, 2023, will not be considered.**

Completed applications may be dropped off at the hospital by giving them to a greeter or volunteer at the Tower or Brady Street Lobby Desks or mailed to: Hospitality Department
Attention: Junior Auxiliary Program
Butler Memorial Hospital
One Hospital Way
Butler, PA 16001

After receiving your application information, a Junior Auxiliary Program Advisor will contact you to schedule and conduct an interview during the first two weeks of April.



Junior Auxiliary Program Application

Last Name: First Name: Middle Initial:

Mailing Address:

Home Phone #: Applicant's Cell Phone #:

Your email address

Birth Date: High School Name:

Grade you will be entering in Fall 2023:

Parent/Guardian's Information:

Name:	<input type="text"/>
Address:	<input type="text"/>
Work/cell #:	<input type="text"/>
Home #:	<input type="text"/>
Name:	<input type="text"/>
Address:	<input type="text"/>
Work/cell #:	<input type="text"/>
Home #:	<input type="text"/>

Do you and your parent/guardian understand that a Jr Auxiliary member must complete 30 hours of service through August 25, 2023 while attending weekly rotations as scheduled? Yes No

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

Do you and your parent/guardian understand that all selected Jr. Auxiliary members must attend a mandatory orientation prior to volunteering? (5/23/23 or 5/24/23) Yes No

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

Do you and your parent/guardian understand it is a requirement to purchase a hospital issued t-shirt to wear with your khaki pants/skirt as the required uniform? (See next page) Yes No

I understand the requirements of the Jr. Auxiliary Program at Butler Memorial Hospital. My signature indicates my willingness to meet all requirements. Yes No

<input type="text"/>	<input type="text"/>
Signature of Applicant	Signature of Parent/Guardian
Date: <input type="text"/>	Date: <input type="text"/>



Junior Auxiliary Program Application

Please select your preferences for hospital issued t-shirt so we may have all information necessary to move forward once interviews and selection of applicants are completed.

Style:

Short-Sleeve

\$7.50 (\$9.50 for 2XL; \$10.50 for 3XL)

Long-Sleeve

\$10.00 (\$12.00 for 2XL; \$13.00 for 3XL)

Size:

Small

Medium

Large

X- Large

X X- Large

XXX- Large



Recommendation for the Junior Auxiliary Program

You have been asked to write a letter of recommendation. This individual is applying to be a member of the Junior Auxiliary (formerly known as the Candy Striper) Program at Butler Memorial Hospital. You may write your recommendation directly on this paper, or in a separate letter. We would like to thank you for assisting us in choosing desirable candidates for this pilot program.

Your completed letter of recommendation may be returned to the student applicant prior to the application deadline or mailed directly to the hospital. All applications and letters of recommendation must be received by **Friday, March 31, 2023.**

Mailing address: Hospitality Department
Butler Memorial Hospital
One Hospital Way
Butler, PA 16001
Attention: Junior Auxiliary Program

Junior Auxiliary Applicant's Name: _____

Your name and relationship to the applicant: _____



Recommendation for the Junior Auxiliary Program

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Mailing address: Hospitality Department
Butler Memorial Hospital
One Hospital Way
Butler, PA 16001
Attention: Junior Auxiliary Program

Junior Auxiliary Applicant's Name: _____

Your name and relationship to the applicant: _____