



Dear Prospective Junior Auxiliary Member:

Thank you for your interest in our Junior Auxiliary Program at Butler Memorial Hospital. This program has been designed 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 11th or 12th grade by the fall of 2025 to qualify for this program. There may be limited spots available for those entering 10th grade. Preference will be given to those residing in Butler, Armstrong, and Indiana Counties. There is only one class/session per year. The membership year for 2025 will begin on June 9, 2025, and will conclude on August 15, 2025. A mandatory orientation session is required for all chosen Jr. Auxiliary members.

Mandatory Orientation for all Jr. Auxiliary Members:

Date and Time: May 20, 2025, or May 29, 2025, from 4:00pm-6:00 pm. The member only needs to attend one of these sessions; whichever is most convenient. You **MUST** attend one of the sessions.

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

Requirements of the Program:

- The Junior Auxiliary member must complete the program as designed. This includes a minimum of 30 hours throughout the summer with half of those being volunteer hours and not just job shadowing.
- The Junior Auxiliary member must attend a mandatory orientation session as noted above and follow all hospital policies including HIPAA.
- The Junior Auxiliary member needs to display professionalism and maturity. Healthcare settings involve sensitive situations and at times exams include exposed body parts.
- 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. The Junior Auxiliary member will be provided with a lab slip from Employee Health that they may take to any Independence Health System lab at their convenience. **Please note: TB Gold blood can only be drawn Mondays-Thursdays.**
- All Junior Auxiliary members must follow the protective masking guidelines as specified by hospital if applicable at any time throughout the program.
- All Junior Auxiliary members must purchase a hospital issued t-shirt (approx.\$15) to wear with khaki pants or a khaki skirt as the uniform, along with a hospital ID badge. Shorts are not to be worn at any time.

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 **Monday March 31, 2025. Please submit everything together. Applications received after March 31, 2025, 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:

Education 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 in-person interview during the month of April. All communication will be with the student directly, most communication is by email. Please make sure to provide an email address that you check frequently.

Last Name:	First Name:	Middle Initial:
Mailing Address:		
County:		
Contact Phone number:	Alt contact number:	
Your email address:		
Birth Date:	High school name:	
Previous member: yes no	Grade you will enter fall 2025:	
Parent/Guardian Information		
Name:		
Address:		
Contact phone:	Email address	
Do you and your parent/guardian understand that a Jr Auxiliary member must complete 30 hours of service through August 15, 2024, with at least half being volunteer? (student and parent, please initial the boxes)		
	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your parent/guardian understand that a requirement of the Jr Auxiliary program is having a TB Gold test? (Please initial)		
	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your parent/guardian understand that all selected Jr. Auxiliary members must attend a mandatory orientation prior to volunteering? (May 20 or May 29) (Please Initial)		
	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your parent/guardian understand it is a requirement that Jr Auxiliary members will be educated on and follow <u>all</u> HIPAA guidelines while volunteering? (Please initial)		
	<input type="checkbox"/>	<input type="checkbox"/>
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) (please initial)		
	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your parent/guardian understand that the hospital is an environment where you will need to display professionalism, failure to do so could result in your being sent home or dismissed from the program?		
	<input type="checkbox"/>	<input type="checkbox"/>
I understand the requirements of the Jr Auxiliary Program at Butler Memorial Hospital. My signature indicates my willingness to meet all requirements. As a parent/guardian, I give my permission for my child to be a part of the Junior Auxiliary Program.		

Signature of applicant:

Date:

Signature of parent/guardian:

Date:

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.

I have a t-shirt from last year and will not need a new one. _____

Preferred style (circle one):

Short sleeve

Long Sleeve

Size (circle one):

Small

Medium

Large

XL

XXL

XXXL

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 program.

Your completed letter of recommendation must be returned to the student applicant prior to the application deadline. All applications and letters of recommendation must be received by **March 31, 2025**.

Junior Auxiliary Applicant's Name: _____

Your name and relationship to the applicant: _____

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