

Application must be filled in *completely*

Dear Prospective Junior Auxiliary Member:

Thank you for your interest in the Junior Auxiliary Program at Butler Memorial Hospital. This program is 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.

To qualify for this program, you must be at least 16 years old by June 1 and entering 11th or 12th grade in the fall of 2026. Preference will be given to applicants who reside in or attend school in Butler, Armstrong, or Indiana Counties. Previous participants may reapply; however, due to the popularity of the program, priority is given to new applicants.

There is one class/session offered per year. The 2026 membership year will begin on Monday, June 8, 2026, and conclude on August 14, 2026. A mandatory orientation session is required for all participants.

Mandatory Orientation for All Junior Auxiliary Members (You must attend one of the two sessions) at Butler Memorial Hospital. Orientation Options:

- **Wednesday, May 27, 3:30 PM – 5:30 PM**
- **Wednesday, June 3, 3:30 PM – 5:30 PM**

Requirements of the Program

- **Program Completion:**
Junior Auxiliary members must complete the program as designed. This includes a minimum of **30 total hours** over the summer, **half of which must be volunteer hours** rather than job-shadowing only.
- **Mandatory Orientation & Policies:**
Members must attend one mandatory orientation session (as noted above) and comply with all hospital policies, including **HIPAA regulations**.
- **Professionalism & Maturity:**
Members must demonstrate **professionalism and maturity at all times**. Healthcare settings may involve sensitive situations, including clinical exams in which patients may have exposed body parts.
- **TB Gold Test Requirement:**
All members are required to complete a **TB Gold blood test**, which will be provided by the hospital at no cost.
 - The test requires one tube of blood.
 - A lab slip from Employee Health will be provided and may be taken to any Independence Health System laboratory.
 - **Please note:** TB Gold testing can only be drawn **Monday through Thursday**.
- **Protective Masking:**
Members must follow the hospital's protective masking guidelines **whenever applicable** throughout the program.
- **Uniform Requirements:**
Members must purchase a **hospital-issued t-shirt** (approximately \$15) to be worn with **khaki pants or a khaki skirt** as the designated uniform.

Included with this letter, you will find an application, essay form and reference form. 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, essay, and letter of recommendation must be completed and submitted no later than Tuesday, March 31, 2026. Applications—whether incomplete or received after March 31—will not be considered.

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Submitting Your Completed Application

Completed applications may be submitted in any of the following ways:

1. Drop-Off at the Hospital

You may hand-deliver your application by giving it to a greeter at either of these locations:

- Tower Lobby Desk
- Brady Street Lobby Desk

2. Mail Your Application

Mail to:

Education Department
Attn: Junior Auxiliary Program
Butler Memorial Hospital
One Hospital Way
Butler, PA 16001

3. Email Your Application

You may scan and email your completed application to:

bmheducationdept@independence.health

We will confirm receipt via email.

What Happens Next

After your application is received, 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 **directly with the student**. Most communication will occur by **email**, so it is important to:

- Provide an **email address you check frequently**.
- **Avoid using school email accounts or iCloud email addresses**, as these often result in undeliverable messages.

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Last Name:	First Name:	Middle Initial:
Mailing Address:		
County you reside in:		
Student's Contact Phone number:		Alt contact number:
Student's personal email address (school email addresses and iCloud usually do not work):		
Birth Date:		High school name:
Previous member: yes no		Grade you will enter fall 2026:
Parent/Guardian Information		
Name:		
Address:		
Contact phone:		Parent Email address:
Do you and your parent/guardian understand that a Jr Auxiliary member must complete 30 hours of service through August 14, 2026, 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 to have a TB Gold test before the scheduled orientation? (student and parent, please initial the boxes)		
		<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? (student and parent, please initial the boxes)		
		<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? (student and parent, please initial the boxes)		
		<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? (student and parent, please initial the boxes)		
		<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, and failure to do so could result in your being sent home or dismissed from the program? (student and parent, please initial the boxes)		
		<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:



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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 do not wish to purchase a new one. _____

Preferred Style: (circle one)	Short Sleeve	Long Sleeve	
Size (circle one):	Small	Medium	Large
	X-large	2XL	3XL

Please indicate a preference for an interview date by selecting your first and second choice and any requirements you have on time slots. Interviews are generally about 15 minutes in length and scheduled from 3pm-6pm in person at Butler Memorial Hospital.

Thursday April 9, 2026	
Tuesday April 21, 2026	
Wednesday April 22, 2026	
Tuesday April 28, 2026	



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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 March 31, 2026.

Junior Auxiliary Applicant's Name: _____

Your name and relationship to the applicant: _____



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Personal Essay for the Junior Auxiliary Program:

“Why do you want to volunteer at Butler Memorial Hospital?”

This essay is not about perfect grammar or fancy writing. We simply want to learn about **YOU**—your motivations, your experiences, and what makes you interested in volunteering. You can write it/ type it here or on a separate paper.

Junior Auxiliary Applicant’s Name: _____