



CHKD Junior Volunteer Program Guidelines

PROGRAM REQUIREMENTS – PLEASE READ CAREFULLY

Review all materials and program requirements in this packet with a parent/legal guardian. **To participate in this program, you must:**

- Ensure that your vacation plans, work schedules, camps, or school activities do not interfere with the scheduled volunteer dates.
- Be a high school student, minimum 15 years of age and older and still enrolled in high school (**student must be 15 on or before June 1, 2026 ~ no exceptions**). Note: Students are eligible to participate in the summer program following graduation.
- Have at least a C grade average.
- Commit to one **full** 2-week session, Monday – Thursday. Any absences from the session must be for an approved reason (illness, funeral, etc.). Absences for vacation, camp, sports practice, etc., are NOT excused and may result in loss of “returning junior volunteer status” for the following year. Attendance issues will affect the volunteer’s eligibility to reapply.
- Follow the step-by-step instructions to submit the online application. After completing this process, **CHECK YOUR EMAIL FOR ADDITIONAL INSTRUCTIONS**. If you do not see the email, check your Spam or Junk Mail folder then enable the message as a trusted site.
 - After you review the program requirements, forms, and complete the online application, you or a parent must contact our office at 757-668-7195 to schedule a personal interview. Many of the forms are fillable, but please make sure to print all forms and sign (when applicable) to bring to the interview.
 - There are a limited number of positions available. Students are assigned in the order in which they are interviewed.
 - Parents/Legal Guardians: Obtain a copy of your child’s immunization records. It must include documentation of two MMR (measles, mumps, and rubella) and two Varicella (chickenpox) vaccinations or MMRV combined vaccinations. If your child had a history of chickenpox disease, please provide documentation. Students must bring the immunization records to the interview; otherwise, they will not receive an assignment until records have been received.
 - If accepted into the program, there is a requirement to submit a TB skin test (PPD). More information will be provided during the in-person interview.

INTERVIEW PROCESS

Southside: Chesapeake, Norfolk, Portsmouth, Suffolk, Virginia Beach, Hampton, Newport News

Interviews for students on the southside and peninsula are conducted in-person in small groups at the main hospital at 601 Children’s Lane in Norfolk. Interviews last approximately 45 minutes to 1 hour. Parents/guardians may drop their children off in the front roundabout, but students who are driving and parents/guardians coming into the hospital must park in Visitor Garage A. The garage entrance is across the street from the hospital. Enter on Wagner Street (short street behind Central Baptist Church). You will receive a parking ticket and must bring the ticket to the Volunteer office for validation. There are a limited number of free handicapped parking spaces available in front of

the hospital. Go through the security checkpoint then proceed to the Volunteer Services office on the 2nd floor. Parents may wait in the main lobby until completion of the interview. The Grand Grounds coffee shop and KD café are located on the first floor for your enjoyment.

Lightfoot/Williamsburg:

Interviews for students in the Lightfoot/Williamsburg area will be conducted virtually either individually or in small groups and will last approximately 45 minutes. Assignments in this area include Sports Medicine and Therapy Services. Students will need to submit their completed paperwork prior to the interview by fax at 757-668-8907 or scan/email all forms to Volunteer.Services@chkd.org.

Students who arrive **late** for the interview will have to reschedule. Students who are missing any required paperwork **will not receive an assignment until the forms have been submitted.**

There are volunteer opportunities at the main hospital and offsite locations. We attempt to place students in their preferred area of interest; however, placement is based upon available positions and at the discretion of the Volunteer Services staff. While some areas provide an opportunity to work directly with patients, **the majority of assignments strictly involve office-based work duties.**

ITEMS TO BRING TO THE INTERVIEW:

- **Permission Form:** Signed by the parent/legal guardian ensuring transportation to and from the assigned location.
- **Volunteer Commitment:** Signed by both parent/legal guardian and student.
- **Session Request Form:** Completed with your desired session and preferred time.
- **Teacher/Counselor Recommendation Form (if available at the time of interview):** To be completed and signed by a teacher or counselor. The form can be placed in a sealed envelope and given to the student (*students are not permitted to open the envelope*). The recommendation can also be scanned and emailed to Volunteer.Services@chkd.org or faxed to 757-668-8907. If the form is not available during the interview, it will be due in the Volunteer Services office on or before **Friday, April 17.**
- **Immunization Records (Review the records with the physician's office if necessary):**
 - 2 MMR immunizations (measles, mumps & rubella)
 - 2 Varicella immunizations (chicken pox)
 - Or combined MMRV
- **Cash for uniform shirt: \$10.00**

TUBERCULOSIS (TB/PPD) SKIN TEST (DO NOT OBTAIN THE TB SKIN TEST UNTIL YOU RECEIVE NOTIFICATION OF YOUR ACCEPTANCE INTO THE PROGRAM):

If accepted into the program, a TB/PPD skin test will be required. More information will be provided during the interview; therefore, please do not obtain a skin test prior to confirmation of your acceptance into the program. Test results must be submitted to our office on or before **Friday, May 22.** Failure to submit this requirement will result in removal from the program.

In lieu of the TB skin test, Volunteer Services can also accept a blood test or chest x-ray report performed within the past 3 years.

JUNIOR VOLUNTEER ORIENTATION

Junior volunteers accepted into the program must complete a mandatory online orientation module. Participants will receive an email with the instructions on **Friday, May 1**, and the deadline for completion must be on or before **Friday, May 22**. Failure to complete this orientation will result in removal from the program.

NOTE: Junior volunteers assigned to Child Life will need to complete an additional online module and in-person training. Details will be provided to volunteers assigned to this area.

UNIFORM

- Red CHKD junior volunteer t-shirt must be worn at all times (cost: \$10).
- Full-length casual pants, scrub pants, or skirts – khaki or black only (capris, shorts, yoga pants, exercise apparel, leggings, or denim pants are not allowed).
- Comfortable closed-toe shoes, such as tennis shoes. Sandals, clogs and flip-flops are not allowed due to safety reasons and infection control protocols.
- CHKD issued badge.
- Juniors who do not adhere to the uniform requirements will not be allowed to volunteer.
- ***NOTE: Juniors assigned to patient-care areas are not permitted to wear artificial nails or nail polish of any kind. Juniors must also avoid wearing fragrances and scented lotions, large/excessive jewelry, and certain facial piercings (requirements will be addressed during Child Life training).***

TRANSPORTATION

Junior volunteers should not be dropped off more than 30 minutes before their assignment, and they must be picked up no later than 30 minutes after the conclusion of their assignment.

PARKING

- Parents/guardians may drop-off and pickup volunteers assigned to the main hospital at the roundabout located on the frontside of the building. Junior volunteers who will be driving must park in Visitor Garage A which is across the street from the hospital. Please note that the garage entrance is located on Wagner Street (the street right behind Central Baptist Church). Bring the parking ticket to the Volunteer Services office each day of your session for validation.
- Junior volunteers assigned to offsite locations will receive specific instructions for parking.

PROGRAM COMMUNICATION

All communications about the program, deadlines, etc. are sent via email, so please check the email account you provided on your application (check your “Spam” folder if necessary). It is the junior volunteer’s responsibility to check their email on a regular basis and review all correspondence. If you have additional questions, contact the Volunteer Services office at 757-668-7195 or email at Volunteer.Services@chkd.org.



CHKD Junior Volunteer Commitment

Volunteering requires a commitment of time and resources by both the volunteer and the organization receiving the volunteer service. CHKD invests staff time and other resources to screen and train appropriate volunteers. Please read the following statement of expectation and sign as an indication of acceptance and understanding of the terms:

- Junior volunteers are required to volunteer every day of their session (Monday – Thursday).
- Volunteers are responsible for communicating all absences by calling 668-7195 or emailing a volunteer staff member prior to start of shift. Messages must include junior's name and reason for absence. Excused absences include illness, family emergency, etc. Vacation plans or scheduling conflicts are not excused.
- Volunteers who meet the attendance requirement for their session and obtain a positive staff evaluation are eligible to be a “returner” volunteer for the next summer and will receive their paperwork one month prior to general public.
- Junior volunteers with unexcused absences may potentially lose their “returner” status and be required to reapply the following year with the general public as a new volunteer.
- Junior volunteers are responsible for adhering to the standard uniform (official program shirt, full-length casual khaki or black pants or scrub pants – no denim, capris, shorts, exercise apparel, leggings, or yoga pants), closed toe shoes, i.e. tennis shoes, and CHKD issued badge. Volunteers dressed inappropriately will be sent home—no exceptions.
- Junior volunteers will remain in their assigned area unless the Volunteer Services staff approves and secures a new assignment.

Print & sign form

Junior Volunteer Signature

Date

Parent Signature

Date



Children's Hospital of The King's Daughters CHKD Junior Volunteer Program

Permission Form & Photo Consent

To be completed and signed by the parent or legal guardian.

I, _____ give permission for my child, _____
(Parent/Guardian's name, please print)

to volunteer at Children's Hospital of The King's Daughters or one of its affiliated sites.

Please review and initial each statement:

- _____ I will ensure my child's transportation to and from the assigned location. I understand that my child cannot arrive at the hospital more than 30 minutes prior to the assigned shift and must be picked up promptly at the end of the shift.
- _____ I understand that my child is expected to complete the FULL session unless there is an excused reason (illness, funeral, etc.). I will notify the office prior to the shift if my child will be absent.
- _____ I understand that vacations, camps, sports practices, etc., are not excused absences and may result in my child being ineligible to return the following year.
- _____ I understand that my child is not allowed to leave their assigned location during the scheduled shift.
- _____ I understand that only a portion of junior volunteer roles involve patient contact, but majority of the roles only involve office work.
- _____ I understand that my child must complete the mandatory orientation on or before the deadline to participate in the program.

Parent/Legal Guardian Information

Name: _____ Relationship to Volunteer: _____
 Home Address: _____ City: _____ Zip: _____
 Home#: _____ Cell#: _____ Work#: _____
 Parent/Guardian's Email: _____ Junior's Email: _____

Emergency Contact Information

Name: _____ Emergency Phone: _____
 Relationship to Volunteer: _____

Please list any allergies to food, latex, medications or other substances. If none, please write N/A.

PHOTO CONSENT:

As a participant in the CHKD Junior Volunteer program, your child's photo may appear in CHKD publications and/or social networking sites. Photos may also include groups of volunteers who are not individually identified.

Please initial ONE option:

- _____ I give permission for my child's name to be connected with their photograph in CHKD publications and/or social networking sites.
- _____ I do not give permission for my child's name to be connected with their photograph in CHKD publications and/or social networking sites.

Print & sign:

Parent/Legal Guardian Signature

Date



2026 Junior Volunteer Summer Program

Children’s Hospital of The King’s Daughters

WELCOME!

Please select your desired session and indicate if you have flexibility to volunteer in a different session:

Volunteers report Monday – Thursday only (NO Fridays, wknds, or holidays)

- _____ Session 1: June 22 – July 2
- _____ Session 2: July 6 – July 16
- _____ Session 3: July 20 – July 30
- _____ Session 4: August 3 – August 13

Please check your preferred shift:

- 9:00am – 12:00pm
- 1:00pm – 4:00pm
- Either shift would work

Name:

Jr. Volunteer’s Phone#:

Jr. Volunteer’s Email – MUST BE INCLUDED:

****Check this box if you are scheduled to graduate from high school this year:**

Area(s) of interest (if applicable, but not required):

1st Choice: _____ 2nd Choice: _____

Preferred Location(s): Please indicate your preferred location as well as if you have transportation available for other locations. Select all that apply.

- Main hospital _____
- Other Norfolk Locations _____
- Chesapeake _____
- Suffolk _____
- Virginia Beach _____
- Peninsula – Hampton _____
- Peninsula – Newport News _____
- Peninsula – Wmbg/Lightfoot _____

Example:

Main hospital _____ 1st

Other Norfolk Locations _____ 2nd

Chesapeake _____

Virginia Beach _____ 3rd

Peninsula – Hampton _____

Peninsula – Newport News _____

DISCLAIMER: Junior volunteer placements will be made on a first come, first-served basis and at the discretion of the Volunteer Services staff; therefore, preferred departments/assignments cannot be guaranteed. There are roles that involve working with patients; however, **MAJORITY** of the assignments are strictly office-based, which means that volunteers will not have any direct contact with patients.

**I acknowledge that I have read the above disclaimer with full understanding. Check here:

A list of potential department assignments is located on the back of this form.

DO NOT WRITE IN THIS BOX.
For Office Use Only:

Session: _____

AM PM OFFSITE

Dept(s):

DO NOT WRITE IN THIS BOX.

POTENTIAL Volunteer Assignments

NOTE: Majority of assignments are strictly office-based, and assignment availability is subject to change.*

Most common roles

- Child Life – (involves patient contact) – only offered at the main hospital - Norfolk
- Gift Shop – only offered at the main hospital – Norfolk
- Office Assistant – various offices and locations
- Surgery Waiting Room – offered in Norfolk, Virginia Beach, and Newport News only

****Sports Medicine and Therapy Services**** - Positions available at select locations

CHKD Practices & Facilities:

Chesapeake

Health Center at Oakbrooke (500 Discovery Dr.)

Hampton

Hampton Roads Pediatrics (214 Foxhill Rd.)

Newport News

Health & Surgery Center at Oyster Point (11783 Rock Landing Dr.)

Norfolk

CHKD Main Hospital (601 Children's Ln.)

Children's Pavilion (401 Gresham Dr.)

Towne Bank Towers (109 E. Main St.)

Suffolk

Therapy Services (5832 Harbour View Blvd.)

Virginia Beach

Health & Surgery Center at Princess Anne (2021 Concert Dr.)

Health Center & Urgent Care at Loehmann's Plaza (3960 Virginia Beach Blvd.)

Health Center at Landstown (1924 Landstown Centre Way)

Lightfoot/Williamsburg

Health Center at Lightfoot (6425 Richmond Rd.)



Children's Hospital of The King's Daughters

Teacher/Counselor Recommendation for Junior Volunteer Program (FORM MUST BE COMPLETED & RETURNED TO OUR OFFICE BY FRIDAY, APRIL 17, 2026)

School Name: _____ City: _____

Student's Name: _____ Current Grade Level _____

CHKD Volunteer Services is recruiting students for the Junior Volunteer Summer Program who are responsible, dependable, and caring, who can provide high-quality service to patients, guests and staff. We ask for your assistance in evaluating the student in each category.

Please select the appropriate rating:

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	Excellent	Good	Average	Fair	Poor
Follows Instructions	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Shows Initiative	Excellent	Good	Average	Fair	Poor

Scholastic Average 90-100 80-90 70-80

Do you recommend this student for the CHKD Junior Volunteer Program? Yes No

Comments: _____

Teacher/Counselor Name & Position: _____

Business Telephone: _____ Ext: _____ Email: _____

Print & sign

Signature: _____ Date: _____

You may submit the completed evaluation through one of the following methods:

- Give the evaluation to the student in a sealed envelope.
- Scan/Email: Volunteer.Services@chkd.org
- Fax: 757-668-8907

Please contact Volunteer Services at 757-668-7195 with additional questions.

Thank you for taking the time to complete this recommendation.

Health, Healing, and Hope for All Children