

TEEN-VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ SS# ____ - ____ - ____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: _____ Cell phone #: _____

E-mail _____

In Emergency, notify: _____ Telephone #: _____

Name of School: _____ Grade: _____

Are you enrolled in a health-care curriculum? _____

Name of School Counselor: _____

Explain any physical limitations and how we may reasonably provide accommodations:

Family Physician: _____

Are you now, or have you been a volunteer in any other organization? _____

If so, where: _____

Are you employed? _____

Where and what type of work? _____

Will your employment interfere with your Teen-Volunteer commitment? _____

What afternoons and evenings are you available? _____

Are you willing to be assigned to a non-patient care area? _____

Is your parent an SRRMC employee or physician? _____

Signature of Applicant: _____ Date: _____

SCHOOL REPRESENTATIVE: Please provide your recommendation that this student participate in the Seven Rivers Regional Medical Center Teen-Volunteer Program.

Student GPA: _____

Comments:

Counselor's Signature: _____

PARENTAL PERMISSION: To be completed upon conclusion of parent/teen interview.

I give permission for my son/daughter _____ to participate as an SRRMC Teen-Volunteer and understand the commitment involved in his/her participation. I assure that my son/daughter will honor his/her commitment and volunteer as per assigned schedule.

I give permission for my son/daughter to receive a PPD screening for tuberculosis, as required by OSHA, prior to beginning volunteer service.

I give permission for my son/daughter to be photographed for his/her hospital ID badge.

Signature of Parent or Legal Guardian:

Date

Student Name:

Interviewed: _____ **Start Date:** _____

Confidentiality Statement: _____ **Policy Manual Acknowledgement Statement:** _____

Orientation Completed: _____ **Uniform:** _____

Day(s) Scheduled: _____ **Badge:** _____

PPD Screening: _____ **Dept. Assigned:** _____

Service Training Completed: _____

Trainer: _____