



Adult - For Internal Use:
 Certifications: _____

 Community Service? _____

TEEN VOLUNTEER SERVICES APPLICATION
 (Ages 14-17)

PERSONAL INFORMATION

First _____ Middle _____ Last _____
 Parents or Guardian name(s) _____
 Address _____ E-mail _____
 City _____ State _____ Zip _____
 Phone _____ Secondary Phone _____
 Date of Birth _____ Social Security # _____

EMERGENCY INFORMATION

Emergency Contact _____
 Relationship to you _____ Phone _____

QUESTIONNAIRE

1. Why are you interested in volunteering? _____

2. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? No [] Yes [] – If yes, please describe the service requirements

3. Do you have any physical conditions, which may limit your activities/abilities to perform any of the various volunteer jobs? No [] Yes [] – If yes, please describe _____

4. Special interests/hobbies _____
5. Check when you wish to volunteer.
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EDUCATION/COMMUNITY INVOLVEMENT/WORK EXPERIENCE

1. School _____ Grade _____

2. Do you have plans to continue your education after high school? If yes, what course of study do you want to pursue? _____

3. List any community affiliations (church, civic groups, etc.) _____

4. Have you ever volunteered in the past before (school, civic)? If yes, please explain: Yes [] No []

OTHER

How did you hear about our Teen Volunteer Program? _____

Do you have any friends, relatives, acquaintances employed by or volunteering at the hospital?

If yes, please list: Yes [] No []

Name	Position	Relationship
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SPECIAL SKILLS/INTERESTS

Check the items, in which you have abilities or experience.

___ Typing

___ Filing

___ Computer Operations

___ Audio Visual

___ Photography

___ Music

___ Art (painting or other)

___ Sewing/Needlework

___ Gardening

___ Crafts

___ Calligraphy

Other/Miscellaneous Skills – please list:

PARENTAL/GUARDIAN SIGNATURE

I hereby permit my son/daughter/charge _____ to participate in the Teen Volunteer Program. I also give permission for a drug test to be completed on my son/daughter/charge for participation in this program and understand that I will be informed if the test is positive. I further release the hospital from any legal or other responsibilities for any injuries, act, or incidents involving the volunteer.

Parent/Guardian Signature _____ Date _____

Phone Number _____

TEEN VOLUNTEER APPLICANT SIGNATURE

I hereby submit my application and letter of reference for the Teen Volunteer Program. I agree to a drug test for participation in this program and understand that a positive test results will be provided to my parent/guardian. I understand that the Volunteer Services Director makes all regular assignments, based on a personal interview and the interests of each prospective teen volunteer. I agree to abide by the policies and procedures of the Volunteer Services Department.

Confidentiality Agreement:

I understand and agree that, in the performance of my duties as a teen volunteer, I must hold patient / medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers or family. I also understand that any violation of patient confidentiality will result in termination from the volunteer program.

Teen Signature _____ Date _____

Phone Number _____

Please returned completed application to the Volunteer Coordinator at Red Bud Regional Hospital. If you have any questions, call (618) 282-5486