

McLeod

Regional Medical Center

JUNIOR VOLUNTEER APPLICATION

TO BE COMPLETED BY THE APPLICANT:

Name: _____ Phone (H): _____ (Cell): _____

Address: _____ City: _____ State: ___ Zip Code: _____

Gender: () Male or () Female Email address _____

Date of Birth: Month _____ Day _____ Year _____

T-Shirt Size: S M L XL 2XL

What school do you attend? _____ Grade Entering: _____

List school and church activities: _____

Please list honors and awards you have received at your school, church or civic organizations:

Have you ever volunteered before? Yes _____ No _____ If yes, where and what did you do?

Are you interested in a health related career? If so, what are your interests?

Do you have a B average in your course work at school? Yes _____ No _____

Please submit a copy of your latest report card with your application. _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

Name _____

Relationship to applicant _____

Address (if different from applicant) _____

Employer: _____ Work Phone No.: _____

In case of emergency, we should notify _____

Phone: _____

(Please complete other side)

PARENTAL/GUARDIAN AGREEMENT:

I, the parent and/or guardian of _____, join with my teen in consenting to her/his participation in the McLeod Regional Medical Center Junior Volunteer program. This program will be conducted under both the leadership and the guidance of the Volunteer Services Department.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

TEEN AGREEMENT:

As a junior volunteer, I understand that confidentiality is not only important, but it is required. Any junior volunteer who releases any patient information will be released immediately from the program. I understand that under HIPAA regulations, junior volunteers are personally liable under Federal law to know and follow our confidentiality policy. I will be instructed in both the values and the mission of the medical center, and my behavior will always reflect these values.

Junior Volunteer Applicant Name (Print): _____

Junior Applicant Signature: _____

HEALTH INFORMATION:

Do you have any limitations which may require a special work assignment? Yes _____ No _____

If yes, please give details _____

PLANNED ABSENCES:

Please note any planned absences that you know are scheduled for June-July (i.e. vacation, camp, etc.):

