



Teenage Volunteer Application

(Must be 15 years old or older)

(Please PRINT and fill in all blanks)

Date: _____

Name: _____	Telephone No. _____
Street Address: _____	Email : _____
City: _____	State: _____ Zip: _____
Date of Birth: _____	Age: _____ Sex: _____
School: _____	Guidance Counselor Name: _____ Grade: _____
Mother/Guardian's Name: _____	Work Phone: _____ Home Phone: _____
Address: _____	City, State: _____ Zip: _____
Father/Guardian's Name: _____	Work Phone: _____ Home Phone: _____
Address: _____	City, State: _____ Zip: _____

Family Physician: _____ Physician Phone No. _____

Have you ever applied for the Health Central Hospital Teenage Volunteer Program (TVA) prior to this application?

Yes _____ No _____

List your special skills (special training, work experience, talent, skill, foreign language, computer etc.):

List your reasons for joining the TVA program: _____

Have you been convicted or found guilty of a felony offense? (If yes, please provide documentation with a personal statement) Yes _____ No _____

How many days of the week would you like to volunteer? _____

What days of the week are best for you to volunteer?

Sun. _____ Mon. _____ Tues. _____ Wedn. _____ Thurs. _____ Fri. _____ Sat. _____

What hours are you available to volunteer? (You must be able to work one 3 or 4hour shift per week)

8-12 _____ 12-4 _____ 4-7 _____

You must be able to commit to 72 continuous hours of volunteer service at Health Central.

Teenage Volunteer Shirt - \$20.00



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RECOMMENDATIONS

Applicant Name: _____

Ask your teachers (two teacher recommendations required) and your counselor for his/her recommendation and signature.

TEACHER RECOMMENDATION

I recommend the above named applicant to serve within a hospital setting as a Teenage Volunteer.

His/Her grade average is at least a "B." Yes No

Comments, if any: _____

Teacher Name (printed): _____ Teacher Signature: _____

Phone Number: _____ School: _____

Date: _____

TEACHER RECOMMENDATION

I recommend the above named applicant to serve within a hospital setting as a Teenage Volunteer.

His/Her grade average is at least a "B." Yes No

Comments, if any: _____

Teacher Name (printed): _____ Teacher Signature: _____

Phone Number: _____ School: _____

Date: _____

GUIDANCE COUNSELOR RECOMMENDATION

As of January 1, 2014, our GPA requirements are a 3.0 on a 4.0 scale or a 4.0 on a 5.0 scale. Please be sure to check their GPA before placing a checkmark in the box below. Thank you!

I recommend the above named applicant to serve within a hospital setting as a Teenage Volunteer.

His/Her grade average is at least a "B." Yes No

Comments, if any: _____

Counselor Name (printed): _____ Counselor Signature: _____

Phone Number: _____ School: _____

Date: _____



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VOLUNTEER CODE OF ETHICS

As a HEALTH CENTRAL HOSPITAL Volunteer, I agree to:

1. hold as absolutely confidential all information that I may obtain directly or indirectly concerning patient and staff, and I will not seek to obtain confidential information.
2. be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
3. wear an approved uniform and maintain a professional appearance while on my volunteer service.
4. complete orientation (must receive PPD), in-service training, and re-orientation as scheduled.
5. carry out assignments and seek the assistance of my supervisor when necessary.
6. take any problems, criticism, or suggestions to the office of *Volunteer Services*.
7. adhere to the *Volunteer Services* department's sign-in procedures.
8. notify my department coordinator and endeavor to find a substitute in the event that I must be absent.

I understand that the director or coordinator of *Volunteer Services* reserves the right to terminate my volunteer status as a result of:

- (a) failure to comply with HEALTH CENTRAL HOSPITAL'S policies, rules, and regulations.
- (b) unsatisfactory attitude, work, or appearance.
- (c) any other circumstances which, in the judgment of the department director or coordinator, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions, and I agree to be bound by them. I also certify that all information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts on this application will be sufficient cause for disqualification of this application.

Volunteer's Signature: _____ Date: _____

As the parent of _____, I give permission to my child, who is over 15, to participate as a teenage volunteer at Health Central. I will support my child in ensuring that they understand the Volunteer Code of Ethics and follow HEALTH CENTRAL HOSPITAL's policies, rules and regulations. I also understand that my child is making a commitment to serve as a volunteer and that I will support his/her participation, which includes reporting for duty as scheduled, except in the event of illness.

Parent's Signature: _____ Date: _____

Parents are always welcome during interviews and can feel free to contact the coordinator any time regarding their child!