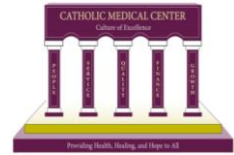




Teen Volunteer Application Form

(This form is for applicants 14-17 years of age only)



PLEASE PRINT

Last Name	First Name	Middle Name
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Today's Date: _____ Gender: Female Male Preferred Nickname: _____

Home Address

Street Address: _____		Apartment Number:
How long have you lived at this address? _____		
City:	State:	Zip Code:

Names of Parents or Legal Guardians: _____

Parent contact phone #: Mother: _____ Father: _____

Emergency Contact: Name: _____ Relationship: _____ Phone #: _____

Primary Care Physician: Name: _____ Phone #: _____

Do you have any medical conditions that would affect your ability to perform your volunteer duties, or that the volunteer office should be aware of? No Yes If yes, please explain: _____

Home phone number ()	Cell phone number ()	E-Mail Address
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I prefer to receive calls at Home Cell Either

Personal Information

Date of Birth	School
Grade	Career Plans

Employment Information (Check all that apply)

I am: Employed: __Part Time __Full Time
 Un-Employed
 Student

Current Employer's Name

Current Occupation

Work Schedule What days do you work?	What hours do you work?
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Previous Employer or work experience:

Past or present volunteer experience:

Please complete other side also

I want to volunteer because:

Reasons you'd like to become a CMC volunteer:
(Check any/all that apply)

Interest in a Healthcare career
 To gain work experience
 For my college application
 Other _____

How did you learn about our teen volunteer program?

Radio Guidance Counselor CMC Website
 Newspaper CMC Newsletter
 Poster/Flyer Vol. Dept. Brochure
 I called the CMC Volunteer Dept.
 I was referred by a: (Circle one) Volunteer / Employee / Friend / Patient
Name of person who referred you:

Essay section:

Please answer each question thoroughly and tell us about your interest in the healthcare field. This section plays a key part in the selection of our Teen Volunteer Program participants. (If more space is needed, attach another sheet of paper.)

Tell us about your interest in the healthcare field:

What has prompted you to want to participate in the Volunteer Program?

Explain what volunteering means to you.

What would you like to get out of your volunteer experience at CMC?

What skills and experience do you feel you have to contribute?

You must be willing and able to volunteer a minimum of eight (8) hours each month for at least six (6) consecutive months, preferably longer if possible. You and your supervisor will discuss and set up a schedule that is mutually agreed upon by both parties. When you are unable to make it in for your scheduled volunteer shift you must notify your immediate supervisor or someone in the department where you serve (not the Volunteer Department.) It will be your responsibility to make up for any missed hours in order to maintain your eight hour a month volunteer commitment. Are you able to make this commitment? YES NO
If no, please explain-_____

I certify that the statements made in this volunteer application are true and complete, and have been given voluntarily. I understand that any misrepresentation or omission of fact shall be considered sufficient cause for termination of my volunteer service. I agree that Catholic Medical Center and any of the references provided on this application, may exchange information regarding my qualifications without incurring any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer. I agree to abide by all organization and volunteer policies. I understand that CMC is not obligated to provide volunteer placement, nor am I obligated to accept the volunteer assignment offered.

Please note: Volunteer placement is subject to-

1. Satisfactory reference reports.
2. Satisfactory medical history review and required testing.
3. Personal interview with the Volunteer Resources Department, and/or department staff as required.
4. Willingness to abide by all hospital requirements and regulations.

Signature of Applicant

Date

Qualified applicants shall receive consideration regardless of race, religion, color, national origin, sex, age, disability or marital status.