



**JUNIOR (AGES 14 – 18)
VOLUNTEER SERVICES APPLICATION**

July 12th- August 22, 2019

Thank you for your interest in becoming a Junior Volunteer. Please return your application, signed by you and your parent or guardian, your **letter of recommendation** from a non-family member to the Volunteer Services Department. A drug test is a mandatory requirement before volunteer placement can begin. If you are selected to participate in our Junior Volunteer program, volunteer orientation is required and will be held July 12th at 8am. The Junior Volunteer hours will be from 8am to 12pm Monday through Thursday. The deadline to apply for the 2019 program is **Monday, June 3rd**.

Must complete all 6 weeks of the program.

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Parent or Guardian name(s) _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Social Security No. _____

Emergency Contact name _____

Relationship to you _____ Phone _____

Do you have any physical conditions, which may limit your activities/abilities to perform any of the various volunteer jobs? Yes [] No []

If yes, please explain _____

Special interests/hobbies/skills: _____

EDUCATION/COMMUNITY INVOLVEMENT/WORK EXPERIENCE

School: _____ Grade: _____

Courses currently taking, school activities, clubs, honors, etc. _____

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

List any community affiliations past or present (church, civic groups, etc.) _____

Are you seeking volunteer work as a requirement for any of the above activities/groups? If yes, please explain: Yes [] No []

Have you ever volunteered in the past before (school, civic)? If yes, please explain:

Yes [] No []

PARENTAL/GUARDIAN SIGNATURE

I hereby permit _____ to participate in the Junior Volunteer Program. I also give permission for a drug test to be completed 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 Numbers _____

JUNIOR VOLUNTEER APPLICANT SIGNATURE

I hereby submit my application, and letter of reference for the Junior Volunteer Program. I agree to a drug test for participation in this program and understand that positive test results will be provided to my parent/guardian. I understand that the Manager of Volunteer & Support Services makes all regular assignments based on a personal interview and the interests of each prospective junior volunteer. I agree to abide by the policies and procedures of Southside Regional Medical Center.

Confidentiality Agreement:

I understand and agree that, in the performance of my duties as a junior volunteer, I must hold patient medical information in confidence. Patient 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 my termination from the volunteer program.

Junior Signature _____ Date _____

Phone Number _____

Please return signed application and letter of recommendation by:

Monday, June 3, 2019

To: SRMC Volunteer Services

200 Medical Park Boulevard, Petersburg, VA 23805.

**If you have any questions, please contact
Lisa Mason, Manager, Volunteer & Support Services
at 804-765-5786 or lisa_mason@SRMOnline.com.**