



## Teenage Volunteer Application

(Must be 15 years old or older)

(Please PRINT and fill in all blanks)

Date: \_\_\_\_\_

Name: _____	Telephone No. _____		
Street Address: _____			
City: _____	State: _____	Zip: _____	
Date of Birth: _____	Age: _____	Sex: _____	SSN: _____
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 West Orange District Teenage Volunteer Program 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 TAV 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 4-hour shift per week)

8-12 \_\_\_\_\_ 12-4 \_\_\_\_\_ 4-8 \_\_\_\_\_

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

Teenage Volunteer Shirt - \$15.00

# 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, 2012, our GPA requirements are a 3.3 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: \_\_\_\_\_

# VOLUNTEER CODE OF ETHICS

**As a HEALTH CENTRAL 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'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: \_\_\_\_\_

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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'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!