



## STUDENT VOLUNTEER APPLICATION

---

Please Print:

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Fathers Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

In an Emergency, Notify,

\_\_\_\_\_  
Name Address Phone#

---

**ACADEMIC INFORMATION**

School you Attend \_\_\_\_\_ Grade \_\_\_\_\_

Counselor \_\_\_\_\_ When will you graduate? \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

**EXTRA CURRICULAR ACTIVITES (Put a \* by those done in the summer)**

Sports \_\_\_\_\_

Clubs \_\_\_\_\_

Church Activities \_\_\_\_\_

Youth Groups \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Hobbies \_\_\_\_\_

Other \_\_\_\_\_

---

**JOB EXPERIENCE:**

Do you have a job? \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ How long employed? \_\_\_\_\_

Hours and days working \_\_\_\_\_

**SKILLS**

\_\_\_\_\_ Typing    \_\_\_\_\_ Filing    \_\_\_\_\_ Computer    \_\_\_\_\_ Organizing Projects  
\_\_\_\_\_ Selling    \_\_\_\_\_ Meeting People

**TIME PREFERENCE:**

Monday  Tuesday  Wednesday  Thursday  Friday

Do you prefer: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

**Service area preference:**

Dietary  Patient Registration

Medical Records  Materials Management

Gift Shop  Information Desk

---

**CONSENT FOR PROGRAM PARTICIPATION:**

I give consent for my child to participate in the Reynolds Memorial Hospital Junior Volunteer Program. I authorize Reynolds Memorial Hospital to give emergency medical treatment to my son/daughter, should it be necessary, and also authorize the RMH staff to administer a TB test. The results of this test may be reported to the hospital and to my child's doctor.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I agree that the above information is correct as of the date it has been filed. I also agree to abide by the rules and regulations of the Reynolds Memorial Hospital Volunteer Department.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

The Department of Volunteer Services is not obligated to provide volunteer placement, nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex, or disability.