



French Hospital Medical Center Junior Volunteer Application

DATE: _____

NAME: _____

ADDRESS: _____
Street City Zip

PHONE NUMBER: _____ BIRTHDAY: _____

HIGH SCHOOL: _____

WHAT GRADE ARE YOU IN: _____

HAVE YOU EVER BEEN A PATIENT OF THIS HOSPITAL? (Y/N) _____

PHYSICAL OR MEDICAL CONDITIONS THAT COULD AFFECT YOUR WORK? _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____

ADDRESS: _____ PHONE: _____

PREVIOUS HOSPITAL EXPERIENCE? (Y/N) _____

IF "YES", WHERE: _____

WHY DO YOU WANT TO BE A VOLUNTEER HERE? _____

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

WHAT VOLUNTEER DAYS DO YOU PREFER TO WORK?

After you have filled out this application, the volunteer coordinator will contact you for an INTERVIEW.

It may take one week to one month before you hear from the hospital. You may reach the coordinator at 542-6496. During the interview, the volunteer coordinator will present you with a handbook which explains the program and process to be accepted into the program. The contents of the handbook must be agreed to and signed by both the teen and his/her parents. After the handbook is signed and necessary requirements are complete, the volunteer coordinator will hold an ORIENTATION. Orientations are generally held each quarter and take an hour. Upon completion of the orientation, collection of handbooks and requirements fulfilled, volunteers may be accepted into the program.

Volunteer shifts are **Monday-Friday from 4-6pm. Teens must work a minimum of one shift (2 hours) per week.**

Thank you for taking the time to fill out the application. We appreciate your interest in becoming a part of our French Hospital Medical Center team. We will be in touch with you.