



2017 JUNIOR VOLUNTEER SUMMER PROGRAM APPLICATION - DUE APRIL 7, 2017

Name: _____
(First name) (Middle initial) (Last name)

Mailing Address: _____ City/State: _____

Zip: _____ Home Phone #: _____ Cell Phone #: _____

E-mail: _____ Birth Date (mm/dd/yy): _____
(All communication will be done via email so please print clearly)

Male _____ Female _____ School: _____ Grade: _____

In event of an emergency, guardian's name & daytime telephone #

Guardian 1: _____ Relationship _____ Phone #: _____

Guardian 2: _____ Relationship _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Volunteer hours required by school or organization? ___Yes ___No Hours required: _____

Please list any special skills: _____

Are you currently interested in pursuing a career in a health related profession? ___Yes ___No

In what field? _____

Assignment Preference: (Please circle days that you will be available) Minimum commitment – 8 hours per week (two 4-hour or one 8-hours shift) during the summer program. No weekend hours will be offered.

Preferred day/s: MON TUES WED THUR FRI

Preferred shift: Morning shift (8am-12 noon or 9am-1pm) Afternoon shift (12-4pm or 1-5pm)

In what area of the hospital are you most interested in volunteering? _____

Are there any areas/departments within the hospital that you **would not** be comfortable working in?

___Yes ___No If yes, where? _____

Please note that not all departments in the hospital are appropriate for student volunteers and some departments do not have opportunities for this age group. We will try to place you in an area of interest but assignments will depend on number of students, number of available positions and the day/shift that you are available.

(Over)

Polo Shirt Size (please circle): S M L XL XXL Larger: _____ (Sizes run large)

Student volunteers are required to pay for the polo shirt uniform at a cost of \$35. The shirt must be purchased from our gift shop upon acceptance into the program.

REFERENCES: *(Required)*

- 1) Letter from your school's guidance counselor or a teacher.
- 2) Personal reference letter from someone other than a relative.

ESSAY: *(Required)*

Please attach an essay explaining why you want to volunteer at West Houston Medical Center and what you feel you can contribute to the quality of patient care. Tell us about your personality and what skills you have that would benefit the hospital. There is no minimum or maximum length – write whatever you think will help us determine if you will fit into our junior volunteer team.

Have you ever been convicted of or pled guilty to a criminal offense other than minor traffic violations?

Yes _____ No _____

If yes, please explain: _____

Applicant's Responsibility:

Should I be accepted as a Junior Volunteer at West Houston Medical Center, I am aware that I will be expected to abide by the guidelines and policies of the hospital's Volunteer Program and to be on duty when assigned except when absent because of illness or family vacation. If I am unable to report for assigned duty, I fully understand it is my responsibility to notify in advance the Director of Volunteer Services (by email: selena.mejia@hcahealthcare.com) and the supervisor of the area to which I am assigned.

Applicant's Signature: _____ Date: _____

To be accepted as a Junior Volunteer, you must be able to volunteer a minimum of 6 weeks and 60 hours during the 8 week program. **Hours WILL NOT be certified if the minimum has not been met.**

Anticipated absences (summer) _____
(Dates From / To)

Parent/Guardian Permission:

I hereby certify that my son/daughter will be 16 years of age or older by June 14th and give my permission for _____ to serve as a Junior Volunteer at West Houston Medical Center. I understand my son/daughter will be expected to abide by the policies of the Junior Volunteer Summer Program. Transportation to and from the hospital is our responsibility. I also understand that the hospital is not responsible in case of an accident.

Signature: _____ Date: _____