



Charles Cole Memorial Hospital
Junior Volunteer Program
Application Form

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Address (if different than above): \_\_\_\_\_

Parent's Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Grade Average: \_\_\_\_\_

School Activities: \_\_\_\_\_

Other activities/hobbies: \_\_\_\_\_

Special Interests, skills, training: \_\_\_\_\_

Are you considering a career in a health related field? \_\_\_\_\_ If yes, specify: \_\_\_\_\_

All junior volunteer applicants are required to submit a 300 word essay either on why you want to volunteer or what you think you want to do as a career. Essay is to be submitted with this application.

Junior Volunteer Program Hours: Mutually agreeable scheduling

Indicate any times you definitely cannot volunteer: \_\_\_\_\_

I hereby apply to be a Junior Volunteer at Charles Cole Memorial Hospital and agree to adhere to the following:

- \* Commit to volunteer a minimum of 60 hours over the course of one year from your start date
\* To abide by the policies of the Volunteer Services Department as outlined in the Volunteer Handbook and in Netlearning
\* To be punctual and conscientious in the fulfillment of my duties, and to accept supervision graciously
\* To conduct myself with dignity, courtesy and consideration
\* To consider as CONFIDENTIAL all information which I may hear directly or indirectly, and will not seek information about a patient
\* To endeavor to make my work of the highest quality
\* To take all problems, criticisms or suggestions to the Director of Volunteer Services

Signature

Date



## Junior Volunteer Program Parental Consent

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\_\_\_\_\_ has my (our) permission to participate in the Junior Volunteer Program at Charles Cole Memorial Hospital, Coudersport, Pennsylvania. I understand the responsibilities involved and will cooperate with my child in fulfilling his/her volunteer duties. My child is doing volunteer work at Charles Cole Memorial Hospital with my full knowledge and approval.

I understand that my child is required to complete a minimum of 60 hours of volunteer service of the course of one year from his/her start date. I too, agree to that commitment. I understand that my child may encounter individuals that are ill and may be contagious as part of their volunteer duties.

I have read and understand the junior volunteer desk code and assure that my child will be dressed and groomed appropriately.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship