



For Internal Use:
Certifications: _____

Community Service _____

Drug Test _____

**TEEN (AGES 15 – 17)
VOLUNTEER SERVICES APPLICATION**

Thank you for your interest in becoming a Kosciusko Community Hospital Teen Volunteer. We are always looking for committed individuals that can devote several hours per week toward the service of our patients and their families. Because we take our commitment to our patients very seriously, we provide drug screening, TB testing, Security Background Checks, and educational opportunities to our perspective volunteers. Screenings, testing, background checks and in-house education is at the expense of the hospital.

Because of the expense involved in preparing our volunteers, we do not offer “shadowing” or less involved volunteer programs at this time. Also, while band and athletics are very beneficial to teens, we can not continually work around those activities. We must be able to schedule you each week and count on your regular attendance. Scheduling exceptions can be made for camp and family vacations. Please make sure you have the time for this commitment.

If you feel that you would like to be a part of our volunteer program, please return your application, signed by you and your parent or guardian, along with a letter of recommendation. Our coordinator, Bonnie Height will be in contact with you. Thank you again for your interest in our program.

PERSONAL INFORMATION

First _____ Middle _____ Last _____
 Date of Birth _____ Social Security Number _____
 Driver’s License Number _____ Photo Copy Yes No
 Email Address _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Alternate Phone _____
 Do you speak any foreign languages? No Yes- If yes, please list: _____

 Parent or Guardian(s) name _____

EMERGENCY INFORMATION

Emergency Contact _____
 Relationship to you _____ Contact’s Home Phone _____
 Contact’s Work Phone _____ Contact’s Cell Phone _____

QUESTIONNAIRE

1. Why are you interested in volunteering? _____



2. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? No [] Yes [] – If yes, please describe the service requirements _____

Service Organization & Contact _____

Phone Number _____

3. Is there anything that may adversely affect your ability to perform volunteer work?

No [] Yes [] – If yes, please describe in detail _____

4. Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____

5. Do you have any physical, visual or hearing needs we need to consider? No [] Yes [] – If yes, please explain: _____

6. Are you physically able to transport patients in a wheelchair? Yes [] No []

7. Please check all areas that you are interested in working in the hospital:

- | | |
|--|--|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Hospital Events (Healthy Woman) |
| <input type="checkbox"/> Emergency Department Waiting Rooms or Registration only | <input type="checkbox"/> Hospital Events (Senior Circle) |
| <input type="checkbox"/> Host/Hostess: Out Patient Surgery | <input type="checkbox"/> Information Desk |
| <input type="checkbox"/> Out Patient Unit Support | <input type="checkbox"/> Cancer Center, Restocking, Filing |
| <input type="checkbox"/> Host/Hostess: Maternity | <input type="checkbox"/> Mail Room |
| <input type="checkbox"/> Host/Hostess: Beyer Building | <input type="checkbox"/> Materials Management |
| | <input type="checkbox"/> Other: _____ |

EDUCATION/COMMUNITY INVOLVEMENT/WORK EXPERIENCE

School _____ Grade _____

Courses currently taking, school activities, clubs, honors, etc. _____



Have you ever volunteered in the past before (school, civic)? No [] Yes [] If yes, please explain:

OTHER

How did you hear about our Teen Volunteer Program? _____

Do you have any friends, relatives, acquaintances employed by or volunteering at the hospital?

No [] Yes [] If yes, please list:

Name	Position	Relationship
_____	_____	_____
_____	_____	_____

Briefly explain why you want to join our Teen Volunteer Program: _____

Please list two, non-relative references in the area provided below. This can include teachers, youth leaders, clergy, employers or other significant adults that know you.

Reference 1 Name: _____ Phone _____
Relationship to you: _____ Business Name: _____
Address: _____ City _____ State _____ Zip Code _____

Reference 2 Name: _____ Phone _____
Relationship to you: _____ Business Name: _____
Address: _____ City _____ State _____ Zip Code _____



PARENTAL/GUARDIAN SIGNATURE

I hereby permit my son/daughter/charge _____ to participate in the Teen Volunteer Program. I also give permission for a drug test to be completed on my son/daughter/charge for participation in this program and understand that I will be informed if the test is positive. I further release the hospital from any legal or other responsibilities for any injuries, act, or incidents involving the volunteer.

Parent/Guardian Signature _____ Date _____

Phone Number _____ Alternate Number _____

TEEN VOLUNTEER APPLICANT SIGNATURE

I hereby submit my application and letter of reference for the Teen Volunteer Program. I agree to a drug test for participation in this program and understand that a positive test results will be provided to my parent/guardian. I understand that the Volunteer Services Coordinator makes all regular assignments, based on a personal interview and the interests of each prospective teen volunteer. I agree to abide by the policies and procedures of the Volunteer Services Department.

Confidentiality Agreement:

I understand and agree that, in the performance of my duties as a teen volunteer, I must hold patient / medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers or family. I also understand that any violation of patient confidentiality will result in termination from the volunteer program.

Teen Applicant Signature _____ Date _____

Phone Number _____ Alternate Number _____

Please returned signed application to: Bonnie Height, Volunteer Program Coordinator. If you have any questions, please contact Bonnie Height, Volunteer Coordinator, at 574-267-3200, Extension 1161 or email at bheight@kch.com.