

TEEN VOLUNTEER SERVICES APPLICATION

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Birthday _____ TShirt Size _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship _____

Phone _____ Alternative Phone _____

EDUCATIONAL INFORMATION

Name of School: _____ Current Grade: _____ Graduation Year: _____

GPA _____ Do you currently have a job or will you have a job next school year? _____

Honors and Awards

Please List Any School Activities or Leadership Experience Below (Student Council, Athletics, Officer, Band, etc).

Organization

Position Held

Grades Participated

VOLUNTEER EXPERIENCES:

Please list any volunteer experience you've participated in recently:

Organization

Position Held

Start Date

End Date

AVAILABILITY

What days and times are you available to volunteer?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Mornings (8am - Noon) Mid-Day (Noon - 4pm) Evening (4pm – 7pm)

QUESTIONNAIRE

Why are you interested in volunteering? _____

Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)?

- Yes No If yes, please describe the service requirements: _____

Service Organization _____

Contact Name _____ Phone Number _____

Is there anything that may adversely affect your ability to perform volunteer work? Yes No

If yes, please describe in detail: _____

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

JUNIOR BOARD APPLICANTS ONLY:

Name of college you plan to attend _____

What professions are you most interested in pursuing?

REFERENCES

Please provide two references – a teacher, counselor, or clergy. Family members will not be accepted.

Reference 1: Name _____ Relationship _____

Phone _____ Email: _____

Reference 1: Name _____ Relationship _____

Phone _____ Email: _____



TEEN VOLUNTEER STATEMENT OF COMMITMENT

I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for volunteer service and may result in discharge even if discovered at a later date. I authorize Tift Regional Health System to verify any information I have provided. I hereby authorize persons from any schools, companies, or organizations, to include my references, named in this application to provide information about me contained in their records, and I release all such persons from liability regarding the provision of or use of such information. I understand there are certain training requirements that must be fulfilled, and performance standards that must be maintained in order to volunteer at Tift Regional Health System. Finally, as a Tift Regional Health System volunteer, I will:

- Agree to volunteer for a minimum of 3 hours a week
- Notify Volunteer Services any time I am unavailable to volunteer for my assignment
- Decline to perform any task for which I feel I have not been adequately trained or which would put me or others at risk
- Respect patient, family, and staff confidentiality; which I understand is both a patient right and the Hospital’s legal responsibility. Users of electronic, verbal, or written information systems have the same obligation regarding confidentiality.
- Abide by the rules and regulations of Tift Regional Health System and Volunteer Services
- Maintain the customer service standards in my interactions with patients, families, and staff

Volunteer Signature *Date*

Volunteers under the age of 18 or 18 years of age and still in high school need the signature of a parent or guardian. As the parent or guardian of the above prospective minor volunteer, I support and recommend him/her in this opportunity. Also, I have read the statement of commitment and my teenager, _____, born _____ has my permission to become a volunteer at Tift Regional Health System. I understand immunization documentation is necessary. An initial tuberculosis skin test, drug screen and annual flu vaccine are also required for volunteering; therefore, I give permission for my child to have these tests and vaccine completed at Tift Regional Health System. I understand that there is no charge for this service.

Parent/Guardian (Printed) *Date*

Parent/Guardian Signature *Date*



REFERENCE FORM

Instructions: This form should be completed by a counselor, clergy member or teacher you have known for at least one year. Upon completion, please have your reference mail or scan and e-mail this form to:

Mail: Volunteer Services Tift Regional Health System 901 E. 18th Street, Tifton, GA 31794 or

E-mail: emily.lamontagne@tiftregional.com For questions or to give a reference by phone, please call (229) 353-7590.

The above individual has applied with Tift Regional Health System to serve as a teen volunteer and is providing you as their reference. Students accepted into this program should be punctual, reliable, and have a sincere interest in volunteering. Any information you give will be held in strict confidence. Please do not return this form to the student.

Please check the appropriate box in each category: Category Excellent Good Adequate Weak Personal Please check the appropriate box in each category:

	Excellent	Good	Adequate	Weak
Character				
Maturity				
Interpersonal Skills				
Attendance/Punctuality				
Motivation/Work Ethic				
Communication Skills				
Integrity				
Leadership Skills				

Please provide a personal statement explaining your knowledge of the applicant and why you believe he or she would or would not be successful as a volunteer. Please feel free to use the back of this form for additional space.

Name of counselor/clergy member/teacher _____

Name of school/church _____ Phone _____

Signature _____ Date ____/____/____