For Internal Use:
Application-Date Rcvd. _____
Teacher Reference _____
Essay _____
TB Test_____
Drug Screen _____
Interview Date _____
Acceptance letter_____
Other

Springs MEMORIAL HOSPITAL

JUNIOR (AGES 14 – 17) VOLUNTEER APPLICATION

Thank you for your interest in becoming a Junior Volunteer at **Springs Memorial Hospital**. Please return this application **(completed in black or blue ink)**, signed by you and your parent/guardian, along with a **letter of recommendation. This letter of recommendation cannot be from a family member.** You must also complete an **essay. Essays must be *typed***. Please put forth your best effort for the essay, as it is used for scoring during your interview/acceptance phase of the program.

Your essay should address this topic**: "Why is community service important to you at this stage in your life and in your adulthood. Please include at least two examples of your experiences with community involvement by describing the activity and your 'take away' from your experience."**

Applications will be accepted March 1- March 31. **Absolutely no applications will be accepted after March 31st**.

We look forward to working with you during this process. If you have any questions, please call Lori Johnson, Volunteer Services Coordinator at 803-416-5459.

Review your application! Blank or incomplete sections will forfeit your application!

PERSONAL INFORMATION

Date:_____

First _____ Middle _____ Last _____

Parent or Guardian name(s) _____

Address _____E-mail _____

City _____ State _____ Zip _____

Phone _____ Secondary Phone _____

Date of Birth _____Age_____ **SS#**_____-_____-_____

EMERGENCY INFORMATION

Emergency Contact name _____

Relationship to you _____ Phone _____

Physician Health Reference Information-

Physician Name: _____ Practice Name_____

Mailing Address: _____Phone _____

City _____State:_____ Zip Code: _____

QUESTIONNAIRE

▪ Special interests/hobbies/skills: _____

_____

▪ Volunteer shift are from [8 am – 12 pm]: Please select the days you are UNABLE to volunteer:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

EDUCATION/COMMUNITY INVOLVEMENT/WORK EXPERIENCE

School: _____ Grade: _____

- Current school activities, clubs, honors, etc. _____

_____

▪ If known, what career do you hope to pursue as an adult?

_____

▪ List any community affiliations - church, civic groups, etc. (not listed in the 1st bullet)

_____

_____

▪ Are you seeking volunteer work as a requirement for any of the above activities/groups? If yes, please explain: Yes [ ] No [ ]

_____

OTHER

▪ How did you hear about our Junior Volunteer Program? _____

_____

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

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

Name Position Relationship

_____

_____

_____

SPECIAL SKILLS/INTERESTS:

_____

_____

_____

***** REMEMBER TO COMPLETE YOUR ESSAY THAT IS REFERRED TO IN THE BOX ON PAGE 1. *****

PARENTAL/GUARDIAN SIGNATURE

I hereby permit my son/daughter/charge _____to participate in the Junior 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 junior volunteer.

Parent/Guardian Signature _____ Date _____

Phone Number _____

TEEN VOLUNTEER APPLICANT SIGNATURE

I hereby submit my application, letter of reference and essay for the Junior Volunteer Program. I agree to a drug test for participation in this program and understand that 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 junior volunteer. I agree to abide by the policies and procedures of the Volunteer Services Department and Springs Memorial Hospital. I also understand that my acceptance into the program is not guaranteed. It is based on a combination of my interview, essay and reference.

Confidentiality Agreement:

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

Teen Signature _____ Date _____

Phone Number _____

Please return application to:

Springs Memorial Volunteer Office
800 West Meeting Street, Lancaster, SC 29720.

If you have any questions, please contact:

Lori Johnson at 803-416-5459
or
***Lori_Johnson@CHS.net*.**

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