

**DUPONT HOSPITAL
TEEN VOLUNTEER SERVICES APPLICATION**

Your interest in becoming a teen volunteer is most appreciated. Please return your application along with a letter of recommendation to the Volunteer Services Department.

PERSONAL INFORMATION

Name _____ Date of Birth _____
 Last First MI

Parent or Guardian name(s) _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Phone _____ Secondary Phone _____

EMERGENCY INFORMATION

Emergency contact name _____

Relationship to you _____ Phone _____

QUESTIONNAIRE

Do you have any physical conditions, which may limit your activities/abilities to perform any of the various volunteer jobs? Yes _____ No _____

If yes, please explain _____

Special interests/hobbies/skills? _____

EDUCATION/COMMUNITY INVOLVEMENT/WORK EXPERIENCE

School _____ Grade _____

School activities, clubs, honors, etc. _____

Do you have plans to continue your education after high school? If yes, what course of study do you want to pursue? _____

Are you seeking volunteer work as a requirement for any activity/group? If yes, please explain: _____

Have you volunteered in the past before (school, civic)? If yes, please explain:

OTHER

Do you have friends, relatives, or acquaintances employed by or volunteering at the hospital? Yes _____ (If yes, please list) No _____

Name	Department	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER PREFERENCE

Day(s) of week: _____

Morning _____ Afternoon _____ Evening _____

Reference _____ Phone _____
(Teacher, Minister, Physician, etc.)

Note: A letter of recommendation from your reference must be included with this application.

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 or Specialist makes all regular assignments based on a personal interview and evaluation of each prospective teen volunteer. I agree to abide by the policies and procedures of the Volunteer Services Department.

Teen signature _____ Date _____

PARENTAL/GUARDIAN SIGNATURE

I hereby permit _____ to participate in the teen volunteer program. I also give permission for a drug test and mantou (TB test) to be completed on my son/daughter/charge for participation in this program. 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 _____