



Junior Volunteer Application

(Please attach 2 photos 2x2. Picture will not be returned.)

Student Name: _____

 Last First Middle

Address: _____

City & Zip: _____

E-Mail Address: _____ Date of Birth: ____/____/____

Father/Guardian Address: _____ E-Mail _____

 Daytime Phone: _____ Evening Phone: _____

Mother/Guardian Address: _____ E-Mail _____

 Daytime Phone: _____ Evening Phone: _____

School Currently Attending: _____ GPA: _____ Graduation Year: _____

Volunteer Experience: _____

Extracurricular/Sports/Organizations/Hobbies: _____

Circle your preference:		
Sessions:	Session I: June 2 -June 26	Session II: July 7 – July 31
Days:	Monday/Wednesday	Tuesday/Thursday
Time:	8:00 am – 12:00 pm	12:00 pm – 4:00 pm

We will do our best to honor your preference but do know that all preferences are subject to availability:

1st Choice:

2nd Choice:

What size polo shirt do you need to purchase? Size _____

Circle what applies: New Volunteer or Returning Volunteer

Why do you want to volunteer? What makes you the best applicant for this program?

Describe your two strongest attributes:

What career choices are you currently considering?

As a Junior Volunteer I understand that I am required to:

- 1) Be a student between the ages of 16 and 18.
- 2) Have a written consent from a parent or guardian.
- 3) Attend mandatory Junior Volunteer Orientation on specified date.
- 4) Follow all hospital rules and regulations as specified on the attached liability and Junior Volunteer agreement.
- 5) Work one summer session for a total of 32 hours.
- 6) Notify Manager of Volunteer Services and your assigned department IMMEDIATELY regarding any absences from duty. Failure to do so may result in termination from the program.

Signature of Junior Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PARENT/GUARADIAN---Please check the appropriate statements.

_____ I give permission for immediate emergency medical treatment. Notify me and/or any person listed as soon as possible.

_____ I **DO NOT** give permission for emergency medical treatment until I have been contacted.

List all allergies, medication reactions or other conditions that may need to be known in an emergency situation.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

<p>Junior Volunteer Agreement</p> <p>Texas Health Harris HEB Hospital believes that all medical, financial, and personal information is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore, team members, adult volunteers, and students may look at, use, or disclose patient’s information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential; it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.</p> <p>I acknowledge and have read the statement above and agree to abide by the expectations of the Junior Volunteer Program.</p> <hr/> <p>JUNIOR VOLUNTEER SIGNATURE _____ DATE _____</p>

For office use only:

Date application received: _____	Assignment: _____
Paperwork Complete: _____	Shirt purchased: _____