

JUNIOR VOLUNTEER APPLICATION Volunteer Services (724) 430-5671 **Minimum age for junior volunteers is 16 years.*

Name: _____ Social Security # _____

Father's Name: _____ Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Birthdate: _____

Email Contact: _____ May we contact you by email? Yes No

Current School You Attend: _____

High School You Will Graduate From: _____

Current Grade: _____ Year Of Graduation (High School): _____

Emergency Contact Person: _____

(____) _____
Phone Relationship to You (Aunt, Grandmother, etc.)

List any limitation or restriction that affects your physical or mental ability to volunteer:

Work Experience: _____

Volunteer Experience: _____

Are you considering health care career? If so, in what field: _____

Please specify if you want to work in a certain hospital department: _____

List activities in which you participate: (hobbies, sports, school clubs, community organizations, church groups, etc.)

Do you have any relatives currently working at this hospital? If so, please list:

Name: _____

Department: _____

Name: _____

Department: _____

PARENTAL PERMISSION

I hereby give permission for my son/daughter _____ to become a volunteer at WVU Medicine Uniontown Hospital. I understand that volunteers provide a supplemental service that compliments the work of Hospital staff, and in no way, is a replacement for staff. Also, that as members of the Junior Volunteer Program, teens must volunteer a minimum of twice a month and give at least 50 hours of service within a twelve-month period. I have verified that the information on this application is correct. I will do my best to ensure that my daughter/son fulfills the responsibilities outlined at the Volunteer Orientation Session.

_____ DATE: _____

Signature of Parent or Guardian

WVU Medicine Uniontown Hospital Volunteer Program does not discriminate on the basis of race, color, sex, age, religious creed, national origin, ancestry or disability in the selection and placement or in the provision of services.

Please complete this application and return to

*WVU Medicine Uniontown Hospital Volunteer Services
500 West Berkeley Street, Uniontown, PA 15401*

By FAX: 724.430.8631

Or By Email: amy.flasher@wvumedicine.org

**WVU MEDICINE UNIONTOWN HOSPITAL
VOLUNTEER REFERENCE LIST**

VOLUNTEER NAME: _____

Prior to beginning your assignment, you must have two positive references from adults who know you well enough to recommend you as a volunteer. Such persons may not be related to you.

Please list the names of three references below and provide a complete mailing address.

The Volunteer Office will mail a reference form to each person listed below:

PLEASE PRINT

Reference #1: Name _____
Title _____
Address _____
City/State/Zip _____

Reference #2: Name _____
Title _____
Address _____
City/State/Zip _____

Reference #3: Name _____
Title _____
Address _____
City/State/Zip _____