

**JUNIOR VOLUNTEER PROGRAM
AUXILIARY TO UNITED HOSPITAL CENTER**

Name of Student: _____

Date: _____

Consent Form:

Please read and complete this form and the attached application. Parental consent and signature is required if you are under 18 years of age.

Guidance Counselor's Consent:

COUNSELOR, your signature verifies that this student meets these qualifications:

1. Student has at least a 2.5 grade point average.
2. Student is in good standing with the school and in the community.
3. Student is at least 14 years of age.
4. Student is mature and responsible.

Name of High School: _____

Student's Age: _____ Student's Current Grade: _____

Student's GPA: _____ Student's Birth Date: _____

Guidance Counselor's Signature: _____

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Keep this section for your information and return the top portion of this form & application to:

Volunteer Office
United Hospital Center
327 Medical Park Drive
Bridgeport, WV 26330

**AUXILIARY TO UNITED HOSPITAL CENTER
JUNIOR VOLUNTEER APPLICATION**

Name: _____ Date: _____
 Last First Middle

Mailing Address: _____
 Street Address City State Zip

Phone: _____ Social Security # Will be Required for ID badge
Your Cell: _____

Birth date: _____ Grade: _____ School: _____

Email address: _____

Father's Name: _____ Work Phone: _____

Occupation/Company Name: _____

Mother's Name: _____ Work Phone: _____

Occupation/Company Name: _____

In case of an emergency, notify: _____ Phone: _____

List prior work/volunteer Experience: _____

List Extra-curricular activities: _____

Career Interest: _____

List hobbies/skills/special interests: _____

Availability:

List days and times available to volunteer:

References:

Personal: _____
 (not a relative) Name Mailing Address

School Teacher: _____
 Name Mailing Address

How long do you plan to volunteer? _____

Is volunteer work a requirement for school credit? _____ Yes _____ No

Have you ever committed, been convicted of, pled guilty to, or pled nolo contendere to, a felony or a misdemeanor?

_____ NO _____ YES If Yes, please explain: _____

Parental Consent:

I give consent for my child's participation in the Auxiliary to United Hospital Center's Junior Volunteer Program.

I also give my permission to take, reproduce & use my child's photograph, name, quotations or comments in connection with any publication (including but not limited to newspapers, TV, video, radio, brochures & magazines) in such manner & at such times as United Hospital Center and/or the Auxiliary to UHC shall determine.

Every Volunteer at UHC is required to have a PPD test so UHC can remain in compliance with OSHA regulations, West Virginia State Health Department regulations and the Center for Disease Control recommendations. (Except Volunteers with a positive history.) A PPD test measures hypersensitivity to the tuberculosis bacillus and indicates if there has been previous contact and infection with tuberculosis. A PPD skin test is administered by the UHC Lab prior to a volunteer beginning his/her assignment at UHC. Junior volunteers under the age 18 need parental consent in order to have a PPD skin test.

I give consent for my child to take the PPD Test, which is required before volunteering.

Date: _____
 Signature of Parent or Guardian: _____

Applicant Consent:

I agree that the above information is correct as of the date it has been filed. I also agree to abide by the policies and procedures of the Auxiliary to United Hospital Center as they are outlined in the Policies & Procedures provided in the Junior Volunteer Orientation Material.

Date: _____
 Signature of Applicant: _____



PROSPECTIVE JUNIOR VOLUNTEERS

NAME:	DATE:
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Please contact your family physician to get a copy of your records of this information. If there are any vaccinations you need, you will need to get them prior to beginning as a Junior Volunteer.

1. Have you had two Measles, Mumps, Rubella (MMR) Vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If YES , you do not need Rubeola or Rubella titer. Dates of Vaccinations _____ Go to #4. If NO or UNSURE , see #2 and 3.

2. Have you had a documented case of measles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If YES , you do not need Rubeola titer. If NO or UNSURE , you will need Rubeola titer. Contact your physician & provide us with a report.
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3. Have you had German measles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If YES , you do not need Rubella titer. If NO or UNSURE , you will need Rubella titer. Contact your physician & provide us with a report.
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4. Have you had a negative PPD (tuberculosis) skin test within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide us with a report? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , you do not need another PPD skin test at this time if you have written documentation of negative test. (Bring a copy of your negative PPD to Orientation with you). If NO , you will need a two-step PPD skin tests two weeks apart. (This will be provided by UHC.)
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5. Have you had chickenpox? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • Vaccination Date: _____ If YES , you do not need Varicella titer drawn. If NO or UNSURE , you need Varicella titer drawn before you begin volunteering. Contact your physician & provide us a report.

6. Have you received your seasonal influenza shot? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If YES , when _____. We need a copy of verification. If NO , you cannot volunteer during flu season. Flu shots are mandatory at UHC.
