

**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: _____

Return this form & application to:

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

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 PPD test. (This will be provided by UHC.)

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? (Required October through April) <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.
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7. Have you received the COVID-19 Vaccination? (Required) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If YES , when _____. We need a copy of verification. If NO , you must receive a complete vaccine prior to volunteering and provide verification.
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