

Junior Volunteer Application

Mason General Hospital

901 Mt. View Drive • Shelton, Washington 98584 • (360) 426-1611

REQUIREMENTS: A junior volunteer must be at least 15 years of age. They must maintain an overall grade point average of at least 2.5; a letter of recommendation from a school counselor or teacher is necessary; a copy of your school transcripts; and verification of vaccination for Measles, Mumps & Rubella (MMR).

PERSONAL DATA

PLEASE PRINT

NAME _____ DATE OF BIRTH _____
(LAST) (FIRST)

ADDRESS _____ HOME PHONE _____
(STREET) (CITY) (ZIP)

NAME OF SCHOOL _____ PRESENT GRADE _____

YOUR OVERALL GRADE POINT AVERAGE _____

Are you involved in after school activities: i.e., Sports, clubs, job, etc. that would conflict with your volunteering? YES _____ NO _____

If yes, what are they? _____

VOLUNTEER WORK DESIRED

Are you interested in a medical career? YES _____ NO _____ PLEASE EXPLAIN: _____

Why do you want to be a Volunteer? _____

Are you willing to accept responsibility of a minimum of 2-4 hours a week, and a six (6) month commitment? YES _____ NO _____

DAYS ABLE TO WORK: _____

HOURS ABLE TO WORK: _____

HEALTH

Have you any physical, mental or sensory limitation that would prevent you from performing the duties of a Junior Volunteer? YES _____ NO _____ PLEASE EXPLAIN: _____

You will be required to have a yearly Tuberculin Skin Test (T.S.T.). Our Employee Health Nurse will administer this on the first day of orientation free of charge. Since you are a minor, your parents will have to sign a TB consent form. You will be required to show verification of having received the Measles, Mumps and Rubella vaccine, or that you have gone through M.M.R. screening.

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ PHONE _____

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Are volunteer hours required for: Community Service ____ School Classes ____ Outside Activities ____

If yes to any of the above, please explain:

CONFIDENTIALITY

I UNDERSTAND THAT ALL THE INFORMATION WHICH I MAY HEAR DIRECTLY OR INDIRECTLY CONCERNING A PATIENT, DOCTOR, OR STAFF MEMBER, WILL BE CONSIDERED STRICTLY CONFIDENTIAL, AND I WILL NOT SEEK INFORMATION IN REGARD TO ANY PATIENT.

ALL STATEMENTS IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF ANY INFORMATION SUBMITTED PROVES TO BE FALSE, IT SHALL BE CAUSE FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

(Applicant's Signature)

(Date)

PARENTAL CONSENT

TO BE SIGNED BY PARENT(S) AND/OR GUARDIAN:

MY DAUGHTER/SON _____ HAS MY (OUR) CONSENT TO SERVE AS A JUNIOR VOLUNTEER. WE UNDERSTAND THAT TRANSPORTATION TO AND FROM THE HOSPITAL IS OUR RESPONSIBILITY. WE UNDERSTAND WE NEED TO SIGN A TB CONSENT FORM AND WILL PRODUCE VERIFICATION OF THE MEASLES, MUMPS AND RUBELLA VACCINE OR RUBELLA SCREENING AS REQUIRED.

(Parent and/or Guardian Signature)

(Date)

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

Hospital Orientation Date: _____ TST Consent: _____ Orient to Position Date: _____

COMMENTS: _____

