Volunteen Application

DATE:____________

NAME:________________ ADDRESS:______________________ PHONE: (___)___-_____

CITY:_________________ STATE:____________ ZIP:_____________

BIRTHDATE:_____________ AGE:_______ SCHOOL NAME:______________________

YEAR IN SCHOOL:______ GRADE POINT AVERAGE:_________ SS#____/___/______

IN CASE OF EMERGENCY CONTACT:____

RELATIONSHIP:_______________ PHONE: (___)____-_____ BUSINESS PHONE:_______

SCHOOL CLUBS:____

OTHER ACTIVITIES:____

Why are you interested in volunteer work?____

____

What are your career plans after graduation?_______________________________________

____

Do you have necessary transportation? _______ Have you ever done any type of volunteering before? (scouts, certain clubs, etc.)____

Have you ever been a patient in this hospital? _____

Has any of your immediate family ever been employed or volunteered at Owensboro Health? Yes____ No____ If so, whom?___________________

Days of the week preferred: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

PARENTAL CONSENT

I hereby consent to the participation of my daughter/son _______________, in the Volunteer Program at Owensboro Health Regional Hospital.

I also authorize the emergency treatment of my daughter/son (named above) if she/he is injured or taken ill while volunteering for Owensboro Health Regional Hospital, if the hospital is unable to contact a parent or guardian for permission to treat.

I also give permission to use any photographs that are taken of my daughter/son, while she/he is volunteering for the hospital, for the use for publicity in promoting the hospital without limitation and reservation.

Signature of Parent or Guardian ___________________________ Date ____________

PARENTAL CONSENT FORM FOR TUBERCULOSIS SKIN TEST

I hereby give my permission for my daughter/son, _____________________, to have **Tuberculosis Skin Test** done. I understand that there is no charge for this service.

Signature of Parent or Guardian ___________________________ Date ____________

Print Name of Parent or Guardian: ____