



Student Application

Please print

Name _____ Phone _____

Address _____ Birthdate _____

City _____ State _____ Zip _____

School attending _____ Grade completed _____

Does your volunteering meet academic/school requirements? Yes No

If yes, please describe _____

What do you hope to gain from volunteering? _____

Please describe any volunteer experience, skills, or qualifications that would prepare you for volunteering:

I am interested in volunteering in a: Medical Area Non-medical Area

Are you able to commit fifty hours during the summer? Yes No

Can you type? Yes No Are you proficient with a computer? Yes No

Do you require any accommodations to perform as a volunteer? Yes No

If yes, please describe _____

Please list two non-family references (Preferably teacher, counselor, or pastor.)

Name _____ Phone _____

Relationship _____ Years acquainted _____

Name _____ Phone _____

Relationship _____ Years acquainted _____

Emergency contact _____ Phone _____

Relationship _____ Work phone _____

Agreement

I agree to follow the Hospital policies and safety guidelines outlined in the volunteer handbook. I agree to represent the Hospital in a professional, conscientious and confidential manner. I agree to return the uniform loaned to me when I complete my service.

Student signature _____ Date _____

I give my daughter/son permission to participate in the student volunteer program at Waynesboro Hospital.

Parent/guardian name _____

Signature _____ Date _____

FOR OFFICE USE ONLY Interview date ___/___/___ Orientation date ___/___/___ Date Application Received ___/___/___

- Student signature
- Parent/guardian signature
- Uniform received ___/___/___
- Deposit received ___/___/___
- Confidentiality form signed
- Mantoux release signed
- Pin number confirmed
- ID badge photo taken ___/___/___