

JUNIOR/STUDENT VOLUNTEER APPLICATION



PREFERRED VOLUNTEER SITE
(Check one)

Mercy Fitzgerald Hospital

Mercy Philadelphia Hospital

Nazareth Hospital

You have to be at least 14 years old to enroll in our volunteer programs

* Indicates optional fields

GENERAL INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>	Address 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> ▼ Zip <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	SSN	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone (home)	<input type="text"/> <input type="text"/> <input type="text"/>	Telephone (cell) *	<input type="text"/> <input type="text"/> <input type="text"/>
e-mail address	<input type="text"/>		

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If yes, state offense, date, and location. A conviction record will not necessarily prevent your employment. Such factors as the nature of the offense and rehabilitation will be taken into account.

EDUCATION

School	<input type="text"/>	Grade	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
		State	<input type="text"/> ▼ Zip <input type="text"/>
Counselor/Teacher	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/> <input type="text"/>

SKILLS

Special skills or interest you would like to use as a volunteer

AVAILABILITY

During school year During summer months

I would be available from to No. of hours per week

Preference Monday through Friday Saturday Sunday

SCHOOL & COMMUNITY ACTIVITIES

Please list any school or communities organization that you are or have been involved

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PREVIOUS EXPERIENCE

Please include baby-sitting, church or community organization

Name/Company Address
Supervisor/Contact From to Tel.
Reason for leaving Volunteer Paid
Description of primary responsibility

REFERENCE 1

School Teacher Counselor Name
Address City State Zip
Telephone

REFERENCE 2

School Teacher Counselor Name
Address City State Zip
Telephone

OTHER

Have you been hospitalized within the last six months? Yes No
Do you have any special needs or limitations? Yes No
Are you currently under the care of a physician? Yes No
Primary Physician Telephone

If you have a condition and are taking special medication(s), it is important to advise us so that in the event of an emergency medical personnel can provide proper treatment. All information will remain confidential.

In case of emergency, please notify:

Name Relation
Address City
State Zip
Telephone (home) Telephone (cell)

I authorize investigation of all statements contained in this application. I authorize my former employer and/or volunteer organization to release any and all information they may have which is relevant to my volunteer service. If accepted by Mercy Health System as a Volunteer, I agree to abide by all hospital and volunteer policies and procedures.

Accept Date

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PPD P e r m i s s i o n

I give permission to my son/daughter _____
to receive the PPD test (*Skin test for TB*)

This is a mandatory requirement for volunteers.

The test is placed and must be read within 48 to 72 hours.

Parent's name _____

Parent's signature _____

Parent's phone number _____ Date ___/___/___

JUNIOR/STUDENT VOLUNTEER APPLICATION



Teacher Recommendation

School name _____

Student name _____

Current year in school _____

For school administration only

School attendance record Good Poor

School punctuality record Good Poor

Failures _____

In recommending this student for volunteer services, we hope the school personnel will realize because of the serious nature of every assignment the Junior Volunteer must adjust to working in an adult world.

As a volunteer moves about the facility, he/she must be able to conduct him/herself in a mature manner, with poise and courtesy.

Characteristics	Superior	Good	Average	Poor
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to follow orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental alertness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I do recommend this student for volunteer service. Yes No

Name of Counselor or Teacher _____