VOLUNTEER SERVICES DEPARTMENT

TEEN VOLUNTEER APPLICATION

PLEASE PRINT

Name: ___________________________________________ Date: __________________

Address: ____________________________________________________________________________________

City ___________________________________ State _______________ Zip Code __________________

Home Phone: _________________________________ Cell Phone: ________________________________

Date of Birth: _______ / _______ / _____________ Social Security No: ___________________________

E-Mail Address: _____________________________________________________________________________

Parent’s Contact Phone Number: _______________________________________________________________

School Name: ___________________________________________ Current Grade: _________________

VOLUNTEER EXPERIENCE:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Volunteered From --- To ---</th>
<th>Duties</th>
</tr>
</thead>
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Have you ever had a paid job? _______ If yes, where did you work and what were your duties? ______________

What clubs or organizations do you belong to? ______________________________________________________

What leadership roles have you held, if any? _______________________________________________________

PARENTAL PERMISSION:

I confirm that my son/daughter has my full approval to volunteer at Midwestern Regional Medical Center and is at least fourteen (14) years of age.

___________________________________________________   _________________________
                 (Parent’s Signature)                      (Date)

Revision Date: 2/17/2017
**MY AVAILABILITY:**

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<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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</thead>
<tbody>
<tr>
<td>Morning</td>
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**REFERENCES:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Relationship (i.e.: Supervisor, co-worker, neighbor, etc.)</th>
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<tbody>
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<td></td>
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<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
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Activities or conditions you must avoid: (Please list):

________________________________________________________________________________________

________________________________________________________________________________________

**INTERESTS:** (Please check those you would be willing to share as a volunteer)

Patient Service Roles: □ Patient Transport / Escort □ Distribution patient materials/deliveries □ Lead Activities
□ Patient Visiting Rounds □ Greeting Patients □ Hospital Tours □ Entertainment

Personal Skills: □ Needlework (specify): _____________________ □ Sewing □ Crafts □ Game host
□ Musical Instrument (specify): ________________________________
□ Other (specify): ____________________________

Area of special interest in volunteering: ___________________________________________________________

**My signature indicates my approval for Midwestern to check my references. I understand that the volunteer service department is not obligated to provide a placement, nor am I obligated to accept the position offered. The above information is accurate and correct to the best of my knowledge.**

_______________________________________________  ____________________________
Signature                                      Date

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CODE OF ETHICAL BEHAVIOR

If accepted as a hospital volunteer, I agree that:

1. I shall recognize and acknowledge that all information concerning patients at MRMC is highly privileged and confidential. It is my personal responsibility to protect the privacy of the patients. In accordance with this responsibility, I promise never to place medical information about any patient in the hands of an unauthorized person, or leave confidential information, like the patient census sheets, where the public might gain access to that information. I shall not discuss a patient’s medical information with non-family members, visitors, the press, non-medical hospital staff or any person outside of the hospital. All medical records are the property of the patient and MRMC and are to be used only to provide quality care to the patient. I understand that if I should disclose any confidential information obtained as a result of my volunteer service at Midwestern, my service as a volunteer will be immediately terminated.

2. I understand that the computer systems at Midwestern Regional Medical Center contain patient information of a confidential nature. I further understand that if I am given access to that information, it is a breach of trust for me to share my Password or Username with any unauthorized individual.

3. My services are donated to the hospital without contemplation of compensation or future employment, and given with humanitarian, religious or charitable reasons.

4. I understand that the Volunteer Services Department reserves the right to terminate any volunteer status as a result of (a) failure to comply with medical center policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which in the judgment of the department Director, would make my continued services as a volunteer contrary to the best interests of the hospital.

5. I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be required as part of my volunteer service. I authorize the person(s) making tests of x-ray films to report the results to the medical center.

6. I shall be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others, and endeavor to make my work professional in quality.

7. I shall attempt to resolve any problems related with my volunteer activities with my supervisor, and if unsuccessful, attempt to resolve any such problems with the Director of Volunteer Services.

8. I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.

9. I shall, at all times, uphold the philosophy and standards of the hospital and the Volunteer Services Department.

10. I shall not solicit any business for attorneys or insurance companies “for compensation,” on or off medical center property, or act as a runner or capper for an attorney in the solicitation of business. I understand that such activity is a crime. I shall report all known occurrences of solicitation for attorneys to the Director of Guest Services.

I have read each of the above conditions and I agree to be bound by them.

_________________________________________  _______________________
Signature                                      Date

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