Application for Student Volunteer
(High School Students)

Please PRINT in ink. Complete all items carefully:

Date: _____

Name: _____ Age: _____ Birthdate: _____ Male/ Female
(last) (first) (middle) (month, day, year) (circle one)

Address: _____
(number, street) (city, zip code)

Home Phone: ( ) _____ Cell Phone (students): ( ) _____

E-mail address: _____

With Whom Do You Live? _____
(both parents, mother, father, other)

Print Name of Mother _____

Father _____

Other _____

High School: _____ Graduation Year: _____

Student Volunteers serve in many different areas of the Hospital, depending on their job assignments. Assignments may change from time to time. Some jobs are more strenuous than others; some involve patient contact; others may not. The Hospital does require that Student Volunteers be in good physical and emotional condition and that they have a yearly Mantoux PPD tuberculin skin test. This skin test can be done at the Hospital free of charge upon acceptance into the program.

Please complete the following questions. Must attach extra sheet of paper for answers #2-6:

1. Do you speak a language other than English? _____ Yes _____ No
If 'yes,' what other language(s) do you speak?_____

2. What does volunteering mean to you?

3. Why do you believe it's important to be a reliable volunteer and how does attendance affect this?

4. How do you plan on making a difference within our Methodist Hospital community?

5. What is one thing you care deeply about? Elaborate?

6. What do you feel you can contribute to Methodist Hospital's values? Choose one value that stands out to you the most and explain why.

7. Have you ever been convicted of a misdemeanor or a felony? (You may exclude judicially ordered sealed and/or expunged) Please explain. _____
_____

8. Have you been arrested for a crime for which you are currently out on bail or pending trial?
_____
_____

METHODIST HOSPITAL
of Southern California

Please indicate days and times available to volunteer, please check days:

Weekday shifts to start at 3:30 p.m. or 4 p.m. Please do not indicate 'any time after' as start time. Weekend times vary.
(Tip: Seeking flexible schedules; do not give small windows of availability.
Example: Weekdays: any time after 3:30 p.m.; Weekends: Open)

❑ Monday _____ ❑ Tuesday _____ ❑ Wednesday_____
❑ Thursday _____ ❑ Friday_____ ❑ Saturday _____
❑ Sunday_____ *(weekend only is not favorable)*

Person to notify in case of emergency:

Name: _____ Relationship to you:_____

Address: _____

City:_____Zip:_____Email: _____

Phone: ( )_____ Cell: ( ) _____
OR
Name: _____ Relationship to you:_____

Address: _____

City:_____Zip:_____Email: _____

Phone: ( )_____ Cell: ( ) _____

I also will agree to the following membership requirements: Please check.

❑ Give a minimum of one hundred (100) hours of service per year to the hospital.

❑ Respect the confidentiality of all information I may obtain directly or indirectly, concerning patients, physicians, personnel and hospital business.

❑ I agree that the above information is accurate and correct to the best of my knowledge.

_____
(applicant's signature)

PARENTS' CONSENT

Having read the completed application, we, the parents of the above-named applicant do hereby consent to our son/daughter becoming a member of the Student Volunteers of Methodist Hospital of Southern California, and doing volunteer work in the hospital. We realize that to remain a member they must fulfill the above listed requirements.

Mother's or guardian's signature_____

Father's or guardian's signature_____

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