



JUNIOR VOLUNTEER APPLICATION

****Volunteers must be at least 14 years of age or entering the eighth grade.****

A letter of reference by an unrelated adult is required to complete the application.

NAME _____

LAST *FIRST* *MIDDLE*

ADDRESS _____

STREET *CITY* *ZIP*

PHONE _____ CELL _____ EMAIL _____

PARENT / GUARDIAN _____

ADDRESS _____

PHONE _____ CELL _____ EMAIL _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

TELEPHONE _____ WORK/CELL _____

FAMILY PHYSICIAN _____ PHONE _____

EDUCATION:

School Name: _____

School's Address: _____

Career Interests: _____

DAYS AVAILABLE: MON TUES WED THURS FRI SAT SUN

TIMES AVAILABLE: _____ MORNING _____ AFTERNOON _____ EVENING

I PREFER DUTIES THAT:

I do by myself

I do with others

Work with patients

Sit most of the time

Requires physical activity



May we contact you for special onetime projects? _____ (like the Book Fair, Blood Drives, stuffing envelopes for mailings, etc.)

What are three (3) talents or skills that you have that may be useful as a volunteer?

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING DEPARTMENTS: (CIRCLE ALL THAT APPLY.)

- | | |
|---|---|
| Administration (Clerical) | Patient Financial Services (Business Office) |
| Clinical Operations (Clerical) | Communications Center |
| Community Relations (Clerical and Other) | Diagnostic Imaging (X-Ray) |
| Development Office (Clerical) | Dietary |
| Emergency Department | Maintenance |
| Housekeeping | Finance (Clerical) |
| Human Resources (Clerical) | Information Systems (Computers) |
| Laboratory | Materials Management (Shipping/Receiving) |
| Nursing Administration (Clerical) | Specialist Centers (Clerical & Patient Contact) |
| Medical/ Surgical Unit (Clerical & Patient Contact) | Health Information Management |
| Quality Improvement Services (Clerical) | Patient Access |
| Physical Therapy | Social Services |
| (Kingwood, Reedsville & Bruceton Mills) | Respiratory Therapy |

PLEASE PROVIDE THE NAMES OF THREE (3) PEOPLE WHOM WE CAN CONTACT TO SERVE AS REFERENCES FOR YOU. (May be a neighbor, a pastor, a teacher, etc.)

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all the information provided above is true, complete, and correct to the best of my knowledge. I voluntarily give Preston Memorial Hospital permission to make a thorough investigation of my background, education, and criminal records. I understand that volunteering is dependent upon the satisfactory completion of a post-offer physical exam which could also include drug testing.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____