

MCGHealth
2010 Volunteer Summer Application
Deadline for submitting applications is April 30, 2010.
Applications are processed on a first come basis.

Please Complete All Information Completely and Legibly

Name: _____
Last First MI

Address: _____
Street

_____ City State Zip Code Phone

Male _____ Female _____

Grade entering Fall 2009 _____

Requirements for all applicants:

- 1) Date of Birth: ____/____/____
(All volunteers must be 15 years of age by May 1, 2010)
- 2) Proof of your immunizations and the results of a current TB skin test **must** be provided prior to May 29, 2010. TB skin test results are valid for only one year. You may obtain your skin test from the local health department or from your physician.
- 3) Attendance at one of the Volunteer Orientation Sessions is mandatory for all **volunteer and parents**. Please indicate which Orientation Session you plan to attend (select one):

___ Wednesday, May 26, 2010 **OR** ___ Tuesday, June 1, 2010
5:00-7:00 pm 5:00-7:00 pm

Orientation: You will receive more information regarding the orientation session when your application is processed.

- 4) Letter of Recommendation:
Please provide one letter of recommendation (may be from a teacher, coach, past volunteer experience, work supervisor, club sponsor, etc).
Your application will not be processed without a letter of recommendation.
- 5) Commit to working at least one 3 hour shift a week.

Prior Volunteer Experience:

Have you ever been a MCG Health Volunteer before? _____No _____Yes

If yes, when?_____

List 3 reasons for choosing to volunteer at MCG Health:

1. _____

2. _____

3. _____

Previous Volunteer Experience

Interests and Hobbies:

Health Questionnaire:

Do you have any serious health problems that would prevent you from working in the hospital environment?

_____Yes _____No

If yes, please explain:

Emergency Contact Name: _____

Address: _____

Phone: _____

Relationship: _____

Work Schedule:

How many days a week would you like to volunteer? _____
(You must commit to working at least one 3 hour shift each week)

Do you prefer to volunteer:

_____ ½ day morning (9:00am - 12:00pm)

_____ ½ day afternoon (1:00pm - 4:00pm)

_____ Full day (9:00am - 4:00pm) OR _____ any schedule is okay

Which days of the week do you prefer to volunteer?

_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday

Please list 3 areas you would like to work (If known): *

** We would like to place you in an area of choice, but for various reasons, that is not always possible.*

Please indicate any areas you do not wish to work (If known):

Parent / Guardian Authorization:

Permission is granted for: Volunteer Name: _____

Birthday: _____

1. To work as a volunteer at MCG Health.
2. To be given medical care if necessary while he/she is on duty at the hospital.
3. To leave MCG Health during the lunch hour only if working a full day.

Name of Parent(s) (or) Guardian:

Address:

Daytime Phone: _____

Parent Signature: _____

Date: _____