Wamego Health Center
Volunteer Services
Teen Volunteer Application

Date Received: _____

The following MUST accompany this application: 1) Two referral letters; see information listed below 2) A copy of your recent grade report 3) Vaccination documentation of Tdap, Hepatitis B, Varicella, MMR, and recent TB skin test.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____/_____/_____
(Last) (First) (MI) (MM) (DD) (YY)

Address: _____ Age: _____
(Street) (City/State) (Zip)

Cell Phone: _____ Home Phone: _____

Email Address: _____

EMERGENCY CONTACT

Parent/ Guardian (Father): _____ Home Phone: _____

Work Phone: _____

Parent/ Guardian (Mother): _____ Home Phone: _____

Work Phone: _____

INTEREST

Please list any relatives or friends employed or volunteering for Wamego Health Center:

Name: _____ Department: _____

How did you hear about Wamego Health Center?

□ Friend (who) _____ □ Church (which one) _____ □ WHC Web Page

□ Employer (who) _____ □ Poster/ Flyer (where) _____ □ Other _____

Have you volunteered for Wamego before? □ No □ Yes

When? _____

Reason for leaving: _____

Describe current or previous volunteer activities: _____

Would you be willing to volunteer for special events? □ Yes □ No

SHOOLS/ HOBBIES & OTHER INTERESTS

(Please attach your recent grade report to this application)

Current school: _____ Phone: _____

Address: _____ Principal: _____
(Street) (City/State) (Zip)

School attending next year if different: _____

Current grade: _____ Year graduating high school: _____

Activities (Clubs, Sports, Hobbies, etc.) _____

_____

PLACEMENT AND SCHEDULING

Why do you want to volunteer in a health care setting? _____

_____

When you think about volunteering at Wamego Health Center, what types of activities interest you? _____

_____

Indicate the reason you are seeking a volunteer position: (Check all that apply)

- □ Interest in the medical field
- □ Family/ friends volunteer
- □ Requirement for class
- □ Other: _____
- □ Interest in Wamego Health Center as a future career option
- □ Extra time
- □ Service hours to graduate
  How many: _____
  By when: _____

Please circle days and times you are available to volunteer:
(We ask for a minimum of 16 weeks commitment for all volunteers)

Monday	Tuesday	Wednesday	Thursday	Friday
MORNING	MORNING	MORNING	MORNING	MORNING
AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
NIGHT	NIGHT	NIGHT	NIGHT	NIGHT

*Note: Night hours are used for Sitters

Are there any departments or situations that might make you feel uncomfortable? □ Yes □ No

If yes, please explain: _____

_____

CHARACTER REFERENCES

We require two different references. Please include them with your application.
Both references need to accompany the application. Applications without complete reference information will not be processed. References must be current. Do not use family members.

1) A referral letter from an adult non- family member who has worked with you in a supervisory capacity or school counselor/ teacher who has known you for at least one year.
2) A referral letter from an adult non-family member who has known you for at least two years.

IMPORTANT INFORMATION

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I affirm that the information that is provided on this application is true and complete. I understand that before I begin my volunteer service, I will complete the application requirements, submit a references, attend orientation, and any subsequent training sessions. I understand that this application does not guarantee volunteer placement at Wamego Health Center and that if accepted, I will not receive payment for my service.

Signature of Applicant: _____ Date: _____

PARENT/ GUARDIAN (For volunteers under the age of 18)

I hereby authorize WHC to medically treat or manage any injury sustained, if after reasonable effort, I cannot be reached. This release is in effect for the period of time the applicant serves as a Wamego Health Center volunteer. I am also consenting that my child will meet with our Employee Health Nurse to be tested for TB (Tuberculosis). Finally, I consent for my child to serve as a volunteer at WHC and consider him/her capable of undertaking the responsibilities of a health center volunteer. I certify that he/she is at least 14 years of age or will be completing eighth grade.

Parent/ Guardian Signature: _____ Date: _____

Address: _____ Phone: _____
(Street) (City/State) (Zip)

Permission is granted for: _____ to be tested for TB at Wamego Health Center.

Parent/ Guardian Signature: _____ Date: _____

CONFIDENTIALITY STATEMENT

If selected to become a Wamego Health Center volunteer, I understand the necessity of maintaining privileged and confidential, all information which I may learn about WHC patients. This includes, but is not limited to, patient diagnosis, courses of care and treatment, prognosis, personal lives, relationships and concerns, family matters, and all information contained between patients and WHC staff, between patients and volunteers or between physicians, and WHC staff in regards to any patient.

Signature of Applicant: _____ Date: _____

The selection, and placement of volunteers will be made without discrimination on the basis of race, color, religion, sex, age, national origin, disability, or any other protected classification.

HEALTH INFORMATION

In accordance with Via Christi's Volunteer Policies, acceptance of an applicant is based upon successful completion of:

- □ Background check
- □ Verification of vaccinations
    - □ Hepatitis B
    - □ MMR
    - □ Varicella
    - □ Tdap
- □ Current on
    - □ TB skin test
    - □ Flu shot

Wamego Health Center Volunteer Services
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