

2020 Teen Volunteer Application

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Best way to contact: _____

Age: _____ Birth Date: _____

If presently employed, name of employer: _____

Position: _____ Work days/hours: _____

Parent/Guardian: _____

Contact in case of emergency:

(Name) (Relationship) (Home/cell Phone) (Work phone)

How did you become interested in our Volunteer Program?

Availability to volunteer: Day(s): _____

A.M. _____ P.M. _____

Interested in two (2) four hours shifts per week? YES NO

Interested in volunteering during school year? Weekends Afternoons

Have you volunteered for WHH before? YES NO

School enrolled: _____ Current Grade: _____ GPA: _____

Expected graduation year: _____

Volunteer Experience:

Work Experience:

Agreement: (please read carefully)

In submitting this application, I affirm that I will be 15 years of age before May 31, 2020 and have an unweighted GPA of 3.0 or better to become a Winter Haven Hospital Teen Volunteer. I agree to abide by the all of Policies and Procedures of the Hospital, including the dress code. I will keep all patient information completely confidential. I acknowledge that I must complete the health screening process, attend orientation, complete training sessions, strictly adhere to my service guidelines and accurately record and keep record of my service hours.

I understand that the organization is not obligated to provide a placement, nor am I obligated to accept the position offered. Further, I agree to return my photo ID badge when I leave the program.

Teen Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____