

Teen Volunteer Application
School Year 2019-2020
(14-18 yrs old)



Name: _____ Date: _____

Address: _____
Street Town/City State Zip code

Phone (H): _____ (Cell): _____ e-mail: _____

Emergency Contact: _____
Name Relation Phone #

School Currently Attending _____ Grade _____ Birthdate: _____

If you have a parent or family member who is employed at Milford Regional please list their name _____ and department they work in _____

Extra Curricular Activities/ Hobbies / Skills: _____

Please list any previous volunteer experience: _____

What days and times are you available to volunteer? _____

Are you considering a future career in Healthcare? _____ If yes, what area? _____

Are you currently employed? _____ Employer _____ # hrs/week _____

Please list any limitations that may affect your assigned duties as a volunteer that we need to be aware of. _____

On a separate sheet of paper, please write one paragraph explaining why you are interested in volunteering at Milford Regional.

Volunteers must complete Employee Health Screen prior to volunteering.

I understand that if accepted as a Volunteer it is my responsibility to: abide by the Volunteer regulations, be prompt and regular in my service, perform my assigned duties to the best of my ability, and protect patient privacy and confidentiality.

Signature of Applicant

Date

TO BE COMPLETED BY A PARENT OR GUARDIAN

I consent to my son/daughter serving as a Volunteer at Milford Regional Medical Center.

Signature of parent/guardian

Date