***Junior Volunteer Application Form***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Returning Junior Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Guardian(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education:

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade next school year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Experience – Volunteer or Job: (Where and How Long)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interest or Hobbies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency notify: (Name, relationship to you, and phone number)

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Requirements:

* Must be between the ages of 14 and 18 years of age and have not graduated high school
* Must work a minimum of a four-hour day at least once a week either 8:00a - 12:00p or 12:00p - 4:00p of full time 8:00a - 4:00p.
* Must attend Orientation Class on Tuesday, May 26, 2023, 2:00pm – 4:30pm
* Must have a TB skin test with consent form signed by a parent or guardian
* Must be fully vaccinated for COVID-19 or request a CSM Religious Exemption Form for approval
* A background check is required on all Junior Volunteers. A consent form signed by a parent or guardian to have background check must be completed.

How many hours per week are you planning to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please put a check mark (√) below to detail your preferred volunteer schedule availability.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning Shift**  **8:00a- 12:00p** |  |  |  |  |  |
| **Afternoon Shift 12:00p – 4:00p** |  |  |  |  |  |
| **Full Day Shift**  **8:00a – 4:00p** |  |  |  |  |  |

If you have a preferred department that you would like to volunteer in, please list below with 1 being your most preferred department and 3 being your least preferred department. Although we will make every effort to accommodate your preferences, it is not guaranteed that you will be placed in any of the departments on your list. If you do not have a preference or if you aren’t sure on the departments, please leave blank.

1.­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form via email to [sherrie.parks@christushealth.org](mailto:sherrie.parks@christushealth.org)

or FAX to 903-614-6939

Additional Questions: Call Sherrie Parks 903-614-2716 or Novella Medlock 903-614-2694

I hereby consent that CHRISTUS St. Michael may conduct a TB skin test on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date

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Junior Volunteer Pledge

Believing that CHRISTUS St. Michael has a real need of my services as a volunteer worker:

* I will be punctual and conscientious in fulfillment of my duties and accept supervision graciously.
* I will conduct myself with dignity, courtesy, and consideration.
* I will consider all information confidential, which I may hear directly or indirectly, concerning a patient, doctor, or any member of the staff, and I will not seek information in regard to a patient.
* I will take problems, criticism, or suggestions to the proper authorities.
* I will endeavor to make my work of the highest quality.
* I will uphold the traditions and standards of this hospital and will interpret them to the community at large.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Junior Volunteer