



# JUNIOR VOLUNTEER APPLICATION

*Incomplete applications will not be processed*

**Applicants Name** \_\_\_\_\_  
*Last First MI*

**Home Address** \_\_\_\_\_  
*Street City State Zip*

**Phone:** Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Birth date** (*must be 15 y.o. by July 1*) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Email** \_\_\_\_\_

**Which high school are you attending?**

\_\_\_\_\_  
*Name Address*

**Graduation Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Are you fulfilling community service credits?**  Yes  No

**Interests & Extracurricular Activities** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Why do you want to volunteer at West Hills Hospital & Medical Center?**  
\_\_\_\_\_  
\_\_\_\_\_

**Have you had any previous volunteer experience?**  Yes  No

If YES, Where? \_\_\_\_\_ When? \_\_\_\_\_

What were your duties? \_\_\_\_\_

## Skills/Training

- Writing  Organizing  Answering Phones  Copying/Filing  Customer Service
- Communications  Creativity  Typing /Data Entry  Scheduling  Computers
- Event Planning/Organizing  Other \_\_\_\_\_

## How did you hear about our volunteer program?

- Friend (*Name*) \_\_\_\_\_  Newspaper (*Which Paper*) \_\_\_\_\_
- Online  WHH&MC Employee (*Name of employee*) \_\_\_\_\_
- Referral from \_\_\_\_\_  Other \_\_\_\_\_

**Do you know anyone currently volunteering at WHH&MC?**

Yes  No If yes, (Name) \_\_\_\_\_

**Are you planning to pursue a career in healthcare?**  Yes  No

**If YES, what areas of healthcare are you interested in?**

**Areas of volunteer interest within WHH&MC** (check all that apply)

- Auxiliary (Gift Shop)  Dietary  Medical Records  Engineering  Errands & Escort
- Lobby/Reception  Surgery Waiting Room  Facility/Materials  Radiology
- Other \_\_\_\_\_

**What day(s) can you be available for volunteering?** *Must complete minimum 4 hours per week.*

Monday  Tuesday  Wednesday  Thursday  Friday **Hours:**  8am-12pm  12pm-4pm

**References** – Two references required with application. You may also attach letters of recommendation (not required.)

**(1) “Professional Reference”** (School Counselor, Teacher, Coach, or other school related adult)

\_\_\_\_\_  
Full Name Company/School Title

\_\_\_\_\_  
Work Phone Email

\_\_\_\_\_  
Relationship to Applicant

**(2) Personal Reference** (Non-family member)

\_\_\_\_\_  
Full Name Company/School Title

\_\_\_\_\_  
Work Phone Email

\_\_\_\_\_  
Relationship to Applicant

**Contact Information of Parent or Guardian:**

\_\_\_\_\_  
Full Name Address

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

\_\_\_\_\_  
Relationship to Applicant

**Emergency Contact** (if different than parent/guardian)

Full Name

Address

Work Phone

Home Phone

Cell Phone

Relationship to Applicant

The information I have provided is accurate and correct to the best of my knowledge. \_\_\_\_\_  
*Initial*

*The Volunteer Services Department is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.*

*I understand that West Hills Hospital & Medical Center's Volunteer Services Department requires that I volunteer a minimum of 4 hours per week and accumulate at least 50 hours during the summer. I make this commitment knowing that West Hills Hospital & Medical Center personnel will devote time for my training and orientation so that I may become an active member of the Junior Volunteer Program.*

*I also understand that as a student volunteer I will be expected to consistently behave in a manner reflecting a positive image of WHH&MC and the Volunteer Services Department.*

*As a hospital volunteer, I promise faithful and regular service and to uphold the standards of West Hills Hospital & Medical Center at all times.*

**Signatures Required**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
(Today's date)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
(Today's date)

**FOR OFFICE USE ONLY**

App  Orientation  TB Test  Badge  Confidentiality  Quiz  Health Assessment

Initial Assignment \_\_\_\_\_ Department Notified \_\_\_\_\_

Date

Other \_\_\_\_\_