

**Return**

PLEASE PRINT OR TYPE FULL LEGAL NAME

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Education:

Grade in school \_\_\_\_\_ Name of school \_\_\_\_\_

Employment:

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

List work hours and days: \_\_\_\_\_

\_\_\_\_\_

Additional Information:

To what school, church, or community organizations do you belong?

\_\_\_\_\_

List current or previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Skills, interests, hobbies: \_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language? \_\_\_\_\_ Sign language? \_\_\_\_\_  
(specify)

How did you learn of the Fairview Ridges Junior Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

Do you have any health problems that we should be aware of? No \_\_\_\_\_ yes (specify) \_\_\_\_\_

\_\_\_\_\_

Please list names of any volunteers you may know here. \_\_\_\_\_

|   |
|---|
| <p><b>FOR OFFICE USE</b></p> <p>Application received _____</p> <p>Initial Contact _____ Ack _____</p> <p>Interview _____ By _____</p> <p>Health Review _____</p> <p>Assign _____</p> <p>Schedule _____</p> <p>Start Date _____</p> <p>Comments:</p> |
|---|

---

Availability for volunteering:

Morning \_\_\_\_\_  
Afternoon \_\_\_\_\_  
Evening \_\_\_\_\_  
Weekend \_\_\_\_\_

Preferred day (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify what volunteer area (s) interest you: \_\_\_\_\_

---

Prior to acceptance into the volunteer program, every applicant is required to complete a brief health history with Health Services. You may be required to take a mantoux test for TB and show proof of immunization history.

Fairview Ridges is committed to the policy that all persons shall have equal treatment and opportunity in every aspect of our relationship with staff and volunteers without regard to race, color, religion, sex, national origin, age, marital status or physical handicap (except when based on a bonafide occupational qualification).

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

Please have your parent complete the form below.

My daughter / son \_\_\_\_\_ has my consent to serve as a volunteer at Fairview Ridges Hospital.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

In the event that my daughter / son should require medical attention while on duty as a volunteer, I understand that Fairview Ridges Hospital will first make every attempt to contact me through the emergency numbers listed below.

Emergency contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

If unable to make contact with anyone at the designated emergency numbers, I give my permission to Fairview Ridges Hospital to administer medical care/treatment to my son / daughter should he / she require medical services while on duty as a junior volunteer.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_