



Junior Volunteer Application
(For High School & College Students)

Mandatory Requirements:

Applicant must be at least 14 years old by June 1.

Applicant must be available to volunteer at least one shift per week, Monday thru Fridays **ONLY**. The program begins June 12 thru August 4. **NO weekends**

The communication and process will involve the student only, NO parents. This is to prepare the students for the work force and show that the student has an interest in the program.

Applicant must complete and submit application before May 1, 2017 to the Imaging/Volunteer Department in 1 of 3 ways:

- Email: Charlotte.aaron@hcahealthcare.com
- Fax: 281-348-8385
- USPS: Kingwood Medical Center
Attn: Imaging/Volunteer Dept.
22999 US Hwy 59 North suite 231
Kingwood, TX 77339

Pre-selection:

Due to the large amount of applications that we receive, the guidelines will be strictly enforced.

After pre-selections are complete, top applicants will receive emails indicating they have been selected to become a Junior Volunteer.

Post-selection:

Once you have been selected, HCA requires two TB skin test that will be a week apart; these are free and administered at the hospital. The hours will be given that the nurse is available and again they will be strictly enforced.

**** 2016 Jr. Volunteers will not be required to repeat the TB Skin Test.**

** 2016 Jr. Volunteers can wear their shirts from last year if they are in good condition.

A **mandatory** orientation will be held on a Saturday at the beginning of June; exact date, time and location will be discussed upon acceptance. This will be for the volunteers only No parents, friends or siblings will attend.

Polo shirts will be \$25, all students are required to have one, and this will be due before the start of the program via cash or check – made out to Kingwood Medical Center.

Applications are due to the hospital's Radiology Department by May 01, 2017.

*******No Exceptions*******

Please Print:

Check one:

- New to the Jr Volunteer program at Kingwood Medical Center
- Returning Jr Volunteer

If returning, what was the last year you participated in our program? _____

Your Name: _____

Date: _____

Address: _____

City: _____

State: _____

Zip: _____

Name: _____

Birth Date: _____

What age will you be as of June 1? _____

Best phone number at which to reach you (the student): _____

Best email address at which to reach you (the student): _____

Parent or guardians name to contact in an emergency: _____

Best phone number at which to reach your parent or guardian: _____

Name of the school you attended during 2016-2017 school year: _____

What grade were you in during the 2016-2017 school year? 8th 9th 10th 11th 12th

Why do you want to be a hospital volunteer? _____

Can you devote at least one day per week to volunteering with us this summer? YES NO

Is there anything else you would like for us to know about you?

Signature of Applicant

Signature of Parent or Guardian listed on pg 1 (if applicant is younger than 18 at time of completion)