



Junior Volunteer Application
(For High School & College Students)

Applications may be submitted beginning April 2, 2018

Mandatory Requirements:

Applicant must be at least 15 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 11 thru August 3. **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, 2018 to the Imaging/Volunteer Department in 1 of 2 ways:

-Email: Charlotte.aaron@hcahealthcare.com
-Fax: 281-348-8385

Due to the large amount of applications that we receive, the guidelines will be strictly enforced. Due to the large amount of applicants please no calls to check the status of the application, you will be notified when your application is received. Please write clearly on the application, it is very important for the application to be legible.

Post-selection:

Once you have been selected, HCA requires that you provide a current shot record and a clear T-Spot test or two current TB test within the last year.

**** 2017 Jr. Volunteers will not be required to repeat the T-spot testing.**

****2017 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 as soon as it is determined. This will be for the volunteers only again No parents, friends or siblings may 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 by May 01, 2018.

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

Please Print:

Check one:

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

Date: _____

Your Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

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 2017-2018 school year: _____

What grade were you in during the 2017-2018 school year? 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)