



Lourdes Medical Center

218A Sunset Road
Willingboro, NJ 08046

TEEN VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____ - ____ Teen's Cell Phone: (____) ____ - ____

Social Security _____ - _____ - _____ School/Location: _____ Grade: _____

Please check the program you are interested in: After school volunteer Summer volunteer

Parent or Guardian's Name: _____ Relationship: _____

Parent or Guardian's Home Phone : (____) ____ - ____ Business Phone: (____) ____ - ____

In case of emergency, Notify: _____ Relationship: _____

Home Phone: (____) ____ - ____ Cell: (____) ____ - ____ Business Phone: (____) ____ - ____

Extra Curricular Activities (include school, community or church groups): _____

Do you have office/data entry or computer experience (please explain)? _____

Is volunteer work a requirement for school credit or religious classes? _____

If so, number of hours required: _____ By what date?: _____

AVAILABILITY

	M	T	W	TH	F
AM					
PM					

FOR VOLUNTEER OFFICE USE ONLY

Interview Date: _____ Assigned Area: _____

Scheduled Day (s): _____ Time (s): _____

Start Date: _____ Orientation Scheduled: _____

VOLUNTEER AGREEMENT OF CONFIDENTIALITY

I, the undersigned, agree to abide by the Confidentiality Policy of Lourdes Medical Center of Burlington County Volunteer Services Department.

I will maintain confidentiality in order to protect and respect the rights of privacy of individuals (patients, medical staff, volunteers and other health care professionals).

All verbal communication, records, reports and other types of communication emanating from activity in the Medical Center, as well as those specifically related to the Volunteer Services Department of Lourdes Medical Center of Burlington County will be treated as confidential.

I understand that breach of this confidentiality may result in termination and further action as deemed necessary by the severity of the infraction.

Commitment Statement

I understand and agree that in the performance of my duties as a volunteer at Lourdes Medical Center of Burlington County, I must abide by all policies and procedures. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Signature (teen volunteer): _____ Date: _____

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunity for volunteers is provided without regard to religion, creed, race, national origin, or sex.

*** Parent or Guardian Consent***

I hereby give my permission for my son/daughter to participate in the Teen Volunteer program at Lourdes Medical Center of Burlington County. I realize the responsibilities of the program and will cooperate with him/her in complying with the policies and procedures, and see that he/she has transportation and faithfully maintains his/her scheduled duty time. I understand that volunteering at the hospital requires a weekly commitment of no less than four hours a week during the summer program and two hours after school during the school year. I also understand that 3 or more unreported absences would result in dismissal from the program.

I also give my permission for my son/daughter to submit to a tuberculin skin test (P.P.D. Mantoux) which is a requirement of all hospital volunteers.

Parent/Guardian Signature: _____ Date: _____

Filename: Teen Volunteer Application LMCBC.doc
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2010\lmcbc
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Data\Microsoft\Templates\Normal.dot
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Author: VANEMBURGHC
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