

Student Volunteer Application

Name: _____ Date: _____

Address: _____
(street/box) (city) (state) (zip)

School attending: _____ Graduation date: _____

Extra curricular activities: _____ H.S. (circle one): freshman sophomore junior or senior

Phone: _____ Birthdate: _____

Cell: _____ E-mail: _____

My daughter/son is 14 or over and in High School. He/she has my permission to do volunteer work at Union Hospital. She/he will abide by the hospital rules and regulations. I understand that my daughter/son is not an employee of Union Hospital and therefore, is not covered by the provisions of the Workmen's Compensation Law of Ohio; therefore, in the event of an accident or injury to my daughter/son while on duty as a volunteer, I will be responsible for her/his medical and hospital expenses incurred as a result of said accident or injury.

I understand Union Hospital requires a drug screen, flu vaccine and two-step TB testing and agree to those requirements. I also understand that a TB test and seasonal flu vaccine is required on a yearly basis for all hospital volunteers. To the best of my knowledge my daughter/son is in good physical condition to work as a volunteer at Union Hospital. Please note if there are any medical conditions we should be aware of: _____

Parent or guardian signature: _____

Contact person (in case of an emergency):

(name) (phone number) (phone number)

(name) (phone number) (phone number)

Return to Principal or Guidance Counselor when above is completed.

Please complete below and forward to the Volunteer Services Coordinator at Union Hospital.

The above student is:

	Good	Average	Poor
Dependable	_____	_____	_____
Shows initiative	_____	_____	_____
Cheerful	_____	_____	_____
Neat in appearance	_____	_____	_____
Can assume responsibility	_____	_____	_____
Mature	_____	_____	_____

Do you recommend this student for the student volunteer program at Union Hospital? yes _____ no _____

Any additional comments: _____

Principal or Guidance Counselor signature: _____