



**Teen Volunteer Program  
Application Form**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about volunteering at Grady?

Friend, Who? \_\_\_\_\_  Newspaper  Other, specify \_\_\_\_\_

Days and times available to volunteer? (check all the that you might be available)

Mornings  Afternoons  Evenings  
 Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

School Activities (Band, 4-H, clubs, sports, etc.): \_\_\_\_\_

Community Activities (Church, agencies, clubs, etc.): \_\_\_\_\_

What benefit would you like to gain from your volunteer experience? \_\_\_\_\_

References: Please provide 2 adults who are not relatives.

Name Address Phone

\_\_\_\_\_  
 \_\_\_\_\_

**I have discussed volunteering at Grady Memorial Hospital with my parent/guardian.  Yes  No**

Person to contact in case of illness or injury while volunteering:

Name \_\_\_\_\_ Phone \_\_\_\_\_-

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

When completed, please mail this application with your signed Requirements for Teen form to Volunteer Services. You will be notified within one to three weeks after your application has been processed, and we have received your Teen Confidential Recommendation Form. We welcome your interest!

Please return to:  
 Grady Memorial Hospital  
 Volunteer Services Department  
 561 W. Central Ave., Delaware, OH 43015

## Requirements for Teen Volunteers

**AGE:** Applicant must be at least 16 years old to apply.

**APPLICATION:** All prospective volunteers must complete and return an application to the Volunteer Services Department. Filing an application does not assure placement. Choice of applicants is determined on the basis of personal qualifications and traits judged by the Director Volunteer Services to be suitable and in the best interest of the hospital.

**RECOMMENDATION:** Each applicant must have a Recommendation Form completed by a teacher, religious instructor, employer, etc... and returned prior to the personal interview.

**INTERVIEW:** Interviews are scheduled after the application is received. Parents and/or guardians are welcome at this interview so they will understand the commitment expected from their teen.

**HEALTH:** Volunteers are expected to be in good physical and mental health. The applicant's immunization record must be submitted prior to the teen beginning as a volunteer. The health screen, tuberculin tests, and blood analysis, which are requirements for volunteers, will be done by the hospital without cost. These procedures are done here at the hospital.

**WILLINGNESS:** Volunteers should have a sincere desire to perform community service, to learn new tasks, and to be helpful in any area where assigned.

**RESPONSIBILITY:** Volunteers need a genuine sense of responsibility to the hospital and to the assigned tasks. Volunteers must accept and follow the rules that apply to the Volunteer Program.

**DEPENDABILITY:** Volunteers are expected to have weekly, regular attendance, and to notify the hospital as soon as possible of an emergency absence. A commitment of one 3 – 4 hour shift for each week for at least 6 months is expected.

**BASIC ORIENTATION:** Volunteers are required to attend New Volunteer Orientation.

I have read the above requirements, understand them, and wish to apply to be a Teen Volunteer at Grady Memorial Hospital.

**TEEN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

This is not a school-sponsored activity. I understand that the student is to volunteer a minimum of one 3-4 hour shift each week, for a minimum of 6 months. I understand that the student is responsible for his/her own transportation. I, as parent/guardian, assume full responsibility for (student's name) \_\_\_\_\_ during his/her volunteer experience and while going to or from this activity.

**Signature of Parent/Guardian** \_\_\_\_\_

Address: \_\_\_\_\_ City, St., Zip \_\_\_\_\_

Please return to:  
Grady Memorial Hospital  
Volunteer Services Department  
561 W. Central Ave.  
Delaware, OH 43015

## **Teen Volunteer Program Dress Code**

### Uniform

- Volunteers purchase a uniform from the Volunteer Services Department (Prices range from \$11 - \$15). There are a variety of jackets, aprons, vests, etc... to choose from.

Teen Volunteers may wear shirts, plain T-shirts, blouses, or other tops with sleeves under the Uniform top. These may be of any color.

Volunteers must wear slacks or trousers in white, cream, tan, navy blue or black.

- NO shorts, skorts or other short attire (including skirts and dresses) are permitted.
- NO blue jeans or other clothing made of denim in any color is permitted.

Volunteers must wear comfortable, soft-soled shoes like tennis shoes, walking shoes, soft boots, etc.

- NO sandals or other shoes with open toes or heels are permitted.
  - Shoes must be clean and in good repair. Socks or hosiery must be worn.
- The uniform and hospital nametag is worn when on duty.
  - Uniform and other clothing are to be clean, pressed, and in good repair.

### Personal Appearance

- Volunteers must limit jewelry for the volunteer's and patient's safety.
  - Class ring or other small ring.
  - Small post earrings only.
  - No necklaces, unless they can be worn entirely under the uniform top.
  - Small bracelets may be worn.
  - No pins except for volunteer awards
- Hair must be clean and neatly combed.
  - Long hair must be secured away from face and off of neck.
  - Hair accessories must be securely fastened and without long ties or strings.
- Personal cleanliness is a must.
  - Due to infection control concerns, special attention must be given to clean hands and nails.

**TEEN VOLUNTEER  
CONFIDENTIAL RECOMMENDATION**

PARENTAL/GUARDIAN CONSENT: I authorize the release of information regarding my son/daughter's records to the Volunteer Services Department of Grady Memorial Hospital.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

TEEN'S NAME \_\_\_\_\_ GRADE IN SCHOOL \_\_\_\_\_

	Excellent	Good	Average	Below Average
ATTENDANCE	_____	_____	_____	_____
SCHOLASTIC RECORD	_____	_____	_____	_____
DEPENDABILITY	_____	_____	_____	_____
COURTESY	_____	_____	_____	_____
WILLINGNESS	_____	_____	_____	_____
INITIATIVE	_____	_____	_____	_____

COMMENTS

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SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

SCHOOL/ORGANIZATION \_\_\_\_\_

DATE \_\_\_\_\_

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Volunteer Services Department  
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Delaware, OH 43015