

Teen Volunteer Application



Marion General Hospital
1000 McKinley Park Dr, Marion, OH 43302
740.383.8443 dena.coy@ohiohealth.com

Applicant must be an incoming junior or senior in high school with a minimum 2.7 GPA. Each applicant must have a reference from a guidance counselor and a teacher. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE COMPLETED SCHOOL REFERENCE FORM.**

Application deadline is April 25.

Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Date of Birth	
High School	
Current Year in High School	<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior

Parent/Guardian Information

Name	
Address	
City ST ZIP Code	
Home Phone	
Cell Phone	

Emergency Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	

Health Information

Physician Name	
Phone Number	
Please describe any health limitations	

Interest Essay

Write a brief essay about why you would like to be a Teen Volunteer at Marion General Hospital.

Special Skills or Qualifications

Summarize special skills or qualifications you have acquired from employment, previous volunteer work, school activities or hobbies.

Agreement and Signature

Your signature indicates your approval for your child's participation in the Teen Volunteer program, as well as your acknowledgment that he/she is in good health, your consent for us to contact his/her physician, and your consent for us to contact his/her school guidance counselor for a confidential recommendation.

Parent Signature	
Teen Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

School Reference Teen Volunteer Program

Each student who applies to the program must have two recommendations from their school, one from the guidance counselor and one from a teacher. The parent/guardian of the student must complete the designated area below. With signed parental consent the guidance counselor and teacher may complete the bottom portion. This evaluation helps us choose candidates who will best benefit from our program. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE COMPLETED REFERENCE FORM.** We appreciate your assistance in our selection process. If you have questions, please do not hesitate to contact me at 740.383.8443 or email coyd@ohiohealth.com.

Thank you,
Dena Coy, Volunteer Services Department

Parent/Guardian Consent

I give my permission to release the requested information to Marion General Hospital volunteer services for the purpose of my child's participation in the teen volunteer program.

Signature	
Date	

Teacher Recommendation

Student Name			
Current Grade	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior

	Above Avg.	Average	Below Avg.	Comments
Attendance				
Dependability				
Peer Interaction				
Courteous/Respectful				
Initiative				
Signature				Date
Printed Name				
High School				

Guidance Counselor Recommendation

Student Name					
Current Grade	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	GPA (minimum 2.7)	

	Above Avg.	Average	Below Avg.	Comments
Attendance				
Dependability				
Peer Interaction				
Courteous/Respectful				
Initiative				
Signature				Date
Printed Name				
High School				