

# Junior Volunteer Application

*Instructions and Information - Please read the following before completing this application.*

***Thank you for your willingness to volunteer at Hendrick Health.  
Volunteers are the heart of Hendrick and so vital to our everyday service.  
Thank you for being a part of the legacy of service at Hendrick.***

- *Please print clearly.*
- *Volunteer assignments will be discussed during the personal interviews.*
- *After completing the application, mail the form to Hendrick Health, ATTN: Volunteer Services Department, 1900 Pine Street, Abilene, Texas 79601-2316.*
- *Abilene area applicants may deliver to the Volunteer Services office (located on the first floor in Room 1522). Monday through Friday, 8:30 a.m. to 4:30 p.m.*
- *Prospective volunteers will be considered on qualifications and without discrimination because of race, color, religion, sex, national origin or disability.*

***Please print all information.***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Other number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

Age: \_\_\_\_\_ Parents'/Guradians' names: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Other number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School attending this Fall: \_\_\_\_\_ Classification: \_\_\_\_\_

School/community/church activities: \_\_\_\_\_

Hobbies/skills: \_\_\_\_\_

Are you interested in a medical career? \_\_\_\_\_ Which one? \_\_\_\_\_

Why do you want to be a Junior Volunteer? \_\_\_\_\_

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**Relatives employed at Hendrick Health**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Previous Volunteer Experience**

Name of Facility: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Duties: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Duties: \_\_\_\_\_

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**Please list two references (No relatives. Adults only, please.)**

Incompleted or incorrect information will result in a delay in processing your application.

**Reference:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Reference:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Verification of a TB screening test must be turned in to the Volunteer Services office.

This documentation must be on file before an applicant can begin volunteering.

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**Permission of parent or guardian**

I hereby give permission for my child to become a Junior Volunteer at Hendrick Health. I understand that my child will be working as a volunteer and will be required to follow all policies of the Junior Volunteer program as outlined in the Junior Volunteer handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the facts in this application are true and correct to the best of my knowledge, and I understand that any misrepresentation of the facts may be cause for rejection of this application. I hereby authorize Hendrick Health to conduct a personal inquiry to determine my acceptability for an assignment.

**Applicant Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_