

Junior Volunteer Application

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

- After completing the application, you may forward the form to Hendrick Medical Center, ATTN: Volunteer Services Department, 1900 Pine, Abilene, Texas 79601-2316 or bring it to the Volunteer Services office (located on the second floor across the hall from the Gift Shop). 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.
- Volunteer assignments will be discussed during the personal interviews.

Date: _____

Name: _____

Address: _____

Telephone number: _____ Other number(s): _____

E-mail: _____ Date of Birth: _____ Age: _____

Parent's/Guardians' names: _____

Address: _____ Telephone number: _____

Other numbers(s): _____ E-mail: _____

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? _____

Please list any relatives employed at Hendrick Medical Center and their relationship to you:

Please list any previous volunteer experience including the name of the organization, organization's address and duties performed:

Please list two references (Exclude relatives and minors):

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

*Verification of a TB screening test must be turned into the Volunteer Services office.
This documentation must be on file before an applicant can begin volunteering.*

Permission of Parent or Guardian

I hereby give permission for my child to become a Junior Volunteer at Hendrick Medical center. I understand that my child will be working 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 Medical Center to conduct a personal inquiry to determine my acceptability for this assignment.

Signature: _____ Date: _____

Social Security Number: _____