



# JUNIOR VOLUNTEER APPLICATION

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ How many months can you volunteer: \_\_\_\_\_

*We require a minimum of 100 hours within a 12 month period to become a volunteer*

Do you authorize the Volunteer Program to add your contact information to the volunteer list?

Yes  No

Do you agree to have your photo taken and used for recruitment, recognition and/or other official Volunteer Program uses?

Yes  No

Presently Employed?  Yes  No Employer: \_\_\_\_\_

Education/Training/Foreign Language: \_\_\_\_\_

Previous Volunteering Experience: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

*As a student I understand that I may use volunteer time towards my Senior Project, but must maintain the 100 hour commitment. Student Services must be contacted at [studentservices@mvhospital.net](mailto:studentservices@mvhospital.net) to start the process.*

Have you ever been accused, disciplined, found guilty or convicted of any type of harassment, violence, or infraction involving dishonesty or financial impropriety in the workplace?  Yes  No

If YES, explain: \_\_\_\_\_

Have you ever been convicted or entered into a plea bargain for a crime?  Yes  No

If YES, explain: \_\_\_\_\_

**REFERENCES**

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

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

**TIME AVAILABILITY**

Our shifts range from 2-4 hours, please indicate which days you would be available to volunteer and the time frame expected by circling AM or PM under the appropriate day.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		WEEKENDS	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

**ACTIVITY LEVEL**

- High (able to walk long distances, walk frequently, pushing wheelchairs, stairs, lifting)
  - Moderate (able to walk short distances and in spurts, light lifting)
  - Light (mostly sitting with limited walking)

*I understand I must submit to a reference check as well as a medical screening through Employee Health for the purpose of determining volunteer status. I will commit to volunteer 2-4 hours each week with the goal of reaching at least 100 hours within a 12 month period. If I do not meet this requirement, I understand that no letter of recommendation will be issued for my services. I understand that it is my responsibility to read and follow MVH - IFCH rules/regulations and volunteer description for my assignment. I will perform my duties to the best of my ability.*

*By signing below you are confirming that the above information is true to the best of your knowledge.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Once your application is submitted, you will receive an email with attached legal forms and orientation to complete, please follow all instructions.

If you have any questions, please email [volunteer@mvhospital.net](mailto:volunteer@mvhospital.net) or call/text 208-569-7589.