



# Campbell County Memorial Hospital Youth Volunteer Application

Must be 12-18 years old

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NAME: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

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

City, State, zip code \_\_\_\_\_

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

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

Contact 1<sup>st</sup>     Contact 2<sup>nd</sup>

Contact 1<sup>st</sup>     Contact 2<sup>nd</sup>

Parent Phone: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Do you have a parent employed at CCMH?  Yes  No    If so, who? \_\_\_\_\_

Shirt Size:  Small     Med     Lg     XL    Are you a returning youth volunteer?  Yes  No

Name of School attending: \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_

School/Extra Curricular Activities: \_\_\_\_\_

List Volunteer and/or Work experience (include babysitting, church groups, etc.): \_\_\_\_\_

How did you learn about the CCMH Youth Volunteer Program? \_\_\_\_\_

Please state reason(s) for wishing to become a volunteer at CCMH: \_\_\_\_\_

**Parent/Guardian Permission:** All answers to the above questions are true and correct. I hereby give my son/daughter permission to participate in the Youth Volunteer Program at Campbell County Memorial Hospital and I will assume responsibility for his/her actions, if my child is accepted for the program. I also give permission for my son/daughter to receive the required TB Test administered through employee health if my child is entering the program for the first time. Questions about TB testing? Call CCMH Employee Health at 688-6008. Transportation to and from the hospital is the responsibility of the volunteer/parent. Youth Volunteers may be transported to designated locations via a company vehicle driven by a company employee.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I am volunteering my services for my personal purposes or benefit without promise or expectation of compensation or benefits. I understand and agree that in my performance of my duties as a volunteer, I must abide by all policies and procedures as outlined in orientation and the handbook. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Applicant Signature: \_\_\_\_\_

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

Received by: \_\_\_\_\_

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