



Campbell County Memorial Hospital Youth Volunteer Application

Must be 12-18 years old

Date of Application: _____

Date of Birth: _____

NAME: _____

Preferred Name: _____

ADDRESS: _____

Home Phone: _____

Shirt Size: Small Med Lg XL

Parent/Guardian Name: _____
 Contact 1st Contact 2nd

Parent/Guardian Name: _____
 Contact 1st Contact 2nd

Work Phone: _____

Work Phone: _____

CCMH Employee: Yes No

CCMH Employee: 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. 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: _____

Patty Wilson, Volunteer Services
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Gillette, WY 82717 307.688.1536