



Junior Volunteer Program
2669 Kinard Street, P O Box 497
Newberry, SC 29108
803-405-7130

Newberry County Memorial Hospital Junior Volunteer Application

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

I hereby certify that I am 14-18 years of age  Social Security # \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I will be graduating from high school in the year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Something unique about myself is \_\_\_\_\_

Have you had prior experience as a volunteer?  Yes  No

If so, where? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

Please circle the day and shifts that you will be available for volunteer service.
The morning shift is from 9:00 am – Noon. The afternoon shift is from 1:00 pm to 4:00 pm.

Monday Tuesday Wednesday Thursday
am pm am pm am pm am pm

I will be carpooling and would prefer the same shift as: \_\_\_\_\_

Departments I am most interested in volunteering in: \_\_\_\_\_

Departments I am least interested in volunteering in: \_\_\_\_\_

List two adult references not related to you:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

By signing this application, I certify that the information I have given is true and that I am 14 years of age or older as of June 14, 2010. I am aware that by applying to be a junior volunteer, I commit to volunteering at least 6 of the 7 weeks of the program and understand that I may be dismissed as a junior volunteer if I have over two (2) unexcused absences. I also understand that visiting friends/relatives will not be allowed to accompany me during my volunteer shift. As a NCMH junior volunteer, I am bound by a professional code of ethics, and agree to respect the privacy of each patient. I will not discuss a patient's presence, identity, diagnosis, or treatment with anyone either inside our outside of the hospital. I agree to use confidential information only as needed to perform my volunteer duties. This means I will not access confidential information without legitimate need/permission, nor in any way divulge, copy, release, sell, lend, revise, alter, or destroy any confidential information belonging to NCMH. I understand that I will be automatically dismissed as a junior volunteer if I do not respect my responsibility for maintaining confidentiality.

Your Signature: \_\_\_\_\_

### Consent for Minor to Participate in NCMH Junior Volunteer Activities

I will authorize \_\_\_\_\_, a minor, to participate in the Junior Volunteer Program at Newberry County Memorial Hospital. I understand that daughter's/son's services are donated to NCMH without expectation of compensation or future employment.

I hereby give my permission for said minor to participate in the mandatory health screening for the NCMH Junior Volunteer Program. I understand that the screening includes a TB (tuberculosis) skin test (or chest x-ray, if positive) which will be provided at no cost by the hospital. I am aware that my daughter/son must return within 48 hours to have the TB test read and documented by hospital personnel (RN). By signing this form, I also agree that my daughter/son will have reliable transportation to the facility on her/his assigned day of service.

I understand that NCMH reserves the right to terminate my daughter's/son's services as a Junior Volunteer due to any of the following: more than two (2) unexcused absences, a failure to comply with hospital policies and procedures, and personal conduct, attitude, or appearance unbecoming a member of NCMH Junior Volunteer Program.

I clearly understand the conditions of my daughter's/son's membership in the Junior Volunteer Program at NCMH. I release NCMH and its employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of NCMH while participating in such volunteer activities.

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

\_\_\_\_\_  
Date

Where can we reach you in case of an Emergency involving your child?

Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (home) \_\_\_\_\_

If we cannot reach you, who should be contacted?

Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (home) \_\_\_\_\_

**BACKGROUND INVESTIGATION AUTHORIZATION FORM**

I authorize Newberry County Memorial Hospital and any of its affiliates or its designated investigative ('agency') to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Hospital, the affiliate, and the agency have my permission to contact persons who may have information relating to my suitability for employment and to secure consumer credit reports (including investigative consumer reports). I understand that information obtained by the Hospital, the affiliate, or the agency in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving record, judgment, liens, arrests and convictions.

I authorize NCMH and its affiliates, without reservation, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes.

\_\_\_\_\_  
Name (Printed) Social Security #

\_\_\_\_\_  
Other Names Used (Maiden)

\_\_\_\_\_  
Current Address                      City                      State                      Zip                      From: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
Previous Address                      City                      State                      Zip                      From: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
Home Telephone Number                      Business Telephone Number

\_\_\_\_\_  
Driver's License and State of Issue/Expiration                      Date of Birth

\_\_\_\_\_  
Signature of Junior Volunteer                      Date                      Witness (Parent or Guardian)                      Date

**NOTICE ON CONSUMER REPORTS**

Please take notice that the Hospital may obtain or cause to be prepared either a Consumer Credit Report or an Investigative Consumer Report on you for employment purposes. That information will be kept confidential to the extent required under the Fair Credit Reporting Act.

As an Equal Opportunity Employer, the Hospital will not use any information in any of these reports in violation of any applicable federal or local equal employment laws or regulations.

In the event that any adverse employment actions is taken with respect to you based in whole or in part on the results of the Consumer Report or Investigative Consumer Report, you will be provided a separate notice of your rights under the Fair Credit Reporting Act.

I hereby consent to the Hospital obtaining a Consumer Report or Investigative Consumer Report on me for employment purposes, and authorize the Hospital to obtain such a report(s).

\_\_\_\_\_  
Signature of Junior Volunteer                      Date

\_\_\_\_\_  
Witness (Parent or Guardian)                      Date



### Release of Information/Photo/Film Release Form

I, \_\_\_\_\_, hereby authorize the release of information,  
(Print name)

photographs and/or film for the use of NCMH Marketing.

I hereby agree to hold the hospital free and harmless from any and all liabilities or ill effect, which might arise from the publication of such information, photos and/or film.

Junior Volunteer Participant: \_\_\_\_\_  
(Signature)

Minor's Age: \_\_\_\_\_

Minor's Parent or Guardian: \_\_\_\_\_  
(Print Name)

Minor's Parent or Guardian: \_\_\_\_\_  
(Signature)

Witness Signature: \_\_\_\_\_

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

Event/Situation: Junior Volunteer Program – Summer 2010

<b>Uniform Order</b>							
Please indicate sizes: (Circle desired size of both top and bottom)							<i>Scrubs provided by: NCMH Volunteer Service Organization</i>
Top	-	Adult size	XS	S	M	L	XL
Bottom	-	Adult size	XS	S	M	L	XL
<input type="checkbox"/> Jr. Volunteers scrubs will be clean <input type="checkbox"/> Wear clean, soft-soled tennis shoes with socks <input type="checkbox"/> Name badge must be visible and worn above waist <input type="checkbox"/> No baseball hats, do-rags, sandals, or open-toed shoes <input type="checkbox"/> No strong perfume or cologne <input type="checkbox"/> Minimal jewelry <input type="checkbox"/> Clean hair and neat appearance is a must							

