

**VOLUNTEEN APPLICATION 2025**  
*Memorial Health University Medical Center*

Contact Information						
Name					Date	
Street		City		State	Zip Code	
Email						
Social Security Number						
Home Phone			Cell #			
School			Grade			
Date of Birth			Gender			
Shirt Size	Small	Medium	Large	Extra Large	XX Large	XXX Large
Emergency Contact						
Name				Relationship		
Home #		Work #		Cell #		
Previous Experience						
As a volunteer						
Hobbies, Special Interests						
Have you volunteered at a Memorial Hospital before?	Yes	No	When did you volunteer?			
If so, which department?			Did you complete your hours of service?			
Availability						
<ul style="list-style-type: none"> <li>Each student is required to commit to at least 4 hours per week.</li> <li>Students may not volunteer more than 40 hours per week.</li> </ul>						
How many hours do you want to volunteer each week between 4 to 40 hours?						
Please allow some flexibility. We are often short of volunteer commitments for Mondays and Fridays. The more flexible you are, the more opportunities you will have. <b>Check all days and shifts you are available. Check only the times and days that you are actually able to volunteer.</b>						
Monday	Mornings	Afternoon				
Tuesday	Mornings	Afternoon		Other	<input type="checkbox"/>	
Wednesday	Mornings	Afternoon				
Thursday	Mornings	Afternoon				
Friday	Mornings	Afternoon				
Saturday	Mornings	Afternoon				
Sunday	Morning	Afternoon				
List your preferred days.					If accepted to the program, every effort will be made to accommodate your request, however, this is not always possible.	

**Attendance**

During the program, each Volunteer is permitted to take one week of vacation. Additional time off may be discussed with your supervisor. Regular attendance is a program requirement. If attendance becomes a concern, a Volunteer may be asked not to continue in the program. **List the dates you will be taking vacation.**

<b>June Vacation Dates</b>	
<b>July Vacation Dates</b>	

**Why do you want to be a volunteer? (Use the back of this sheet if you need more space)**

**Acknowledgement**

In joining the Memorial Health volunteer program, I agree to take my work seriously and take advantage of the opportunities the program offers in the hope that my service will be helpful not only to the hospital, but to the patients and community as well.

- I acknowledge that I will commit to serve at least five weeks of the six-week program, or as approved by my supervisor. If I am accepted, I will notify the Volunteer Services manager if my summer schedule changes. I realize I may lose my spot if my new schedule does not fit with the program.
- I understand that I should arrive on time and stay on the hospital campus at all times (including lunch). I will ensure that my volunteer supervisor knows where I am at all times. I take responsibility for my actions while serving as a volunteer and will uphold these and all other hospital and departmental policies, as presented in volunteer orientation.
- I am aware that Memorial Health does not provide insurance coverage for volunteers if injured or if damage occurs to the worker's personal property while acting as a volunteer. I further understand that I am not entitled to worker's compensation benefits, health insurance benefits or any other benefit available to employees of Memorial Health. I agree that I will not hold Memorial Health or its officers or agents liable for any injury sustained to person or property while acting in a volunteer capacity.

**Orientation**

**I understand that if I am accepted into the program, I must attend the mandatory orientation on Thursday, June 10, 2024 from 9:00 am until 12:00 pm. I understand that there will be no alternative dates for this training.**

**Signatures**

Applicant Signature	Date
Parent/Guardian Signature	Date

**Questions? Contact Volunteer Services**

Memorial Health	MMCS.Volunteers@hcahealthcare.com	912-350-0673
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**PARENTAL CONSENT**

I understand that my son/daughter has applied to be a volunteer for Memorial University Medical Center (MUMC). I have discussed the responsibilities involved and the time commitment of a minimum **40 hours of service before resignation of his/her volunteer position. I also understand that this commitment of 40 hours must be completed before service verification will be signed.** I will assume responsibility for transportation to and from the hospital for my son/daughter.

My son/daughter \_\_\_\_\_ has permission to volunteer for MUMC.

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**Due to the substantial investment of time devoted to your child’s orientation and training, please carefully consider whether he/she can commit to the attendance requirements. It may be necessary for him/her to wait for a session that would better fit his/her school/sports activities. When he/she agrees to participate as a volunteer, it is assumed he/she will arrange his/her other activities so they will not conflict with his/her scheduled hospital shift.**

As part of the *Volunteer Orientation Process*, I authorize the MUMC to perform a blood test (Quantiferon Gold) testing on my son/daughter. I also understand that my child will be required to complete an annual TB screening form during their birth month each year.

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE MUMC TO GIVE EMERGENCY MEDICAL TREATMENT TO MY SON/DAUGHTER.**

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**VOLUNTEER SERVICES - CONFIDENTIALITY AGREEMENT**

Confidentiality Agreement: I agree: (1) Only to use confidential information to provide services or goods to Memorial University Medical Center, (2) Only to communicate confidential information to Physicians, Team Members, and Team Leaders on a need-to-know basis, and (3) Not otherwise disclose or use at any time any confidential information which includes, but is not limited to, discussion of pay rates, access code, and/or patient information.

Printed Name:

Signature:

Date:

**NOTE: Please keep a copy of this agreement for your records.**

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Printed Name:

Signature:

Date:

**NOTE: Please keep THIS copy of this agreement for your records.**

**VOLUNTEEN REFERENCE FORM**  
*Memorial Health University Medical Center*

For Volunteer		
Must be included with application packet and brought to student interview. <i>Please do not mail form.</i>		
Instructions		
<p>THIS FORM IS STRICTLY CONFIDENTIAL</p> <p>Your name has been given as a character reference for the student named below who is applying for the Volunteer program with Memorial Health.</p> <p><b>Please complete and return form <u>directly to the student</u> in a sealed envelope with your signature across the back of the envelope <u>or email form to MMCS.Volunteers@hcahealthcare.com before April 26, 2024</u></b></p> <p>If emailing, list "Reference for student's name (last name, first name)" in subject line.</p>		
Student name (please print)		
How do you know this person?		
How long have you known this person?		
Which extraordinary skills and/or attributes does this person have that may contribute to his/her service as a volunteer?		
Please enter a rating for this applicant on a scale of 1 to 4 (4=Excellent, 3=Good, 2=Neutral, 1=Poor) on the following attributes.		
	Maturity / Good Judgement Has a Positive Attitude Honest / Trustworthy Dependable Demonstrates Initiative Ability to follow instructions Ability to treat individuals with patience, respect and compassion	
Do you know of any reasons why this individual should <b><u>not</u></b> be accepted as a Volunteer? If yes, please explain.		
Signature		
Reference Name (please print)	Reference Signature	
Name of Organization (please print)	Phone #	Email
Questions? Contact Volunteer Services		
Memorial Health University Medical Center	MMCS. Volunteers@hcahealthcare.com	912-350-0673

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Student name (please print)		
How do you know this person?		
How long have you known this person?		
Which extraordinary skills and/or attributes does this person have that may contribute to his/her service as a volunteer?		
Please enter a rating for this applicant on a scale of 1 to 4 (4=Excellent, 3=Good, 2=Neutral, 1=Poor) on the following attributes.		
	Maturity / Good Judgement Has a Positive Attitude Honest / Trustworthy Dependable Demonstrates Initiative Ability to follow instructions Ability to treat individuals with patience, respect and compassion	
Do you know of any reasons why this individual should <b>not</b> be accepted as a Volunteer? If yes, please explain.		
Signature		
Reference Name (please print)		Reference Signature
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