

NORTHSIDE HOSPITAL AUXILIARY - FORSYTH - VolunTeen Program

VolunTeen Application



Today's Date: ____/____/____

GENERAL INFORMATION Please Print Neatly			
Last Name:	First Name:	MI:	Preferred Name:
Street Address			
City:		State	Zip:
Home Phone:		Cell Phone:	
Email Address:		Birthdate:	Age:

High School:				
Year:	9th	10th	11th	12th
Previous Volunteer or Civic Experience:				
Special Skills/Talents/Interests:				

IMPORTANT INFORMATION
Is there any health issue that might limit your ability to volunteer: if so, please explain:
How did you hear of our program?

EMERGENCY CONTACT	
Name:	Relationship:
Home Phone:	Cell Phone:

VOLUNTEER INFORMATION

The auxiliary will attempt to make volunteer assignments based on the applicant's interests.

Available for Volunteer Assignment: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri
_____ 8am - 12pm _____ 12am - 4pm

Why do you want to volunteer?

AGREEMENT

Northside Hospital-Forsyth Auxiliary is a service and fundraising organization dedicated to the support of Northside Hospital, its patients, visitors and the community.

I understand and accept that in joining the Auxiliary and becoming a volunteer at Northside Hospital-Forsyth, I agree to the following:

- I am ready to begin volunteering after the June 6th mandatory orientation.
- To wear my photo identification badge and official uniform at all times when working my service.
- To work once a week, in the service to which I am assigned at the designated time.
- To give a service commitment of 20 - 24 hours during the summer session.
- To give advance notice to my department when I cannot come, except in the case of an emergency.
- Joining the auxiliary is not a path to employment nor does it provide an opportunity for job shadowing or internship.

In witness of my signature below, I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be considered sufficient cause for discharge without prior warning at any time during my service with Northside Hospital-Forsyth Auxiliary.

I hereby elect and agree to be covered by Northside Hospital's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital. I acknowledge that I am not considered an employee for any other purposes and am not entitled to any of the other benefits available to employees.

Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____