



Decatur General

TEENAGE VOLUNTEER APPLICATION

All information will be treated confidentially.

Date of Application: _____ Date of Interview: _____
(to be completed by department director)

Please return application to: Decatur General Volunteer Services, 1201 Seventh Street, SE, Decatur, Alabama 35601 • www.decaturgeneral.org

(PLEASE PRINT)

NAME: _____
Last First Middle Initial

ADDRESS: _____

PHONE: _____ BIRTHDATE: _____
month day year

SCHOOL NOW ATTENDING _____

GRADE CURRENTLY COMPLETED _____ GRADE POINT AVERAGE _____

HOMEROOM TEACHER _____

Are you interested in a health career? _____ If yes, which? _____

Other reason(s) why you are interested in being a teenage volunteer:

Will your summer schedule permit you to complete the 12-week program, other than time away for summer vacation?
_____ Yes _____ No

If no, please explain. _____

Have you participated in other community volunteer organizations?

Where _____

List duties _____

How did you become interested in our teenage volunteer program?

DAYS AVAILABLE: (Circle) M T W T F S S

HOURS AVAILABLE: _____

(Specify a.m. or p.m.)

Volunteers needed for:

Weekdays: Between 8 a.m. and 2 p.m. • **Weekends:** Gift Shop 1 p.m. - 5 p.m.

I UNDERSTAND THAT AS A DECATUR GENERAL HOSPITAL TEENAGE VOLUNTEER, I WILL NOT RECEIVE PAY FOR MY SERVICES.

Signature of Applicant

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NOTIFY IN CASE OF AN EMERGENCY:

NAME: _____

ADDRESS: _____

PHONE: _____ FAMILY DOCTOR: _____

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FOR PARENT TO COMPLETE

Do you object to your child having a tuberculin skin test? _____ Yes _____ No

Parental Consent:

We/I hereby agree to allow our daughter/son to serve as a teenage volunteer at Decatur General Hospital. We fully understand that in the course of duties our daughter/son will be permitted to enter patient areas and/or patient rooms. We understand that as a volunteer our daughter/son will not receive pay for services given to the hospital.

Date _____ Parent or Legal Guardian _____

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CONFIDENTIALITY STATEMENT

If chosen as a volunteer, I understand and agree that in the performance of my duties as a volunteer at Decatur General, I must hold in strictest confidence any observations I may make or hear regarding patients, patients' families or hospital staff.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, including termination, by Decatur General.

Volunteer Signature _____ Date _____

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DO NOT WRITE BELOW THIS DOTTED LINE

Date Interviewed: _____ Interviewed by: _____

Comments: _____