

WADLEY REGIONAL MEDICAL CENTER

Junior Volunteer Application

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Birthdate: _____

School Attending _____ Grade _____

Name of Parents _____ _____		
Parents' Occupations and Work Numbers		
Mother _____ Occupation		Work Number _____
Father _____ Occupation		Work Number _____

Organizations to which you belong: _____

Personal References (one should be a teacher and should not be your parents):

Name _____ Phone _____ Occupation _____

Name _____ Phone _____ Occupation _____

Please obtain the following information from your school counselor or principal:

Grade Average _____ ***Signature*** _____

Please give a short statement as to why you would like to be a *Wadley Junior Volunteer*:

Circle the day of the week beside the time you would be able to work. List 3 choices. This will be used to make up the summer schedule.

	<u>1st Choice</u>	<u>2nd Choice</u>	<u>3rd Choice</u>
9 a.m. – 1 p.m.	M T W Th F S S	M T W Th F S S	M T W Th F S S
1 p.m. – 5 p.m.	M T W Th F S S	M T W Th F S S	M T W Th F S S
Can you substitute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I was referred to the **Junior Volunteer** Program by: _____

As a **Junior Volunteer** of the **Wadley Auxiliary**, you are asked to read, understand and sign the following:

I agree to uphold the purpose, by-laws, policies and procedures of the **Junior Volunteers** and **Wadley Auxiliary** and the hospital they serve.

I will be punctual and conscientious in the fulfillment of my duties.

I will conduct myself with dignity, courtesy and consideration.

I understand that all information which I may hear directly or indirectly concerning a patient, physician, family member, or hospital staff is strictly confidential.

I will take any problems, criticisms or suggestions to the **Junior Volunteer** Chairman or Director of Volunteer Services.

Your Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____

Please return this form to the **Junior Volunteer** Services Office at **Wadley** or mail to:

Junior Volunteer Services
Wadley Regional Medical Center
1000 Pine
Texarkana, Texas 75501

Please do not write below

Interviewed _____ Orientation _____

Comments _____