



**Junior Volunteer Application (ages 14-18)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_ email address \_\_\_\_\_

Home Phone# \_\_\_\_\_

**Parent or Guardian's Name** \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone# \_\_\_\_\_

**Education:**

Name of school: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

What are your favorite subjects in school? \_\_\_\_\_

List any extracurricular activities, hobbies, or clubs that you enjoy \_\_\_\_\_

\_\_\_\_\_

**Health:**

Have you had any recent illnesses? \_\_\_\_\_

Do you have any physical limitations we should know about? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, please call \_\_\_\_\_ Phone# \_\_\_\_\_

**Other information:**

Past Volunteer experiences \_\_\_\_\_

\_\_\_\_\_

Do you wish patient contact? \_\_\_\_\_

Days and times available \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

**I WILL UPHOLD THE TRADITIONS AND STANDARDS OF WINDHAM HOSPITAL. I WILL BE EXTREMELY CAREFUL TO MAINTAIN CONFIDENTIALITY. I WILL ENDEAVOR TO DO MY BEST, BE DEPENDABLE, AND GIVE VOLUNTEER SERVICE OF THE HIGHEST QUALITY.**

I certify that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do not write below this line**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Placement \_\_\_\_\_

Description of duties \_\_\_\_\_

Days/Time \_\_\_\_\_

**Health Screening Form (Volunteers)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

List any chronic health problems or immune disorders: \_\_\_\_\_

Describe any chronic skin conditions or open wounds: \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

Have you ever had any exposure to active tuberculosis? Yes No

Have you ever had a positive reaction to any of the following tests:

Tine: \_\_\_\_\_ Intradermal PPD \_\_\_\_\_

If past positive Tuberculin skin test (PPD) – need to submit copy of negative chest x-ray

Have you ever received the BCG vaccine (a vaccination to prevent Tuberculosis)? Yes No

Are you presently taking any oral steroid (cortisone) medications? Yes No

Date of Tuberculin skin test (PPD): \_\_\_\_\_ Results: \_\_\_\_\_

**Please list immunizations for the following diseases or attach a copy of immunization records (most recent dates):**

Measles, Mumps, Rubella (MMR) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Tetanus: \_\_\_\_\_ Flu: \_\_\_\_\_

Have you ever had chicken pox? Yes No

Have you had the chicken pox vaccine (varicella vaccine)? Yes \_\_\_\_\_ (date) No

Hepatitis B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**I certify that the above health history statements are true and accurate.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent/Guardian's signature for volunteers under 18 years of age)**

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**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

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Health history reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Health Nurse

Any restrictions? Yes No If yes, list restrictions: \_\_\_\_\_

Follow-up action as indicated: \_\_\_\_\_

Health Record to: Volunteer Office  Student Ed Coordinator  Other

**Windham Hospital Volunteer Services  
Junior Volunteer**

**Letter of Reference Form**

Applicant's name: \_\_\_\_\_

The person above is applying as a Junior Volunteer at Windham Hospital. All Windham Hospital Volunteers are utilized in many areas of the hospital. It is important that Junior Volunteers be responsible and dependable, and works well with others. As part of his/her application, a letter of reference from an adult is requested.

Please comment below on the following areas:

Attitude:

Ability to get along with others:

Dependability:

Attendance:

Reliability in maintaining commitment to a goal:

Maturity in areas of strict confidentiality:

How long have you known the applicant?

Other comments:

Signature/Title \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your time and attention.

Sincerely,

Volunteer Services

**Windham Hospital Volunteer Services  
Junior Volunteer  
Parental Consent Form**

Dear Parent or Guardian:

Your son/daughter has expressed interest in becoming a Junior Volunteer at Windham Hospital. Junior Volunteers are asked to donate minimum of 3 hours a week. All Windham Hospital Volunteers are utilized in many areas of the hospital.

The Environmental Health Program at Windham Hospital requires all Volunteers to provide a copy of their immunization record and to have a PPD Intradermal Tuberculin Test yearly. This is part of the safety program for both Volunteers and patients. If your son/daughter has had a PPD Intradermal Tuberculin test within the year, feel free to enclose a copy of that result with this consent form.

The Volunteer Services Program requires that Junior Volunteers have a signed consent from their Parent or guardian as part of their application.

Your signature below states that:

- You consent to your child becoming a Junior Volunteer at Windham Hospital.
- You consent to your child being given PPD Intradermal Tuberculin Test if it was not administered within the present year.

Child's name \_\_\_\_\_

Parent or Guardian (Print) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call Volunteer Services at 456-6792. Thank you for your time and attention.

Sincerely,

Volunteer Services

Rev: 9/3/13