

# Junior Volunteer Services Application Form



THE  
FREMONT-RIDEOUT  
HEALTH GROUP  
AUXILIARY 011-0311

Last Name	First Name	MI	Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth _____
Home Address	City	Zip Code	Home Phone Number
Email Address:			Cell Phone Number
Mother / Legal Guardian Name	Business Phone Number		Year of Graduation
Father / Legal Guardian Name	Business Phone Number		Social Security #
School Attending & Current Grade Level			Are you employed?
School/Extra Curricular Activities			Hrs & Days of Employment
List volunteer experience or any jobs you have held (include babysitting, church groups, etc.)			
Please state the reason(s) for wishing to become a volunteer with Fremont-Rideout Health Group			

**I prefer to volunteer at:**

- |   |  |
|---|--|
| <input type="checkbox"/> Fremont Medical Center Junior Auxiliary  | <input type="checkbox"/> The Fountains Activities Program (skilled nursing facility) |
| <input type="checkbox"/> The Courtyard (assisted living facility) | <input type="checkbox"/> The Gardens (Alzheimer's & special care facility)           |

### Confidentiality and Commitment Statement

I am volunteering my services to Fremont-Rideout Health Group solely for my personal purposes or benefit without promise or expectations of compensation or benefits. I understand and agree that in the performance of my duties as a volunteer at the Fremont-Rideout Health Group, I must abide by all policies and procedures, including to hold as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Parent or Guardian Consent

I give permission for my son/daughter to participate in the Fremont-Rideout Health Group Volunteer Program. I understand he/she is volunteering his/her services to the Fremont-Rideout Health Group solely for his/her personal purposes or benefit without promise or expectation of compensation or benefits. I understand and agree that he/she may be dismissed for failure to abide by the policies and procedures, including to hold strictly confidential all medical information obtained directly or indirectly concerning patients.

I give permission for my son/daughter to submit to a tuberculin skin test (P.P.D. Mantoux) which is a requirement of all hospital volunteers.

Parents or Guardian Signature \_\_\_\_\_

## Fremont Medical Center Junior Auxiliary

We are pleased you wish to volunteer your extra time at Fremont Hospital.

Please realize that working as a Junior Volunteer is a year round commitment. We expect you to remain a volunteer at least a year. Many of our young people continue volunteering for several years. You will be expected to work 2 or 3 two-hour shifts per month, working alongside the Senior Volunteers.

Because so many young people want to volunteer their time at the hospital, the list of names is long. There may be a wait of 3-6 months before you are called. We appreciate your enthusiasm and ask for your patience as you await your turn.

When you are called, you will be scheduled for an interview to make sure you like us and we like you. After your application to join the Junior Volunteers has been accepted by the Board of Directors, you will attend a 2 hr. Orientation meeting with other prospective Junior Volunteers. At this meeting you will be asked to pay \$20 for your membership dues and a polo shirt. The polo shirt along with white pants is your "uniform".

We are looking forward to working with you.