



Marymount Hospital

a Cleveland Clinic hospital

Junior Volunteer Application

12300 McCracken Rd.
Garfield Heights, Ohio 44125
(216) 587-8131

Today's Date: _____

Birth Date: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____ City: _____ State: __ Zip Code: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Parents/Guardians: _____ Phone: (____) ____ - _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: (____) ____ - _____

Relationship: _____

School now attending: _____ City: _____

Reference (Counselor or Teacher): _____

Why are you interested in volunteering? _____

Are you interested in a health career?

What are your Extra-Curricular Interests?

(Hobbies, sports, skills, special interests, or foreign/sign language skills that you may have):

Regular attendance is important. How will you travel to the hospital?

When are you available? (Please check off applicable boxes)

<i>Year-Round</i>			<i>Summer</i>			<i>Fall</i>			<i>Winter</i>			<i>Spring</i>		
<i>Mon</i>		<i>Tues</i>		<i>Wed</i>		<i>Thurs</i>		<i>Fri</i>		<i>Sat</i>		<i>Sun</i>		

OVER

Marymount Hospital
Volunteer Service Department

Requirements for Junior Volunteers

1. **AGE:** Applicants must be at least **15** years of age to apply.
2. **APPLICATION:** All prospective volunteers must file an application with the Volunteer Office. Filing an application does not assure placement. Choice of applicants is determined on the basis of personal qualifications and traits judged by the Volunteer Staff to be suitable and in the best interest of the Hospital.
3. **INTERVIEW:** Applicants will be contacted to schedule a personal interview with the Director or Coordinator of Volunteer Services. Although not required, parents are welcome to attend the interview so they will understand the commitment expected of their teen.
4. **HEALTH:** Volunteers are expected to be in good physical and mental health, and must complete all health requirements prior to volunteer service.
5. **WILLINGNESS:** Volunteers must have a sincere desire to perform community service and a willingness to cooperate in all areas of assignment.
6. **RESPONSIBILITY:** The volunteer should have a genuine sense of responsibility to the hospital and the assigned tasks. Volunteers must accept the rules which apply to the Junior Volunteer Program.
7. **DEPENDABILITY:** Volunteers are expected to be faithful in attendance, advising of planned absences in advance, and always notifying the Volunteer Office of last minute cancellations.

I have read and understand the above requirements and wish to apply to the Marymount Hospital Junior Volunteer Program.

APPLICANT'S SIGNATURE: _____ Date: _____

I have read the above information and give my permission for my son/daughter, _____, to participate in the Junior Volunteer Program at Marymount Hospital, to complete a Junior Volunteer Application Form, to receive a Tuberculin Screening Test, and to verify his/her 2nd MMR (Measles, Mumps, Rubella) inoculation.

Parent/Guardian Signature: _____

Relationship: _____

Date: _____

Confidential School Recommendation for Junior Volunteer

PARENTAL CONSENT: I authorize the release of information from my son/daughter's school records to the Volunteer Resources Department of Marymount Hospital.

Parent/Guardian Signature: _____ Date: _____

Dear Counselor or Teacher,

Each student who applies for volunteer work must have a recommendation from school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program and serve our organization and the recipients of our services. This information will be kept confidential. Please return the completed form to me at the address below at your earliest convenience. Thank you for your assistance.

Volunteer Coordinator
Marymount Hospital
12300 McCracken Road
Garfield Heights, Ohio 44125
Phone (216) 587-8131

Confidential Recommendation for Junior Volunteer

Student's Name: _____ Grade: _____

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>
<i>Attendance</i>				
<i>Scholastic Record</i>				
<i>Dependability</i>				
<i>Courtesy</i>				
<i>Willingness</i>				
<i>Initiative</i>				

Comments: _____

Signature: _____ Date: _____

Title: _____

School: _____ Phone: (____) ____ - _____