



Allegan General Hospital

Volunteer Services
Phone: (269) 686-4239

TEEN VOLUNTER APPLICATION (14 – 17 years old)

PLEASE PRINT ALL INFORMATION

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-Mail: _____ Birthday (m/d): ____/____

How did you hear about volunteering at AGH? _____

Have you ever volunteered before? Yes No
If yes, where? _____

High School Attending: _____ Grade: _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, please list what it was:

Are you volunteering to satisfy a requirement? _____

If yes, by whom? _____ *Please attach copy of requirements*

References

Please provide us with the names of 3 people outside of your family who know you and would be willing to respond to a reference request (i.e. neighbor, minister, employer, teacher).

1. Name: _____ Relationship: _____
Phone #: _____ Address: _____
City: _____ State: _____ Zip: _____

2. Name: _____ Relationship: _____
Phone #: _____ Address: _____
City: _____ State: _____ Zip: _____

3. Name: _____ Relationship: _____
Phone #: _____ Address: _____
City: _____ State: _____ Zip: _____

Availability

How often do you wish to volunteer?

Weekly Monthly Special Events Only Other: _____

Do you wish to limit your volunteer commitment?

3 Months 6 Months Year Indefinite

Please fill in the **times** you are most often available to volunteer during each shift on each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Total amount of hours per week:							

Are there any skills from previous experience you would care to use in your volunteer work? (other languages spoke, computer skills, clerical, work experience, hobbies, etc.)

In what other clubs and organizations are you active?

I certify the responses on this application are true to the best of my knowledge. I understand that the application review process will include a personal reference check as per Allegan General Hospital personnel policies and procedures. Misrepresentation of facts constitutes cause for separation from volunteer placement.

Signature

Date

CONSENT FOR MINOR TO PARTICIPATE IN VOLUNTEER ACTIVITIES

I give permission for my child to participate in volunteer services at Allegan General Hospital and to receive an annual TB test. I understand that the application review process will include a personal reference check as per Allegan General Hospital personnel policies and procedures. I also understand that my child's services are donated to the hospital without compensation or future employment. I will endeavor to see that the requirements of dependability, regular service and confidentiality are followed.

Signature of parent/guardian

Date