



## **2008 JUNIOR VOLUNTEER APPLICATION**

827 Linden Avenue  
Baltimore, Maryland 21201  
Phone: (410) 225-8944 Fax: (410) 669-8368

Date: \_\_\_\_\_

Personal Information (please type or print) Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: (Last, First) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Time availability (circle all that apply) morning (8 a.m. - 12 noon) afternoon (12 noon - 4 p.m.)  
evening (4 p.m. - 8 p.m.) other \_\_\_\_\_

Have you ever volunteered before? \_\_\_ Yes \_\_\_ No Where? \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

Do you speak another language? If yes, which one? \_\_\_\_\_

Can you keep a commitment of volunteering a minimum of 100 hours? \_\_\_ Yes \_\_\_ No

Source of referral: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Person to contact in case of an emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work hours and days: \_\_\_\_\_

References (Please do not list relatives or close friends)

Name: \_\_\_\_\_ Relationship and Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship and Phone #: \_\_\_\_\_

Education (Circle Last Grade Completed)

High School 9 10 11 12 Graduation Date: \_\_\_\_\_

Referred by : \_\_\_\_\_ Title: \_\_\_\_\_

Career Interest: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain \_\_\_\_\_

\_\_\_\_\_

A conviction does not automatically mean you cannot be accepted. What you were convicted of, how old the conviction is, and the nature of the position for which you are applying are important. Please give all the facts so that a decisions can be made.

Special training, skills, hobbies: \_\_\_\_\_

Goals for your volunteering experience: \_\_\_\_\_

Maryland General Hospital is hereby authorized to check references as supplied to verify the above information. I understand that if accepted in a volunteer position at MGH I am subject to dismissal if any of the information on this application is false or has been omitted, and I may be required to furnish documents supporting statements herein. I also understand I will be required to pass a drug test and a background check.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Parental Consent: If you are a minor under the age of 18, please have a parent or legal guardian sign.

I approve of my son/daughter \_\_\_\_\_ volunteering his/her time at Maryland General Hospital and give him/her permission to him/her to participate in the summer volunteer program. I also give permission for Maryland General Hospital to contact the reference and school listed above. I understand that the Junior Volunteer Program begins with an Orientation in June, continues July 7 through August 15 and requires a minimum of eight hours per week.

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

FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Interview Date and Time \_\_\_\_\_

Background check \_\_\_\_\_ Orientation Date \_\_\_\_\_

Position Assigned and Schedule \_\_\_\_\_ Start Date \_\_\_\_\_

Comments \_\_\_\_\_

# **VOLUNTEER CONTRACT**

To perform my duties as a MGH volunteer to the best of my ability, I will:

- Consider my volunteer assignment as a commitment; fill it regularly, except for illness or vacation.
- Contact my assigned department when I am unable to volunteer. I realize that if I should be absent two times in a row without notifying my immediate supervisor, I may be terminated from the program.
- Consider as confidential, all information concerning any patient, nurse, doctor or employee of Maryland General Hospital.
- Take any problem, criticism or suggestion directly to my immediate supervisor.
- Endeavor to make my work professional in all ways; conduct myself with dignity, courtesy and consideration of others.
- Follow established dress code policies detailed during orientation.
- Always wear my MGH ID badge and volunteer uniform while on duty.

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