

Have you ever been convicted of a criminal offense? ___ Yes ___ No

If yes please explain: _____

Do you need to report these volunteer hours to anyone? ___ Yes ___ No

If yes, who? _____

Parent/Guardian Information in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

VOLUNTEER STATEMENT: I wish to donate my services to the hospital and understand there is no payment for services rendered under the Teen Volunteer program of CHI Health St. Mary's. I understand that photographs may be taken from time to time for publications or other uses. I agree to abide by the rules, regulations, and policies of CHI Health St. Mary's. I agree to allow a background check to be completed by the Volunteer Services Department. A release form will be provided to me during the interview and placement process. I understand that there is a \$25 fee to help cover a portion of the costs associated with my volunteer application and this fee is due at the time of general orientation. If I do not abide by these rules, regulations, or policies, or break confidentiality, I may be terminated from the Volunteer Services Program.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____