

Placement Information: List days of the week and hours you are available for volunteering.

Do you have any physical condition, which would limit an activity such as pushing a wheelchair or extensive walking? _____ If yes, please explain:

Are you planning a career in the health care industry? (please explain):

Why do you want to be a volunteer?

***High school or college students only**

Are you a high school or college student? High School College

Where do you attend school? _____

What is your student status? Freshman Sophomore Junior Senior

Do you have community service hours to fulfill for your school? If so, explain:

How many hours of community service do you seek? _____
(Hours)

Waynesburg University Students: You are seeking volunteer hours for:

- Bonner Scholars Program
- Service Learning Program
- Other _____

Person to notify in case of an emergency while on duty:

Name: _____ Relationship: _____

Phone Number: _____ Other Number: _____

Physician: _____ Phone Number: _____

Are you currently taking any medication of which we should be aware: Yes ____ No ____

I agree that as a Junior Volunteer I will:

- Serve regularly as assigned
- Accept supervision gracefully
- Abide by all rules and policies of the Auxiliary and Southwest Regional Medical Center.
- Keep confidential all information that comes to me in the performance of my duties.

The information I have provided in this application is complete and correct to the best of my knowledge and I have a genuine intent and no other purpose(s) in applying to volunteer with Southwest Regional Medical Center Auxiliary. I understand that I am applying only for a volunteer position for the Southwest Regional Medical Center Auxiliary and Southwest Regional Medical Center has my permission to contact the references that I have given.

Southwest Regional Medical Center is a tobacco-free facility and I agree to comply with the Tobacco-free policy. I will not use tobacco products within the hospital or on Southwest Regional Medical Center's grounds. (A copy of Southwest Regional Medical Center tobacco-free policy can be provided to me upon request).

Date: _____ Signature of Applicant: _____

I agree (**only if volunteering in the Lobby Shop or serving as an Escort**) to comply with all hospital pre-volunteer regulations. The pre-volunteer regulations include a Criminal Record Check, 2-Step PPD and all other state and Joint Commission requirements to work within our facility. I understand that all of these requirements need to be met and my acceptance is contingent upon these requirements being successfully met.

Date: _____ Signature of Applicant: _____