



# Youth Volunteer Application

## Personal Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(first) (middle) (last)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Emergency Contact

Name of person to contact in case of emergency \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

## School, Hobbies and other interests

School \_\_\_\_\_ Current Grade level \_\_\_\_\_ Activities/Interests \_\_\_\_\_

## Other Information:

Do you have any relatives employed by St. Francis? \_\_\_\_ If yes, who and which department? \_\_\_\_\_

\_\_\_\_\_ Are you interested in a health-care related career? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Shirt Size \_\_\_\_\_

Please check the days and times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
EVE	EVE	EVE	EVE	EVE	EVE	EVE

Are there any situations or areas of the hospital that would make you uncomfortable? Please list and explain:



Youth Volunteer Application for: \_\_\_\_\_

I understand The University of Kansas Healthcare System, St. Francis Campus and the Volunteer Department assume no responsibility for youth volunteers who fail to report for scheduled assignments or for those who leave the building without permission. Each volunteer is required, by health center policy, to have a TB skin test before starting his/her health center service. This test will be given prior to starting a volunteer position and must be read 48-72 hours later. Should the volunteer fail to report for TB reading, it will be necessary to repeat the test at the volunteer's expense. Also, if you have not had a current flu shot, one will be given.

I affirm that the facts provided in this application are true and complete. False statements, answers and omissions on this application shall be sufficient cause for non-consideration for placement or for dismissal after volunteer placement. Any answers to any questions that may change after acceptance as a volunteer should be immediately shared with the Volunteer office.

I understand either The University of Kansas Healthcare System, St. Francis Campus or the volunteer may terminate the volunteer relationship at any time, either with or without cause, and also with or without advance notice. However, because a great deal of time and effort is put into volunteer placement, orientation and training, I understand that each youth volunteer is asked to volunteer for at least 8 weeks or 40 hours (unless otherwise approved by the Volunteer Manager).

The undersigned parent/guardian consents to the participation by the child/ward in the volunteer program at The University of Kansas Healthcare System, St. Francis Campus and to the TB Skin tests required by health center policy. In addition, the undersigned parent/guardian acknowledges receipt and understanding of the confidentiality statement appended hereto.

Unless otherwise approved by the Volunteer Services Department, I understand that each youth volunteer is asked to volunteer at least 8 weeks or 40 hours.

Youth Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Youth Application Requirements

To complete the [youth volunteer application](#) process, the following will be needed.

A copy of your most recent grade report. (If it is the first semester of the school year and you have not yet received a grade report, send a copy of your grade report from the last 9 weeks of your previous school year.) This can be a computer-generated report that you print from home.

A letter of recommendation from a teacher or school counselor on school stationary. It may be handwritten, but must be on school stationary. An email reference letter is acceptable from their official school email address and may be sent to Hailey Rubin at [Hailey.rubin@kutopeka.com](mailto:Hailey.rubin@kutopeka.com)

All forms in this application packet completed. Your social security number will be needed when you are issued your I.D. badge. You do not need the card, but need to know the number.

Immunizations must be current for volunteers as well as employees. Please send copies verifying TB, tetanus and MMR. Hepatitis B series is not required if your volunteer position does not have potential of coming into contact with blood or bodily fluids.

### **Important:**

The online application and other paperwork will not be processed without a copy of your grade report and a reference letter/email from a teacher or counselor.