



Application for Junior Volunteer Services

Title _____ First Name _____ M.I. _____ Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birthday (Month/Day/Year): _____

Home Phone: _____ Cell Phone: _____ Other: _____

Education

High School attending: _____ Current Grade Level: _____

Collegiate School attending (if applicable): _____

Major(s): _____ Expected Graduation Date: _____

Current/Last Employer: _____ Job Title: _____

Current/Last Managers Name: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: Start (mm/yyyy): _____ Ended (mm/yyyy): _____

Previous volunteer experience: _____

Foreign language(s) spoken: _____

Special education, training, skills (including computer), and interests: _____

Please list two personal references (*other than relatives*):

Name & Phone # _____

Name & Phone # _____

Emergency Contact Name & Phone # _____

How did you find out about our volunteer program?: _____

Reason for volunteering: _____

Please circle the times/days you would be available: Mornings / Afternoons / Evenings

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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I agree to give regular and dependable service to Medical City Dallas Hospital.

Signature _____

Date _____



Junior Volunteer Applicant Parental Consent Form

My (our) daughter/son _____ has my (our) consent to serve as a Junior Volunteer at Medical City Dallas Hospital. I (we) support her/his decision to become a Junior Volunteer.

I (we) understand my (our) student will only be able to volunteer those days and hours approved and assigned by the Volunteer Services director. She/He will be required to follow established rules and guidelines for service as described in new volunteer hospital orientation materials.

I (we) further understand if the performance of my/our daughter/son as a Junior Volunteer does not meet the standards established for the program, their service may be terminated.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Note: Because we understand that student volunteers will want to take time for family vacations, school activities, etc., we try to arrange schedules accordingly. Please inform us in the space below of any known dates or possible dates when your student will not be available to volunteer.

DATES VOLUNTEER WILL BE OUT OF TOWN: _____

DATE AVAILABLE TO BEGIN VOLUNTEER WORK: _____

PLEASE RETURN TO:

Volunteer Services Department
Medical City Dallas Hospital
7777 Forest Lane
Building A, Suite 070
Dallas, TX 75230
(972)566-7066

NOTE: COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE AS A JUNIOR VOLUNTEER.

Office Use:
Received: _____
Ref Checked: _____
Interview: _____

Medical City Dallas Hospital, 7777 Forest Lane, Dallas, Texas 75230 Tel: 972.566.7000 www.medicalcityhospital.com



Junior Volunteer Applicant Health Profile Form

Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Number and Street) (City, State, Zip Code) (Phone)

The following information is needed in case you are stricken with a sudden medical emergency while on duty, not to determine eligibility for volunteering. This information will be kept confidential.

Name of Physician: _____ Telephone #: _____

Do you have any chronic health problems, e.g. diabetes, high blood pressure, etc.? YES ___ NO ___

If yes, please explain: _____

If asked, will you obtain a statement of health from your physician? YES ___ NO ___

Are you allergic to any drugs? YES ___ NO ___

If yes, what drugs? _____

Please list any other allergies you have: _____

What medications do you take routinely? _____

NOTE: Please provide a copy of your current immunization record along with this application.

Is there any health reason (physical or emotional) which might limit your ability to volunteer? YES ___ NO ___

If yes, please explain: _____

In case of emergency, notify: _____ Relationship: _____

Home Telephone: _____ Work Telephone: _____

IN THE EVENT YOU BECOME ILL OR ARE INJURED WHILE ON DUTY AS A VOLUNTEER, YOU WILL BE TAKEN TO THE MEDICAL CITY DALLAS HOSPITAL EMERGENCY DEPARTMENT AND TREATED BY ONE OF THE PHYSICIANS. IF YOU DESIRE, WE WILL NOTIFY YOUR PERSONAL PHYSICIAN. IN CASE OF A MINOR, A PARENT OR GUARDIAN WILL BE CALLED FOR PERMISSION FOR TREATMENT.

Signature of Applicant

Date

Signature of Parent/Guardian of Junior Applicant

Date



Junior Volunteer Applicant Health Screening Form

Medical City Volunteer Services and Employee Health departments require all new volunteers undergo an initial health screening prior to being cleared for duty. The initial health screening consists of a blood draw (T-spot) to detect TB exposure.

The screening is provided free of charge to our volunteers. No appointments are necessary. Volunteers should stop by the Employee Health office (Building D, Suite 255) any weekday (Monday-Friday) from 7:00am to 3:00pm to visit the Employee Health nurse and pick up their lab requisition. For any questions, please don't hesitate to call 972-566-6200 and ask for the Employee Health nurse on duty.

An annual health screening is required for all active hospital volunteers. This screening consists of a skin test (PPD) to detect TB exposure. Those who have had "positive" readings in the past, still need to go to the Employee Health office to complete a Review of Sign/Symptoms of TB form on an annual basis.

If you are under the age of 18, you must bring the release listed below, signed by a parent or guardian, to give to the Employee Health nurse before you may begin the health screening requirement.

I give my permission to allow the medical personnel of Medical City Dallas Hospital to administer a blood draw (T-spot) or skin tests (PPD) for tuberculosis to my daughter/son. (Circle one)

I also release and discharge Medical City Dallas Hospital, its directors, officers, employees and agents from any liability arising from the blood draw (T-spot) or skin test (PPD), including the testing process, procedures, and the analysis of such results.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Printed Name of Junior Volunteer Applicant

Social Security Number

Signature/Acknowledgement of MCDH representative

Date