

Application for  
**Student Volunteer** Program at United Regional



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

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

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

Cell Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Are you a licensed CNA or MA: \_\_\_\_\_

**Shirt Size:** S / M / L / XL / 2X

**Scrub Pant Size:** XS / S / M / L / XL / 2X

**This volunteer program runs from June 10 through August 2, 2024.**

**High School Classification – Fall 2024:**

Junior     Senior

Name of High School: \_\_\_\_\_

**Can you attend orientation on**

**Thursday, June 6 from 9 a.m. to 2 p.m.**

Yes     No

What activities are you committed to that would prevent you from volunteering weekly?

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Parents or Guardians (list both names): \_\_\_\_\_

Have you ever held a job? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you have a relative affiliated with United Regional?     Yes     No

**Essay Questions:**

Please take time to fully answer the following questions in your own words. Essay answers should be typed on an 8 ½ x 11 sheet of paper, not to exceed one sheet.

- Why do you want to volunteer?
- What do you hope to gain by volunteering with United Regional?
- How do you plan to fit volunteer service into your active summer schedule?

Please attach a wallet-size picture to aid us in learning our new volunteers & a copy of your grades.

# REFERENCES:

Select your references with care. They should be adults who work with you and know you very well. References must be from one current teacher, one school counselor, and one community member. Please do not ask a neighbor, family friend, or relative to be a reference. When selecting a reference, make sure they are willing to be a reference for you. **References: (please print!)**

#1-- Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#2-- Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#3-- Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **To be signed by Applicant:**

As a Student Volunteer, I must be prompt for duty and be courteous and considerate towards patients, visitors, and staff. If I am accepted as a Student Volunteer of United Regional, I agree to accept assignments cheerfully, perform work carefully, and abide by hospital rules and regulations.

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

*(must be actual signature)*

## **To be signed by the Parent or Guardian of Applicant:**

- I hereby request that my son/daughter \_\_\_\_\_ be permitted to do volunteer work at United Regional. I understand their work will be supervised by staff and they will be expected to follow hospital rules and regulations.
- **A TB test is required and given before they can volunteer. Each year, the TB test will be administered.**
- I do \_\_\_ do not \_\_\_ give my permission for my student's picture to be taken while volunteering at United Regional and used for the promotion of the program.
- In case of emergency, I hereby authorize the hospital to arrange for treatment for my child in the emergency room. I understand that I will be notified immediately if my child is receiving any medical treatment.

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

*(must be actual signature)*



# Student Volunteer at United Regional

## Reference Questionnaire

Name of Applicant: \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

How long have you known them? \_\_\_\_\_

Do you think the applicant can refrain from discussing patients when they leave the hospital?

\_\_\_\_\_

Does the applicant conduct themselves maturely and exhibit self-discipline in most situations?

\_\_\_\_\_

Do you think the applicant follows directions and can take initiative?

\_\_\_\_\_

To your knowledge is the applicant tempted by or using drugs that may prevent them from volunteering?

\_\_\_\_\_

On a scale of 1 (lowest) to 10 (highest), how would you rate the applicant's moral standards? \_\_\_\_\_

Why?

\_\_\_\_\_

\_\_\_\_\_

How does the applicant get along with their peers? \_\_\_\_\_

\_\_\_\_\_

**Reference form continued**

Check the qualities below which you believe best describe the applicant:

- |                                       |  |                                    |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Well-groomed | <input type="checkbox"/> Honest                    | <input type="checkbox"/> Dedicated |
| <input type="checkbox"/> Courteous    | <input type="checkbox"/> Out-going                 | <input type="checkbox"/> Driven    |
| <input type="checkbox"/> Reserved     | <input type="checkbox"/> Cooperative               | <input type="checkbox"/> Flexible  |
| <input type="checkbox"/> Dependable   | <input type="checkbox"/> Able to follow directions | <input type="checkbox"/> Orderly   |

Are there any other qualities that you believe describe the applicant? \_\_\_\_\_

Please list three strengths and three weaknesses which would impact the applicant's ability to volunteer.

3 Strengths:

3 Weaknesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: (Please give us any information you think might be helpful to us in evaluating this applicant.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

*(must be actual signature)*

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

**Reference Instructions**

Complete Reference & return to student to place with their application packet.

You may also email to [skinney@unitedregional.org](mailto:skinney@unitedregional.org) - email must be in the form of a PDF to come through firewall.

*If you have any questions, please call Sue Kinney  
at (940) 764-6007.*



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