



Campbell County Health

Excellence Every Day

Junior Volunteer Application

Must be 13-18 years old

Date of Application: _____

Date of Birth: _____ Age: _____

Name: _____

Email: _____

Address: _____

Phone: _____

City/Zip: _____

Adult Shirt Size: Small Med Lg XL

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Cell Phone: _____

Cell Phone: _____

Do you have a parent employed at CCH? Yes No If so, who? _____

Have you previously been a Junior Volunteer? _____ When? _____

Name of School attending: _____ Grade entering in Fall: _____

School/Extra Curricular Activities: _____

List Volunteer and/or Work experience (include babysitting, church groups, etc.): _____

How did you learn about the CCH Junior Volunteer Program? _____

Please state reason(s) for wishing to become a volunteer at CCH: _____

Parent/Guardian Permission: All answers to the above questions are true and correct. I hereby give my son/daughter permission to participate in the Junior Volunteer Program at Campbell County Health and I will assume responsibility for his/her actions if my child is accepted for the program. I also give permission for my son/daughter to be photographed and those images to be used for media and educational purposes (this includes Facebook). My child must show proof of COVID vaccination* or have an approved religious exemption to participate in the program. He/she will also need to comply with all PPE requirements in place. Transportation to and from the hospital is the responsibility of the volunteer/parent. One parent is required to attend interview with potential junior volunteer.

Parent/Guardian Signature

Date

I am volunteering my services for my personal purposes or benefit without promise or expectation of compensation or benefits. As a junior volunteer, I am asked to donate at **least 3 hours** of time per week and understand that my participation will be mostly in non-clinical areas. I will make every effort to attend the orientation as scheduled. I understand and agree that in my performance of my duties as a volunteer, I must abide by all policies and procedures as outlined in orientation and meet the PPE requirements in place. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Applicant Signature: _____

Date: _____

Received by: _____

Date: _____ Time: _____

*Junior volunteers must have received at a minimum the first dose of the COVID-19 vaccine (booster shots not required), or be in the process of applying for an exemption before the first day of volunteering. They must have received all shots within 30 days of the first volunteer day. See the Volunteer Coordinator for religious exemption forms.