

Lake Regional Health System Junior Volunteer Application

Complete and submit this application, **along with a paragraph stating why you would like to be a volunteer, medical consent form and vaccination record** to the LRHS Auxiliary Office, 54 Hospital Drive, Osage Beach, MO 65065, by **noon Friday, May 10, 2019.**

Applicant Information

Last Name _____ First Name _____ MI _____ Gender: M / F

Address _____ City _____ State _____ ZIP _____

Home Phone _____ Date of Birth _____ Shirt Size (circle): S / M / L / XL / 2X / 3X

Name of School _____ Present Grade _____

Physician _____ Phone _____

Previous volunteer experience (hospital, agency, school, church, etc.) _____

Skills/Hobbies _____

List three personal references (teacher, pastor, employer, neighbor, etc.) with phone numbers.

Reference 1 _____ Relationship _____ Phone _____

Reference 2 _____ Relationship _____ Phone _____

Reference 3 _____ Relationship _____ Phone _____

Applicant Commitment

By signing this application, I agree to attend an orientation session for new volunteers, be available for service on a regular basis and abide by the rules and regulations of Lake Regional Health System. I understand that if I fail to comply with those rules and regulations or with the policies and expected behavior of the Junior Volunteer Program, I will be terminated from my duties.

Applicant's Signature _____ Date _____

Parent/Guardian Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ ZIP _____

Relationship to Applicant _____

Home Phone _____ Cell Phone _____ Work Phone _____

Acknowledgement of Parental/Guardian Permission

I have read the application requirements for Lake Regional Health System Junior Volunteers and give my son/daughter permission to volunteer at LRHS.

Parent's/Guardian's Signature _____ Date _____