RMH
VOLUNTEER SERVICES

APPLICATION FOR the RMH JUNIOR VOLUNTEER PROGRAM
Rockingham Memorial Hospital Volunteer Services

Student's Name_____
First Middle Last Name I prefer to be called

Home Address_____ **Email**_____

Home Phone Number_____ **Date of Birth** _____**Current Grade**_____

Parents or Legal Guardians _____

This person's daytime phone number _____**Home Number**_____

Address if different from yours_____

IN CASE OF EMERGENCY PLEASE CONTACT:

1ST: _____ **DAY PHONE**_____
RELATIONSHIP TO JUNIOR VOLUNTEER _____

2ND: _____ **DAY PHONE** _____
RELATIONSHIP TO JUNIOR VOLUNTEER _____

Family Physician_____ **Phone**_____

EDUCATIONAL INFORMATION
School Currently Attending_____

Expected Graduation Date_____ **Will you continue your education?**_____

List ANY/ALL extracurricular activities in which you currently participate, or have previously participated. Include any sports, organizations (civic or religious), clubs, groups, and employment history. Indicate when and for how long you participated.

Current_____
_____
_____
Previous_____
_____
_____

Do you fluently speak a foreign language?_____ **If yes, indicate which** _____

Have you ever worked or volunteered in a hospital or other health care environment?_____
If yes, where and what type of work?_____
_____

MEDICAL INFORMATION

Please provide any medical history that would have an impact, great or small, on the way you would perform your work as a volunteer: _____

_____

_____

Please share any concerns, obligations, limitations, or special needs you may have, so we can better assist you in obtaining a positive volunteer experience.

_____

_____

Please list any allergies _____

Do you have reliable transportation to the Hospital? Bring a Car_____ Parents/Guardian_____
Friend will bring me_____ Bike_____ Walk_____ City Bus _____ Other_____

Have you ever been convicted of any crime other than a minor traffic violation?_____
If yes, please explain_____

Please list two references, who may be contacted, who will be able to indicate if you would be a responsible, dependable Junior Volunteer. Please DO NOT LIST ANY RELATIVES. You may list teachers, adult family friends, coaches, club leaders, etc.

Name_____ Day Phone _____

Relationship_____ Address/Email _____

Name_____ Day Phone _____

Relationship_____ Address/Email _____

I hereby apply for the RMH Junior Volunteer Service Program. I understand and agree to comply with all regulations and requirements of the RMH Junior Volunteer Program and Rockingham Memorial Hospital. I agree to accept the responsibility and to honor the time commitment for which I am scheduled, and to notify the Volunteer Services Office immediately if I am unable to work during my scheduled volunteer shift. I further understand that I have the right to terminate my volunteer service for any reason at any time, and that Rockingham Memorial Hospital and/or the Director of Volunteer Services retains the same right. I will at all times conduct myself in a manner befitting an RMH Junior Volunteer.

Applicant's Signature_____ Date_____

Parent/Legal Guardian Signature _____ Date_____