

SHARON REGIONAL  HEALTH SYSTEM
Advanced Care Close to Home

Teen Volunteer Application

740 East State Street • Sharon, PA 16146 • 724-983-3806

Name: _____ Date: _____

Address: _____
(Street)

(City) (State) (Zip)

Home or Cell Phone: _____ Age: _____ Birthday: _____

School: _____ Grade: _____ Date of Graduation: _____

Email address: _____

Why did you choose Sharon Regional? _____

Work Experience: (Please list employer & dates) _____

Volunteer Experience: _____

List Extracurricular Activities: _____

Skills, Hobbies or Interests: _____

Area of Volunteer Interest: _____

In Case of Emergency contact:

(Name)

(Relationship)

(Home Phone)

(Work Phone)

Do you have any physical or mental limitations that would interfere with your ability to perform the volunteer position for which you have applied? Yes ___ No _____

Parental Consent Form

Your signature indicates approval for your child's participation in the Sharon Regional Health System Teen Volunteer program, your acknowledgment that he / she is in good health. Your signature also releases Sharon Regional Health System from any liability or claim from any injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the hospital while participating in volunteer activities. Opportunities for volunteers are provided without regard to religion, creed, race, national origin or sex. Teen Volunteers are expected to be present for their scheduled duties or call the designated department if they will not be able to perform those duties.

I give my consent for my child to serve as a Teen Volunteer at Sharon Regional Health System. I will provide the necessary transportation for him/her to perform the required hours and services.

(Signature of Parent or Guardian)

(Date)

Teen Consent / Confidentiality Form

By my signature below, I understand that all information regarding patients, staff and business operations of the hospital is confidential, and that breach of confidentiality will result in dismissal from the program. This information is not to be discussed or copied except as deemed necessary to adequately perform the assigned job responsibilities. Teens are expected to follow the established rules, policies and procedures of the hospital. Believing that the hospital has real need of my services as a volunteer worker who serves without pay, I will uphold the traditions and standards of this hospital.

(Signature of Applicant)

(Date)

