

NORTHSIDE HOSPITAL-ATLANTA AUXILIARY VOLUNTEEN APPLICATION



PRINT PLAINLY - COMPLETE ENTIRE APPLICATION

A VOLUNTEEN is a boy or girl 14-18 years of age (**must be 14 by January 1 of current year**) who serves Northside Hospital without salary. The teen works within the hospital under the supervision of specified personnel and is accountable to the Northside Hospital-Atlanta Manager of Volunteer Services and Volunteer Chairman of the Auxiliary. A personal interview, orientation and completion of the training program are required prior to working in the hospital. **Complete** applications must be **received** no later than **February 24, 2012. If we have reached capacity prior to that date, applicants will be placed on a waiting list. Get your completed application packet in early!**

DATE _____

NAME _____ M F ____
(Last) (First)

Address _____

City _____ State _____ Zip Code _____

Best Phone # to reach you _____ Email(print) _____

Birthdate _____ School _____ Grade _____

Parent/Guardian _____ Work Phone _____

In case of emergency, notify _____
(Name) (Daytime Phone)

PLEASE LIST YOUR FAMILY PHYSICIAN AND HIS/HER MAILING ADDRESS

Physician's Name _____ Phone _____

Address _____

PARENT'S AGREEMENT

The Volunteen Program at Northside Hospital-Atlanta is a group of young people giving their time and talents to community service in a hospital setting. There are many responsibilities expected of teenagers serving others in a healthcare environment. This program will provide many learning experiences and hours of enjoyment. Both parent and teen should understand the seriousness in adhering to the rules and regulations set forth.

I hereby permit my son/daughter _____
to submit this application to join the Volunteen Program of Northside Hospital-Atlanta. If accepted into the program, I realize the responsibilities and will cooperate with my son/daughter to comply with the rules and regulations (see attached sheet). I will assume the responsibility for his/her transportation.

Date

Signature of Parent/Guardian

I hereby elect and agree to be covered by Northside Hospital-Atlanta's Worker's Compensation Program for any accident or injury sustained during the course of my volunteer service to Northside Hospital Atlanta. I acknowledge that I am not considered an employee for any other purposes and am not entitled to any of the other benefits available to employees.

If accepted into the Volunteen Program, I agree to abide by the requirements and regulations and serve the required number of hours. I promise to consider as confidential all information which I may hear either directly or indirectly concerning a patient or a member of the hospital staff.

Date

Signature of Volunteen

Return to:

Northside Hospital Atlanta-Volunteen Program
Volunteen Chairperson
1000 Johnson Ferry Road, NE
Atlanta, GA 30342-1611

by February 24, 2012

Applications can only be mailed or hand delivered to the Auxiliary office. No Faxed applications will be accepted.

Reminder:

*This is a very popular program and we take **completed** applicants on a first come first served basis. **If we have reached capacity prior to February 24, 2012 we will place applicants on a waiting list.***

NO APPLICATION WILL BE ACCEPTED UNLESS IT IS COMPLETE WITH ALL THE REQUESTED INFORMATION. If we receive an application that is not complete you will receive a postcard telling you that you will not be in the program this year and to try again next year.

I understand that I will not be accepted into the program if my application is not complete when sent in.

Volunteer Signature

Date

Parent Signature

Date