**ACMH HOSPITAL AUXILIARY**
One Nolte Drive
Kittanning, PA 16201
724-543-8142
Website: www.acmh.org (click on volunteers & Auxiliary)
*Jodi E. Beers, Community Relations*
E-mail beersj@acmh.org

# Junior Volunteer Application

NAME _____ AGE _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS_____ DATE OF BIRTH_____

Father, mother, or guardian _____SHIRT/SMOCK SIZE: _____

School _____ Grade now attending _____

What courses are you taking? _____

What after-school activities are you involved in? _____

What do you plan to do after graduation? _____

Do you have previous volunteer experience? _____

How long are you available to volunteer? (3 mos./6 mos./9 mos./1 yr./etc.) _____

Check the service in which you are most interested:

- ☐ Snack Bar (must be 14)
- ☐ Gift Cart (must be15)
- ☐ Skilled Nursing Unit (must be 15)
- ☐ Unit Clerk Assistant (must be 16)
- ☐ Information Desk (must be 15)
- ☐ Junior Patient Escort (must be 15)
- ☐ Physical Therapy Volunteer (must be 16)
- ☐ Office Assistant at a Primary Care Center _____Leechburg _____ Elderton (must be 16)

What day/days of the week do you prefer to volunteer? _____
Morning _____ Afternoon _____ Evening _____

Is there any special person you will be traveling with or with whom you wish to be scheduled? _____

If so, give name: _____

**Proof of personal health insurance is required.**
**You must be 14 years of age or older.**
**Please complete both sides of application.**

# ACMH HOSPITAL AUXILIARY
## Student Volunteer Parent/Guardian Permission Slip

NAME _____

DATE OF BIRTH _____

I will follow the rules and regulations set up by ACMH Hospital and its Auxiliary. If I do not abide by them, I understand that I will be subject to dismissal. I will keep confidential any patient information that I may have access to as I do my volunteer assignment.

_____
Volunteer's signature (do not print)

I fully approve of _____ being assigned as a Junior Volunteer at ACMH Hospital. I am aware of the responsibility that he/she has undertaken, and I will cooperate by acquainting him/her with the importance of duties assigned. I further agree to emphasize the necessity of punctual attendance on the day or days that he/she has agreed to serve.

DATE _____

_____
Parent/Guardian's signature (do not print)

ADDRESS _____
_____

PHONE _____

Please consider all questions carefully. Since it is impossible to schedule everyone at the exact time they request, please give at least two choices of days and times which you prefer. We do make every effort to schedule you at the most convenient time and with those people with whom you want to be assigned.

School teacher and guidance counselor recommendations may be requested to complete the application process.

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FOR OFFICE USE ONLY:

Date of interview _____ Assigned to _____ Starting _____

Source of referral _____

Remarks:



Interviewed by _____