

Student Volunteer Application

(Age 16-18)

Instructions:

1. Please complete the following information below
2. Please submit **1 letter of recommendation** with the application
3. Submit copy of **school transcript** with application
4. Mail the completed application with letter of recommendation and transcript:
Mercy Medical Center Redding – Volunteer Department
2175 Rosaline Ave
Redding Ca. 96001

*Please print

Mr/Miss _____
(Last) (First)

Address: _____ City _____ ZIP _____

Phone: _____ Email _____

Date of birth: _____

Name and number to be called in case of emergency:

(Relationship)

(Relationship)

Personal Physician: _____

What school are you attending: _____ Grade: _____

Hobbies, after school sports, skills and/or languages:

Volunteer employment experience:

How or who referred you to volunteer at Mercy Medical Center:

What are your expectations from volunteering:

Are you planning on going into the medical field:

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Student Signature: _____ **Date:** _____

Best day(s) to work (if known – please check the box next to the day you are able to volunteer)

Monday Wednesday Friday
Tuesday Thursday Saturday

PARENTAL CONSENT

_____ Has my permission to become a Junior Volunteer at Mercy Medical Center, Redding. I will support her/his effort to honor the commitment made and encourage them to serve the Medical Center in a manner that will be beneficial to the Junior Volunteer program and Mercy Medical Center. I also understand a parent must be present for the hospital required, TB screen test, and a flu shot during Flu season. For safety reasons, I understand my child will need to provide a copy of his/her immunization records.

(Date)

Parent/Guardian Signature