

Dear Applicant:

We are delighted that you are interested in volunteering at Lexington Medical Center. Our Junior Volunteer Program consists of two programs. We have a Year Round Program, which runs continuously during the year. You must be 16 years old to participate in this program. We also have a Summer Program, which is an eight-week program during the summer months. You must be 14 to 17 years old to participate in the summer program.

Year Round Program Application Requirements:

- Application
- Teacher Reference Form
- Orientation – Application and Teacher Reference form must be returned to receive an invitation to orientation.

Summer Program Application Requirements:

- Application
- Teacher Reference Form
- Orientation – Application and Teacher Reference form must be returned to receive an invitation to orientation.
- **Eight week commitment beginning Monday, June 25, 2012 and continuing through Friday, August 17, 2012.**

When a volunteer makes a commitment for service, many people will be affected if the responsibility is not fulfilled. Unless you are ready to make such a commitment you should not apply at this time.

Please ask a parent/legal guardian to read this letter and sign the appropriate line below indicating that they give their permission for you to participate in our Junior Volunteer Program.

Please return this page along with the completed Application and Teacher Reference Form.

If you have any questions, please don't hesitate to contact our office at (803) 791-2573.

Signature of Parent/Legal Guardian

Date

Sincerely,

Georgia Edmundson
Volunteer Coordinator



2720 Sunset Blvd. West Columbia, SC 29169
803-791-2573

Volunteer Services Department
JUNIOR VOLUNTEER PROGRAM APPLICATION

Lexington Medical Center is an equal Opportunity Employer and pledges to provide equal opportunities without regard to race, color, religion, age, sex, national origin, disability or veteran's status. Lexington Medical Center provides a smoke-free work environment.

Date _____

SECTION I: GENERAL INFORMATION

Name _____
Last First Middle

Social Security Number _____ Date of Birth ____/____/____ Age _____

E-Mail Address(optional) _____

Name you prefer to be called _____ Home Phone _____ Cell Phone
(Optional)

Present Address _____
Number Street

City State Zip

Mother's Name _____ Business Phone _____ Cell _____

Father's Name _____ Business Phone _____ Cell _____

Volunteer Position Preference _____

Availability to Volunteer _____ Morning _____ Afternoon _____ Evening _____ Weekends

Please list any extracurricular activities, hobbies, skills, and/or interests _____

SECTION II: EDUCATION

Name of School _____

Dates Attended _____

Grade (Currently attending or Just Finished) _____

PREVIOUS VOLUNTEER EXPERIENCE

Please list any volunteer experience _____

Please list reasons for wanting to volunteer: _____

SECTION III: AGREEMENT AND UNDERSTANDING

I certify that the information I have given on this application is true and complete and agree that any false information including that given at the time of physical examination is cause for dismissal. The company, schools and person named above may give information regarding me and I release them from all liability for doing so. I understand that any offer by the Volunteer Services Department is conditional on satisfactory replies from references, health reference and physical examination, which includes blood tests. This is not a contract for the Volunteer Services Department and Lexington Medical Center has the right to separate you from the volunteer program at any time as you have the right to leave at any time. If qualified for volunteer service, I agree to abide by the rules and regulations of Lexington Medical Center, that policies and procedures of the Volunteer Service Department and the department to which I am assigned. I will respect the confidentiality of patient information and abide to all HIPAA guidelines.

As the responsible party of _____, I understand that he/she will be expected to abide by the dress code and any other hospital/volunteer policy as part of his/her participation in the program.

Signature of Parent/Legal Guardian

Date

Signature of Teen Applicant

Date

CHECK ONE:

Summer Program _____ Regular Junior Program _____
(Year Round)

Volunteer Services Department
Teacher's Confidential Reference

Your name has been given as a reference by _____
who has applied for hospital volunteer service with Lexington Medical Center. A prompt
reply on this form is appreciated. All information will be regarded as confidential.

Thank you for your assistance.

Ann Bethea
Director
Volunteer Services

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____

	Excellent	Good	Fair	Poor
Appearance				
Quality of Work				
Attendance				
Punctuality				
Dependability				
Cooperation				
Initiative				

Additional Comments: _____

Signature

Date