LOURDES HEALTH SYSTEM

Today's Date_____

Please check the location you wish to volunteer

Our Lady of Lourdes Medical Center ◆1600 Haddon Avenue ◆Camden, NJ 08103 ☐

Lourdes Medical Center of Burlington County◆ 218A Sunset Road ◆Willingboro, NJ 08046 ☐

TEEN VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Street Address: _____City: _____

State: _____ Zip Code: _____ Home Phone: (_____) _____ -_____

Student's cell Phone: (_____) _____-_____ Parent cell Phone: (_____) _____-_____

Social Security _____ - _____ - _____ School/Location: _____ Grade: _____

Please check program of interest: After school volunteer ☐ Summer volunteer ☐

Parent or Guardian's Name: _____ Relationship: _____

Home Phone: (_____) _____-_____ Parents Business or Phone: (_____) _____-_____

In case of emergency, Notify: _____ Relationship: _____

Contact Phone: (_____) _____ -_____ Cell: (_____) _____ -_____ students Cell (_____) ___- _____

Does parent or relative work for Lourdes Health System? Yes No if yes, Name _____

Extra Curricular Activities (include school, community or church groups): _____

_____

Do you have office/data entry or computer experience (please explain)? _____

Is volunteer service a requirement for school credit or religious classes? _____

If so, number of hours required: _____ by what date? _____

List area of volunteer interest: _____

Do you prefer volunteering with patients? Yes or No

Would prefer a clerical assignment? Yes or No

Would you prefer a delivery or cleaning assignment? Yes or No

AVAILABILITY

	M	T	W	TH	F
AM					
PM					

FOR VOLUNTEER OFFICE USE ONLY

Interview Date:_____ Assigned Area:_____

Scheduled Day (s):_____ Time (s):_____

Start Date:_____ Orientation Scheduled:_____

VOLUNTEER AGREEMENT OF CONFIDENTIALITY

I, the undersigned, agree to abide by the Confidentiality Policy of Our Lady of Lourdes Medical Center and the Volunteer Services Department.

I will maintain confidentiality in order to protect and respect the rights of privacy of individuals (patients, medical staff, volunteers and other health care professionals).

All verbal communication, records, reports and other types of communication coming from activity of Lourdes Health System, as well as those specifically related to the Volunteer Services Department of Lourdes Health System will be treated as confidential.

I understand that breach of confidentiality may result in termination and further action as deemed necessary by the severity of the infraction.

Commitment Statement

I understand and agree that in the performance of my duties as a volunteer at Our Lady of Lourdes Medical Center, I must abide by all policies and procedures. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Signature (teen volunteer): _____ Date: _____

Your signature indicates your approval for us to check references. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunity for volunteers is provided without regard to religion, creed, race, national origin, or sex. All applicants must be able to self-ambulate or provide their own job coach or assistant.

* Parent or Guardian Consent*

I hereby give my permission for my son/daughter to participate in the Teen Volunteer program at Our Lady of Lourdes Medical Center. I realize the responsibility of the program and will cooperate with him/her in complying with the policies and procedures, and see that he/she has transportation and faithfully maintains his/her scheduled duty time. I understand that volunteering at the hospital requires a weekly commitment of no less than four hours a week during the summer program and two hours after school during the school year.

I am aware that my child is required to complete a minimum of 30 hours in order to receive a reference or verification of hours.

My child will be required to take the Tuberculin skin test or chest x-ray as required by the department of health and Lourdes Health System.

I am also aware that my child must adhere to the confidentially policies and procedures of the medical center and I have read all of the information above.

Parent/Guardian Signature: _____ Date: _____