



LOURDES HOSPITAL
 169 Riverside Drive
 Binghamton, New York 13905
 607-798-5490 • www.LOURDES.com

APPLICATION FOR JUNIOR VOLUNTEER SERVICES

FULL NAME: _____ Date: _____
Last First Middle Initial

ADDRESS: _____
Street City State Zip Code

E-Mail Address: _____ DATE OF BIRTH: ____ / ____ / ____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

SCHOOL: _____ GRADE: _____

Paid Employment: _____

Previous Volunteer Experience: _____

What motivated you to apply? _____

Volunteer interests: _____

Skills: Clerical Typing Cash Register Food Service

Circle the days you are available: Mon Tues Wed Thurs Fri Sat Sun

Times you are available: 8:00am - Noon Noon - 4:00pm 3:30-7:00pm 5:00-8:00pm

NAME OF PARENT/LEGAL GUARDIAN: _____
Please Print

Believing that Lourdes Hospital has a real need for my services as a Junior Volunteer, I pledge:
 To be punctual and conscientious in the fulfillment of my duties, and to accept supervision graciously;
 To conduct myself with dignity, courtesy and consideration;
 To consider as confidential all information which I may hear directly or indirectly, concerning a patient, doctor or nurse and will seek no information about a patient;
 To endeavor to make my work of the highest quality;
 To take all problems, criticisms or suggestions to the Volunteer Office;
 To uphold the traditions and standards of the Lourdes Hospital Junior Volunteer Service Program.
 I have read through this pledge, and understand it. I further understand that my service as a Junior Volunteer can be terminated if I do not conduct myself in accordance with this pledge.

SIGNED: _____ DATE: _____
Signature of Junior Applicant



PARENTAL PERMISSION

I hereby give permission for my () daughter () son _____ to become a Junior Volunteer at Lourdes Hospital. I understand that the assignments will include only non-professional duties such as: Cafe DePaul, Gift Shop, Admitting, Floor Service, Clerical, Pharmacy or other appropriate projects as approved by the Volunteer Services Coordinator.

PARENT/LEGAL GUARDIAN: _____

PHONE (Home): (____) _____ (Work): (____) _____

After you have completed side 1 please give to your guidance counselor for completion of side 2. Your counselor has been instructed to **return application to the Volunteer Office at Lourdes Hospital.**

PERMISSION OF SCHOOL COUNSELOR

Dear Guidance Counselor:

Your student has applied for membership in our Junior Volunteer Program. This applicant must be a responsible person and we do require passing grades. After applicant has completed side 1, please fill out information below and return to Lourdes Hospital, 169 Riverside Drive Binghamton, NY 13905, Attn: Volunteer Office. A prompt response would be appreciated.

Student's Name: _____

Personality Record (Please check **one** in each category)

- | | | | |
|--------------|--|------------|---|
| RELIABILITY: | <input type="checkbox"/> Unreliable | Integrity: | <input type="checkbox"/> Unsatisfactory |
| | <input type="checkbox"/> Usually Reliable | | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Conscientious | | <input type="checkbox"/> Satisfactory |
| | <input type="checkbox"/> Assumes Much Responsibility | | <input type="checkbox"/> Superior |
- Industry:
- Seldom Works
 - Needs occasional Prodding
 - Completes Assignments Regularly
 - Does Additional Work

Other Comments: _____

Academic Understanding: _____

Significant School Activities: _____

Significant Limitations: _____
(Physical, Social, Mental)

Please check one: Recommended Not Recommended

Signature/Title: _____ Date: _____

School: _____

Please attach copy (both sides) or original working card. Must be attached to process application.

