



STUDENT VOLUNTEER APPLICATION

GENERAL INFORMATION:

Last/First Name _____ MI: _____ D.O.B.: _____ Sex: M _____ F _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

School Name: _____ City/State/Zip: _____ Grade: _____

Home Phone: _____ Cell: _____ Email: _____

What Is The Best Way To Contact You (Cell/Home/Email)? _____

Emergency Contact/Number : _____ Relationship: _____

AREA OF INTEREST: Check your placement(s) of choice

- TR/Child Life Waiting Room Recreation Clerical/Administrative
- Therapy (PT/OT/ST/TR) Nursing Department Medical Day Care
- Medical Records Marketing Lobby Greeter
- Human Resources Social Work Dietary/Nutrition

AVAILABILITY: Please list the days of the week & approximate times (in 2 hr blocks) you are able to volunteer. _____

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

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

VOLUNTEER EXPERIENCE:

Do You Have Volunteer Experience? Where? Please Describe: _____

Are there any health reasons that might limit your ability to volunteer? Yes _____ No _____

If yes, please explain: _____



Volunteer Reference Form

Reference Name: _____ Phone/Email: _____

Address: _____ City/State/Zip: _____

Permission is hereby granted to Weisman Children's Rehabilitation Hospital to check references.

Applicant's Name: _____ Signature: _____ Date: _____

The individual named above has applied to be a volunteer at Weisman Children's Rehabilitation Hospital. Applicants are required to supply written references. Accordingly the applicant has chosen you to provide a reference. Please answer the questions to the best of your ability. Thank you for your time.

What is your relationship with the applicant? Years known? _____

Do you feel the applicant is honest and is able to maintain patient confidentiality? Please explain: _____

Do you feel the applicant exhibits emotional maturity and can work with children with special needs?

Please explain _____

Do you feel the applicant takes initiative and fulfills commitments and responsibilities? Please share an example: _____

Volunteers are required to follow a schedule. Do you feel the applicant will effectively utilize their time?

Please explain _____

Do you feel the applicant can manage stressful situations? Please explain: _____

In your own words why do you feel this individual would be a successful volunteer? _____

Reference Signature: _____ Date: _____



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