



SAINT ANTHONY MEDICAL CENTER

Junior Volunteer Application (Ages 16-17years old)

Name _____ Date _____
(Last) (First) (Middle)

Address _____
(Street) (City, State, Zip)

Home Phone _____ Birth Date _____

Cell Phone _____ E-mail Address _____

Education/Work Experience

Please check all of the following, which best describes your work/school experience:

Name of School _____

Major/Career Interest _____

Graduation or anticipated graduation date _____

Volunteer/Work Experience _____

School, Church or Community Activities _____

Why do you want to volunteer? _____

How did you hear about OSF Saint Anthony Medical Center?

Self Website/Internet OSF Volunteer OSF Employee

OSF Patient Volunteer Fair School Advisor Physician

Other (please specify) _____

Skills/Interests

Please indicate any skills, languages, hobbies, special interests. _____

Volunteer Availability

Volunteer shifts are 3 – 4 hours scheduled according to the department need. Volunteers are asked to make a minimum commitment of one shift per week for 1 year. Please check your availability:

Shift	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8 am – 12 pm	n/a						
12 pm – 4 pm							
4 pm – 7 pm	n/a						n/a

Are there any physical conditions that we should be aware of prior to assigning you to a volunteer position? _____

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURES BELOW

PARENT OR GUARDIAN:

I hereby give my approval as the parent of guardian of _____ to be a Volunteer at OSF Saint Anthony Medical Center if a volunteer position is offered.

I understand that OSF Saint Anthony Medical Center will not assume any responsibility for the above named minor prior to his/her signing in for duty or following his/her signing off of volunteer duty.

Parent or Guardian _____ Date _____

JUNIOR VOLUNTEER:

I hereby affirm that the information on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date.

I understand that OSF Saint Anthony Medical Center is not obligated to provide placement, nor am I obligated to accept a position if one is offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Parent or Guardian _____ Date _____

Send your completed application to:

OSF Saint Anthony Medical Center
Volunteer Services
5666 E. State St.
Rockford, IL. 61108
Fax: (815) 227-2165
Phone: (815) 395-5064