

SCRIPPS GREEN HOSPITAL
SCRIPPS CLINIC
10666 North Torrey Pines Road
La Jolla, CA 92037

VOLUNTEER APPLICATION FOR HIGH SCHOOL STUDENTS

Name _____
Last Name First Name M.I. Name you prefer to use

Mailing Address _____
Street City Zip Code

Home Phone (____) _____ Cell Phone (____) _____

Birthdate ____/____/____ M ____ F ____ Email _____

Name of School _____ Current Grade _____
Level _____

School Address _____

Phone _____

Name of teacher we may contact _____

CURRENT EMPLOYMENT INFORMATION

Employer _____ Occupation _____

Business Address _____
Street City Zip Code

Business Phone _____ May we call you at work? Yes ____ No ____

EMERGENCY INFORMATION

Notify in Emergency _____
Name Relationship

Daytime phone _____ Evening phone _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
A.M. _____	A.M. _____	A.M. _____	A.M. _____	A.M. _____	A.M. _____	A.M. _____
P.M. _____	P.M. _____	P.M. _____	P.M. _____	P.M. _____	P.M. _____	P.M. _____

PLEASE READ AND INITIAL THE FOLLOWING. YOUR INITIAL INDICATES A COMMITMENT TO FULFILL THE FOLLOWING REQUIREMENTS: (Please initial each item.)

_____ I pledge to complete a minimum commitment of 100 hours of service. (Or _____ hours as approved by Scripps volunteer coordinator).

_____ I pledge to hold as strictly confidential all information that I may obtain directly or indirectly concerning Scripps patients, staff and volunteers. I may not discuss patients with anyone outside the patient's treatment team. Breach of confidentiality is a cause for my immediate dismissal as a volunteer.

_____ I pledge that my services are donated without contemplation of compensation or future employment.

_____ I pledge to treat my volunteer assignment in a professional manner by maintaining punctual and consistent attendance, by being cooperative, courteous and flexible, and by working within my job assignment.

I HAVE READ AND AGREE TO ABIDE BY EACH OF THE ABOVE CONDITIONS.

_____ **Student's Signature** _____ **Date**

PARENTAL PERMISSION

Minor students must have permission from a parent or guardian before being accepted into the volunteer program at Green Hospital or Scripps Clinic.

I hereby give permission for my child _____ whose birthdate is _____ to serve as a student volunteer at Green Hospital/Scripps Clinic. I recognize that my son/daughter will be subject to all the rules and regulations of conduct and service established by Green Hospital/Scripps Clinic.

_____ **Signature of parent or Guardian** _____ **Date**

APPROVAL OF TEACHER/COUNSELOR

I CERTIFY THAT THE APPLICANT HAS MET THE FOLLOWING CRITERIA: (Please initial each item)

_____ Grade point average of 3.0 or better

_____ Satisfactory attendance record

_____ I recommend this student for participation in the school service volunteer program.

Name (please print) _____ Phone _____

_____ **Signature of teacher/counselor** _____ **Date**

FOR VOLUNTEER SERVICES OFFICE USE ONLY:

VOLUNTEER NUMBER _____

Medical Record No. _____

Start Date _____

Assignment _____

Completion Date _____

Badge returned _____

Parking Tag returned _____

Certificate mailed _____