



A partner of the  Seton Family of Hospitals

## **Teen Volunteering at CPRMC 16 – 19 years of age**



**Thank you for your interest in volunteering at  
Cedar Park Regional Medical Center!**

Volunteers have played a critical role in hospitals for centuries. They supplement the services hospital staff provides to patients, their families, and guests. Additionally, they play an important role in patient satisfaction and add a special dimension of personal service and care. Volunteering can provide new friendships, as well as a source of pride, enjoyment and challenge.

We appreciate, respect and believe in the need for volunteer services. Thank you for your interest!

*Mary Clare Spear*

Volunteer Coordinator

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[www.cedarparkregional.com](http://www.cedarparkregional.com)

# Teen Volunteer Services Application

*CONFIDENTIAL*

## **PERSONAL INFORMATION**

Date \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Photo Copy  Yes  No

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Do you speak any foreign languages?  No  Yes If **yes**, please list \_\_\_\_\_

\_\_\_\_\_

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## **EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_

Relationship to you \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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## **QUESTIONNAIRE**

1. Why are you interested in volunteering? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)? No  Yes  If **yes**, please describe the service requirements

\_\_\_\_\_

\_\_\_\_\_

Service Organization & Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Is there anything that may adversely affect your ability to perform volunteer work?

No [  ] Yes [  ] If **yes**, please describe in detail \_\_\_\_\_

4. Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? No [  ] Yes [  ] If **yes**, please describe in detail

5. Do you have any physical, visual or hearing needs we need to consider?

No [  ] Yes [  ] If **yes**, please explain: \_\_\_\_\_

### **EDUCATION/COMMUNITY INVOLVEMENT/WORK EXPERIENCE**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Courses currently taking, school activities, clubs, honors, etc.

Do you have plans to continue your education after high school? If yes, what type of study do you want to pursue? \_\_\_\_\_

If known, what type of work do you hope to pursue as an adult?

Please list any community affiliations (church, civic groups, etc.)

Are you seeking volunteer work as a requirement for any of the above activities/groups?

No [  ] Yes [  ] If **yes**, please describe in detail

Have you ever volunteered in the past before (school, civic)? No [ ] Yes [ ] If **yes**, please describe in detail

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**SPECIAL SKILLS/INTERESTS**

Check the items, in which you have abilities or experience.

- |  |  |
|--|--|
| <input type="checkbox"/> Typing              | <input type="checkbox"/> Music                   |
| <input type="checkbox"/> Filing              | <input type="checkbox"/> Art (painting or other) |
| <input type="checkbox"/> Computer Operations | <input type="checkbox"/> Sewing/Needlework       |
| <input type="checkbox"/> Audio Visual        | <input type="checkbox"/> Crafts                  |
| <input type="checkbox"/> Photography         | <input type="checkbox"/> Calligraphy             |

Other/Miscellaneous Skills – please list:

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**REFERENCES:**

Please include references for any current or former job supervisors, teachers or clergy. Family members, relatives and friends may not provide recommendations.

**Reference 1 Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Reference 2 Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**OTHER:**

1. Have you ever been convicted of a felony? Yes [ ] No [ ]  
2. Have you ever been convicted of a misdemeanor? Yes [ ] No [ ]

If 'Yes' to either question, please describe the conviction(s) in detail, including dates.

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3. How did you hear about the teen volunteer program?

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4. Do you hold any special medical or clinical certifications or licenses, or had medical training of any type? No [ ] Yes [ ] Please list: \_\_\_\_\_

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5. When can you start volunteering? \_\_\_\_\_

6. Check when you wish to volunteer (shifts must be 4 consecutive hours)

- [ ] Monday \_\_\_\_\_ to \_\_\_\_\_  
[ ] Tuesday \_\_\_\_\_ to \_\_\_\_\_  
[ ] Wednesday \_\_\_\_\_ to \_\_\_\_\_  
[ ] Thursday \_\_\_\_\_ to \_\_\_\_\_  
[ ] Friday \_\_\_\_\_ to \_\_\_\_\_

**What's Next?**

- I will be contacting you to set up a phone interview. (Don't worry – it is very informal.)
- After the phone interview I will be making my selections and notifying you of your status. I will do this at the end of March and beginning of April.
- If you are selected you will need to come to the hospital and fill out a few more papers, have a drug screen, and attend Orientation. (This will be in June.)
- Volunteering will start the week of **June 11<sup>th</sup>** through the week of **August 6<sup>st</sup>**.

**PARENTAL/GUARDIAN SIGNATURE** I hereby permit my son/daughter/charge \_\_\_\_\_ to participate in the Teen Volunteer Program. I also give permission for a drug test to be completed on my son/daughter/charge for participation in this program and understand that I will be informed if the test is positive. I further release the hospital from any legal or other responsibilities for any injuries, act, or incidents involving the volunteer.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number \_\_\_\_\_

**TEEN VOLUNTEER APPLICANT SIGNATURE**

I hereby submit my application and letter of reference for the Teen Volunteer Program. I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

I agree to a drug test for participation in this program and understand that a positive test results will be provided to my parent/guardian. I understand that the Volunteer Services Advisor makes all regular assignments, based on a personal interview and the interests of each prospective teen volunteer. I agree to abide by the policies and procedures of the Volunteer Services Department and Cedar Park Regional Medical Center.

I authorize the Hospital to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

**Confidentiality Agreement:**

I understand and agree that, in the performance of my duties as a teen volunteer, I must hold patient / medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers or family. I also understand that any violation of patient confidentiality will result in termination from the volunteer program.

Teen Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number \_\_\_\_\_