



HIGH SCHOOL VOLUNTEER PROGRAM APPLICATION

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

E-mail Address: _____

Emergency Contact Information

In case of emergency, please notify: _____

Home telephone: _____ Work phone: _____

Cell phone: _____

Relationship to applicant: _____

Education

School: _____ Grade Level: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Principal: _____ Telephone: _____

Activities and Skills

- Do you participate in any extracurricular activities? If so, please list the activities:

- Do you know how to operate a computer? If so, please list the programs you use regularly (for instance, Microsoft Word, PowerPoint, Publisher, etc):

Experience

- **Employment/Previous Volunteer Work**

- Please list your previous employment experience:



- Please list your previous volunteer experience:

- Do you have any extra interests or experiences in the fields of health, science and/or art? If so, please elaborate below:

- Please list any experience you have had with children, such as taking care of your siblings, babysitting, helping at summer camps, etc:

Availability

I will be able to volunteer:
 Day(s) of the week (Monday through Friday Only): _____
 Hours Available: _____
 Dates Available for Volunteering: Beginning _____ Ending _____

Interests

Please rate from 1 to 7 (1= most interested and 7= least interested) in the order of preference the following volunteer placements.

- ___ Providing recreational activities in outpatient waiting areas
- ___ Performing administrative/office work
- ___ Assisting Welcome Desk staff at the hospital's main information booth
- ___ Assisting hospital gift shop staff with organizing inventory
- ___ Assisting Emergency Department with office duties, triage, and assisting families upon discharge
- ___ Assisting Child Health Center with office duties and administrative needs
- ___ Greeting patients, families and guests and assisting with wayfinding.

Acknowledgement

I understand that high school volunteers at Children's National Medical Center must be between the ages of 15 and 18 years old, and at least 15 years old by June 24, 2009; commit to a minimum of 60 hours of donated time during the summer program; and comply fully with all medical, reference, background clearance, confidentiality and training requirements. I also understand the hospital does not provide transportation to volunteers and that I must have access to reliable transportation.

Student Signature: _____ Date: _____

Parent/Guardian Signature (required for all those under 18 years of age): _____
Date: _____

If you have any questions about our application process, please contact the Volunteer Services Office at (202) 476-2062. Our office hours are 8:00am to 5:00pm, Monday through Friday. Please mail your completed application and orientation registration form to:

Children's National Medical Center



**Volunteer Services Department
111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
ATTN: Mary O'Brien**

The below section is optional. Volunteer Services at times is asked for periodic reports pertaining to factors such as race, sex, and citizenship. Information provided will be used solely for statistical purposes and to track diversity trends. This information will not have any effect on the selection process. The Company does not discriminate against its employees or volunteers or applicants for employment or service because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Race/Ethnicity:

- White/Caucasian (non Hispanic)
- Hispanic
- American Indian or Alaskan Native
- Black (non Hispanic)
- Asian or Pacific Islander
- Other: _____

Are you a US citizen?

- Yes
- No

Birthday: _____(Month/Day/Year)

(This information will be used by the department for statistical purposes as well as to recognize volunteer birthdays.)

Languages Spoken: _____