



# OSF<sup>®</sup>

## SAINT ANTHONY'S HEALTH CENTER

### Junior Volunteer Application

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First                      Middle                      Home Phone                      Cell Phone

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

Birth Date \_\_\_\_\_ Driver's License # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to call in event of emergency: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Academic Background

	Name of School	Years Attended	Last year completed	Did you graduate?
Elementary				
Jr. High/ Middle				
High School				

School you are currently attending: \_\_\_\_\_

Year/Grade: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

*\*A copy of your most recent report card must accompany your application. Please note that Junior Volunteers must maintain a "C" average to participate in the volunteer program. Report cards must be submitted to Volunteer Coordinator on a quarterly basis for continued evaluation.*

### Extracurricular Activities

Please list the activities you are participating in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

## Job, Volunteer or Community Service Experience

How were you referred to OSF Saint Anthony's?

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Please list recent volunteer experience: \_\_\_\_\_

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Please list current or former employment: \_\_\_\_\_

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Why do you want to be a junior volunteer?

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## Transportation

If you are selected as a junior volunteer, how will you arrange to arrive here?

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## Friend/Family Members Employed by OSF Saint Anthony's Health Center

Please list the names of family or friends employed at OSF Saint Anthony's Health Center:

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## Skills/Interests

Please include any skills, languages, hobbies, special interests:

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## Volunteer Availability

Please list times and days that you would be available for volunteering:

Shift	Mon	Tues	Wed	Thurs	Fri

Please check the service areas you are interested in:

\_\_\_\_\_ Escort

\_\_\_\_\_ Gift Shop

\_\_\_\_\_ Information Desk

\_\_\_\_\_ Cancer Center

\_\_\_\_\_ Endo Department

\_\_\_\_\_ Office or Clerical

Please list 2 people, not related to you, that we may contact for personal references:

Name

Address

Phone

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The statements I have made in this application are correct to the best of my knowledge. If I am accepted as a volunteer, I agree to conform to all the rules and regulations of OSF Saint Anthony's Health Center of Alton, Illinois. I understand that if I have made false statements on this application, this shall be considered sufficient cause for dismissal. I also acknowledge that any misrepresentations or omission of facts may result in rejection of the application as well.

I hereby authorize OSF Saint Anthony's Health Center to thoroughly investigate my background, references, employment record, character, past employment record, which the Health Center may deem relevant to a decision as to whether to allow me to volunteer. I understand that OSF Saint Anthony's Health Center is not obligated to provide placement nor am I obligated to accept a position if one is offered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in volunteering with OSF Saint Anthony's Health Center.*



## SAINT ANTHONY'S HEALTH CENTER

### Guardian Permission Form – Junior Volunteer

Date:

This is to certify that \_\_\_\_\_ may serve as a junior volunteer at OSF Saint Anthony's Health Center.

As a Junior Volunteer he/she will volunteer for not more than three (3) hours on school days and not more than eight (8) hours on days when school is not in session. Working hours for a Junior Volunteer are not before 7 a.m., nor after 7 p.m. Junior Volunteers will not work more than eighteen (18) hours in a school week nor more than forty (40) hours during other weeks. I also give my permission for a background check to be completed.

\_\_\_\_\_  
*(Signature of Parent or Legal Guardian)*



## SAINT ANTHONY'S HEALTH CENTER

### Junior Volunteer Guidelines

Date: \_\_\_\_\_

1. At least 16 years
2. Health: good physical and mental health.
3. Willing to adhere to the policies and procedures of the Junior Volunteer Program.
4. Willing to commit to four hours per week, with a minimum of 50 hours per semester.
5. Have a sincere interest in people and have a sense of responsibility, dependability and reliability.
6. Ability to take and perform orders responsibly.
7. Ability to work harmoniously with others.
8. Maintain a "C" grade point average in school.
9. Complete the required two-step tuberculosis (TB) screening.

### When applying for Junior Volunteer, you must submit the following items:

1. Completed Application
2. Signed Guardian Permission Form
3. Two (2) letters of reference – one from a teacher or counselor, and one from an adult (over 18 years of age) personal friend. If you apply during the summer, and cannot reach a teacher or counselor, you may submit two letters from adults.
4. Copy of latest report card, revealing at least a "C" grade point average.
5. Signed Consent Form for Tuberculin Skin Test.
6. Must show verification of two MMR shots since birth.

### Please list below the area(s) you would be most interested in working:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*I have read the requirements for Junior Volunteers and would like to submit my application to become a volunteer. I give my consent to have a reference check completed on the above mentioned schools. I give my consent for a background check.*

\_\_\_\_\_  
(Applicant's Signature)

*I have read the requirements and hereby give my permission for my daughter/son to join the Junior Volunteer Program at OSF Saint Anthony's Health Center.*

\_\_\_\_\_  
(Signature of Parent/Guardian)