

**Baton Rouge General Medical Center
Volunteer Services**
3600 Florida Blvd.
Baton Rouge, Louisiana 70806
(225) 381-6601

Youth Volunteer Application

Please check the location you are applying to ___ Bluebonnet Location ___ Mid City Location

Name _____ Ph. _____

Address _____

City _____ State _____ Zip _____

Email Address: _____

Date of Birth ___/___/___ Note: Volunteer must be at least 14 yrs old by June 1st of the summer volunteering.

School _____ Grade _____

School, Civic Affiliations _____

Hobbies, Skills, Achievements (list specific typing and computer skills) _____

Mother's Name _____ Ph. _____ Wk. Ph. _____

Mother's Address _____ City _____ Zip _____

Father's Name _____ Ph. _____ Wk. Ph. _____

Father's Address _____ City _____ Zip _____

Contact In Case of Emergency _____

Address _____ Ph. _____ Wk.Ph. _____

Have you volunteered in a hospital before? ___ If yes, where? _____

When _____ Duties? _____

Have you considered a medical career? ___ If so, what type? _____

Circle the days and times you will be available to volunteer: **(you will be assigned ONE 4 hour shift/week)**
(Note: Youth Volunteers are required to work a minimum of 25 hours within the 6-week program)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 am – 12 pm	8 am – 12 pm	8 am – 12 pm	8 am – 12 pm	8 am – 12 pm	8 am – 12 pm	8 am – 12 pm
12 pm – 4 pm	12 pm – 4 pm	12 pm – 4 pm	12 pm – 4 pm	12 pm – 4 pm	12 pm – 4 pm	12 pm – 4 pm

Other: _____

Dates of vacation, Summer Classes, Camp, etc.: _____

Personal References
 (List two adults **unrelated** to you or each other.)

Name _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Phone _____

Address _____ City _____ Zip _____

Please state why you would like to serve as a youth volunteer: _____

Grade Point Average _____ **Principal's Signature** _____

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I understand that I may be terminated at any time during the program if I fail to adhere to the Youth Volunteer Program rules and regulations.

 Youth Volunteer Signature

 Date

My child _____ has my permission to participate in the Baton Rouge General Medical Center Youth Volunteer Program. I understand that transportation to and from the hospital is **my / my child's responsibility.** (circle one)

 Parent or Guardian Signature

 Date