

# MEMORIAL HOSPITAL

And Health Care Center

*Sponsored by the Sisters of the Little Company of Mary, Inc.*

800 West 9th Street ▲ Jasper, Indiana ▲ 812/482-2345

## Volunteer Application

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Activities: \_\_\_\_\_

Teacher Reference: \_\_\_\_\_

Volunteer Agreement: I will abide by Memorial Hospital and Health Care Center Volunteer rules and regulations, report when scheduled, if unable to do so contact assigned department, stay on job assigned me unless transferred by personnel in charge, wear official uniform while on duty, and be neat and clean in appearance.

\_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Area assigned: \_\_\_\_\_

Times: \_\_\_\_\_

Parent's Consent: My daughter/son \_\_\_\_\_ has my consent to serve as a volunteer at Memorial Hospital and Health Care Center. His/her general health is \_\_\_\_\_ and I feel he/she is physically fit to fulfill the duties to which he/she is assigned. I give my permission for my child (under 18 years of age) to be given a TB skin test.

Parent's Signature \_\_\_\_\_