

**UT MEDICAL CENTER  
JUNIOR VOLUNTEER APPLICATION**

**Name**

\_\_\_\_\_

**Last**

**First**

**Middle**

**Address**

\_\_\_\_\_

**City, State and Zip**

**Telephone (\_\_\_\_)**

\_\_\_\_\_

**Home**

**(\_\_\_\_)**

\_\_\_\_\_

**Other**

**Date of Birth**

\_\_\_\_\_

**What School do you attend?**

\_\_\_\_\_

**What grade will you be in next year?**

\_\_\_\_\_

**GPA:**

\_\_\_\_\_

**Favorite subjects:**

\_\_\_\_\_

**Extra-curricular / Community activities:**

\_\_\_\_\_

**How did you learn about Junior Volunteer program?**

\_\_\_\_\_

**Please list past volunteer experience – include dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Scheduling\*\*\*\*\*

The number of departments requesting assistance will determine scheduling and service placement. Please note all days and times that you are available.

**Availability for service**

	<b>A.M.</b> 8:30 am-12:30pm	<b>P.M.</b> 12:30pm-4:30pm
_____ Monday	_____	_____
_____ Tuesday	_____	_____
_____ Wednesday	_____	_____
_____ Thursday	_____	_____
_____ Friday	_____	_____

**Service Opportunities**

- \_\_\_\_\_ Nursing Aide      Assist nursing staff and unit receptionists with daily tasks. Provides non-medical assistance with patients and patient visitation.
  
- \_\_\_\_\_ Department Aide      Assist departments with admission procedures, patient transport, clerical assignments, etc.

\*\*\*\*\*Uniforms\*\*\*\*\*

You will be required to purchase a U.T. Medical Center Junior Volunteer shirt to wear while performing your volunteer service. The cost of the shirt is \$15.00 money will be collected at orientation.

Please indicate what size shirt you will need: \_\_\_\_\_ X-Small  
 (shirts are adult, unisex sizes) \_\_\_\_\_ Small  
 \_\_\_\_\_ Medium  
 \_\_\_\_\_ Large  
 \_\_\_\_\_ X-Large

## Personal Information Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_ Other

Social Security Number \_\_\_\_\_

Date of birth \_\_\_\_\_

### In case of emergency, please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_ Other

**\*\*Continued on back\*\***

**University of Tennessee Medical Center at Knoxville  
Junior Volunteer Contract for Service**

- \* I agree to abide by the rules and regulations of the Medical Center and the Volunteer Services Department.
- I agree to notify the Volunteer Services Department if I am unable to work my scheduled shift.
- I agree to work where directed and to be of assistance to those with whom I work.
- I agree to abide by the dress code set forth by the Medical Center and the Volunteer Service Department.
- \* I understand that I may be dismissed from the Junior Volunteer Program if I fail to abide by the rules set forth by the Medical Center and the Volunteer Services Department.

**Junior Volunteers are required to attend a mandatory orientation session.**

You will receive written confirmation of this session upon completion of your application packet and acceptance into the program.

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Applicant's name- please print

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Applicant's signature

**Parent / Guardian Permission**

The above named applicant has my permission to serve as a Junior Volunteer at The University of Tennessee Medical Center at Knoxville. I understand that UTMCK is not liable for any action(s) unrelated to the duties assigned by the Volunteer Services Department. I will read the rules and regulations of the Junior Volunteer Program and encourage compliance with them.

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Relationship to applicant

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Parent / Guardian signature

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Date

## References

**Please provide complete mailing address for your references.  
Incomplete applications will not be processed.**

**Personal reference**—Teacher or adult friend that you have known for at least one year.

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

Address \_\_\_\_\_  
Street address / PO box

\_\_\_\_\_  
City, state and zip

**Medical reference- primary care physician**( listed on medical release form below)

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street address / PO box

\_\_\_\_\_  
City, State and Zip

Are you currently suffering from any condition that might limit your service, or of which we should be aware?       Yes       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Medical release form

I authorize Dr. \_\_\_\_\_ to release information necessary to process my application for volunteer service at The University of Tennessee Medical Center.

Date \_\_\_\_\_ Applicant's Name \_\_\_\_\_

Parent / Guardian signature \_\_\_\_\_