



**Glendive
Medical
Center**

JUNIOR VOLUNTEER APPLICATION

Personal Data

Volunteer Coordinator: Colette Barth • 406-345-3363

Name _____
First Middle Last

Address _____

City _____ State _____ ZIP _____

Phone _____ E-Mail _____

Birthdate _____/_____/_____ T-Shirt Size _____

School Presently Attending _____

Father's Name _____ Phone (work) _____

Mother's Name _____ Phone (work) _____

Emergency Contact (other than parents) _____

Relationship _____ Phone (home) _____ (work) _____

Do you have any family members employed by GMC? _____

If so, which facility and department? _____/_____

Required Attachments: (Please check "yes" or "no")

Teacher Recommendation attached? Yes No

Adult Letter of Recommendation attached? Yes No

Parent / Guardian Permission Slip & Media Release

I authorize Glendive Medical Center to interview and/or take photographs and/or video of me to use for the General Media (includes newspapers, magazines, TV) and/or GMC publications, presentations, advertising and web site.

I understand that there will be no compensation made in exchange for my agreement to be interviewed or photographed or for the use of the photographs as outlined above.

Volunteer Signature _____ Date ____/____/____

Parent / Guardian Signature _____ Date ____/____/____

Applicant and Parents

Your placement in the Junior Volunteer program is dependent upon the acceptance by Volunteer Services and successful completion of the hospital health requirements along with a possible background check for criminal history information. The purpose of this background check is for the protection of patients who are disabled, elderly or mentally impaired.

I certify that the information set forth in this application is true and complete to the best of my knowledge. I further understand that my volunteering is contingent upon checking references as indicated on this application for volunteering. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such related information.

I understand I will not be paid for my volunteer services. I also agree to abide by the rules of the Glendive Medical Center Junior Volunteer program.

Volunteer Signature _____ Date ____/____/____

Your daughter/son has expressed a desire to serve as a Junior Volunteer at Glendive Medical Center's facilities. We appreciate her/his enthusiasm and willingness to do volunteer service for our hospital, nursing home and/or assisted living. We do, however, take our volunteer commitment seriously and need to impress upon your child that this responsibility to the hospital needs to become a priority. Your support is greatly appreciated.

My daughter/son, _____ has my permission and support to give volunteer service at Glendive Medical Center, Extended Care, Eastern Montana Veterans Home and Heritage on Merrill. She/he has my permission for the required health screening and background check. I have read and understand the above statements.

Parent / Guardian Signature _____ Date ____/____/____