



Jacqui Cooley, Volunteer Coordinator
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JUNIOR VOLUNTEER APPLICATION

Name: _____

Last
First
Middle

Street Address: _____ Glendive, MT 59330

Home Phone Number: (____) - _____ Cell Phone Number: (____) - _____

Email: _____ Preferred Method of Contact: Home Phone Cell
 Text Message Email

Birthdate: _____ School Currently Attending: _____

Gender: Male Female T-Shirt Size (Adult): Sm Med Lg XL

Father's Name: _____ Work Phone (____) - _____ Cell (____) - _____

Mother's Name: _____ Work Phone (____) - _____ Cell (____) - _____

Guardian's Name: _____ Work Phone (____) - _____ Cell (____) - _____

I am interested in volunteering for the following reasons: _____

I bring the following work/volunteer experience and skills: _____

Indicate your availability:

- | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--|--|--|--|--|--|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon |
| <input type="checkbox"/> Late Afternoon | <input type="checkbox"/> Late Afternoon | <input type="checkbox"/> Late Afternoon | <input type="checkbox"/> Late Afternoon | <input type="checkbox"/> Late Afternoon | <input type="checkbox"/> Late Afternoon | <input type="checkbox"/> Late Afternoon |
| <input type="checkbox"/> Early Evening | <input type="checkbox"/> Early Evening | <input type="checkbox"/> Early Evening | <input type="checkbox"/> Early Evening | <input type="checkbox"/> Early Evening | <input type="checkbox"/> Early Evening | <input type="checkbox"/> Early Evening |

Indicate areas where you would like to volunteer your time and talents:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Board Games | <input type="checkbox"/> Gardening | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Bulletin Boards | <input type="checkbox"/> Manicures | <input type="checkbox"/> Table Decorations |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Cards | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Birthday Parties | <input type="checkbox"/> Checkers | <input type="checkbox"/> Poster Making | |

Indicate the locations where you are interested in volunteering (if known):

- | | | |
|---|--|---|
| <input type="checkbox"/> GMC Greeter's Desk | <input type="checkbox"/> Eastern Montana Veterans Home | <input type="checkbox"/> <i>The Attic Thrift Shop</i> |
| <input type="checkbox"/> GMC Gift Shop | <input type="checkbox"/> <i>The Heritage</i> | <input type="checkbox"/> _____ |

Do you have family members employed by GMC? Yes No

If yes, which facility and department? _____

Required Attachments:

Please use the attached forms to provide one reference from a teacher, and one reference from another adult.

- OVER -

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 (including newspapers, magazines, TV) and/or GMC publications, presentations, advertising and website. 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 outlined above.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Applicant:

Your placement in the Junior Volunteer program is dependent upon acceptance by the Volunteer Services and successful completion of the hospital health requirements.

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that my volunteering is contingent upon checking the references indicated upon this application. 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 by volunteer services. I also agree to abide by the rules of the Glendive Medical Center Junior Volunteer Program.

Volunteer Signature: _____ Date: _____

Parent/Guardian:

Your daughter/son has expressed a desire to serve as a Junior Volunteer at Glendive Medical Center facilities. We appreciate her/his enthusiasm and willingness to volunteer her/his services for our hospital, nursing home and/or assisted living. We take our volunteer commitments seriously and ask for your support in fulfilling this commitment. 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, *The Heritage* and/or *The Attic*. She/he has my permission for the required health screening and reference checks. I have read and understand the above statements.

Parent/Guardian Signature: _____ Date: _____

Staff Use Only:

Orientation Date: _____

Start Date: _____

- Parent/Guardian Signature
- Teacher Reference
- Adult Reference