



## Children's Hospital Los Angeles

Application for Junior Volunteer Service (15-17 yrs)

Please type or print legibly.

Date:

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
<b>Street Address</b>		
<b>City</b>	<b>Zip</b>	<b>Cell Phone: Home Phone:</b>
<b>Birthday (Month/ Date/ Year)</b>		<b>Social Security Number</b> - -
<b>Gender (Please circle)</b> M      F	<b>Drivers License Number and State (if applicable)</b>	
<b>Email Address</b>		
<b>Are you legally permitted to work in the United States?</b> Yes No (Please explain)		
<b>Have you ever been convicted of a crime (other than a minor traffic violation)?</b> No Yes (Please explain)		
<b>Education (Name of School)</b>	<b>Foreign Languages Spoken</b>	
<b>Year</b>		
<b>Are volunteer hours required for a class/ course or community service credit? (If yes, please explain)</b>		
Number of required service hours: _____ Required date of completion: _____		
<b>Previous or current volunteer experience</b>		
<b>Current Employer (if applicable)</b>		
<b>Position</b>		
<b>Phone</b> - -	<b>OK to call? Yes__ No__</b>	<b>Work Hours</b>
<b>Local Reference (Other than employer)</b>		
<b>Occupation</b>	<b>Phone</b>	
<b>Emergency Contact</b>		
<b>Relationship</b>	<b>Phone</b>	
<b>Schedule and Assignment Preference</b>		
<p><b>Availability: Our current Need is Monday – Friday between 8:00am-5:00pm</b>  <b>Please indicate your availability below:</b></p> <p><b>Day(s) of the week:</b> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/></p> <p><b>Shift(s):</b> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/></p>		

**Volunteer Agreement and Certification of Information**

Believing that Children’s Hospital Los Angeles has need of my services as a volunteer, I agree:

**To hold as absolutely confidential** all information which I may obtain directly or indirectly concerning patients, parents, doctors, or personnel, and will not seek confidential information in regard to a patient.

**That my services are donated** to Children’s Hospital Los Angeles without contemplation of compensation, or future employment, and given with humanitarian or charitable reasons.

**To commit to 100 hours to be done in no less than six (6) months of service**, the first month to be mutually probationary.

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize Children’s Hospital Los Angeles to investigate and/ or verify the foregoing information and any other information, which might assist them in determining my qualifications for volunteering. I release Children’s Hospital Los Angeles and my former employers, and all others from any liability from damage, which may result from such investigation, if, upon investigation, anything contained in this application is found to be untrue. I further agree to conform to the rules and regulations of this facility. I understand that my volunteer status at Children’s Hospital Los Angeles can be terminated at any time for failure to comply with the policies, rules, and regulations of the Hospital including those of the volunteer department; for absences without notification; for reasons of unsatisfactory attitude, work or appearance; and for any other circumstances which, in the judgment of the Hospital, would make my continued service as a volunteer contrary to the best interests of the Hospital. **I also understand that on one has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except for a written employment agreement signed by an administrative representative of this facility.**

**ANY PERSON WHO INTENTIONALLY GIVES MISLEADING OR FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE TERMINATION.**

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

Signature: \_\_\_\_\_

**JUNIOR VOLUNTEER PARENT/GUARDIAN CONSENT FORM**

I authorize my daughter  son  \_\_\_\_\_ age \_\_\_\_\_ to participate in the Junior Volunteer Program at Children’s Hospital Los Angeles, and to engage in such volunteer activities as may be assigned by the Manager, or a designated representative. I give my permission to the Hospital for the administration of any minor treatment, should it be deemed necessary. I release Children’s Hospital Los Angeles from any claim or liability for any injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the Hospital, while participating in such volunteer activities.

Signed: \_\_\_\_\_

Please return completed application to: Volunteer Resources · Children’s Hospital Los Angeles ·4650 Sunset Blvd., MS #64 · Los Angeles, CA 90027 · (323) 361-2371 (p) · (323) 361-3631 (f)



**EMPLOYEE HEALTH SERVICES DEPARTMENT**  
**Minor Treatment Consent**

The TB Skin Test is a screening for Tuberculosis, which is a contagious respiratory disease. All volunteers must receive this skin test prior to being accepted for volunteer service and every year thereafter. The Employee Health Services Department will provide this test at no cost to the volunteer. If it is necessary, a chest x-ray will also be provided at no cost. All volunteers under the age of 18 must have parental or guardian permission before this test can be administered.

\_\_\_\_\_ my son/daughter, has my permission to receive a TB skin test and/or chest x-ray at the Employee Health Services Department of Children's Hospital Los Angeles. I understand that s/he will have to return to Employee Health Services 48-72 hours after the test is administered to have it evaluated. I understand that this test must be repeated every year.

I also give permission for my son/daughter to receive any needed emergency medical care. Should my child obtain a work-related injury while volunteering at Children's Hospital Los Angeles, I authorize any treatment for the injury by the Employee Health Services Department or designee.

Parent Name (Please print): \_\_\_\_\_

Parent Signature \_\_\_\_\_

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



We Treat Kids Better

**For your application to be considered, you must complete a personal essay. The essay must be one full double-spaced page, and written in size 12 Times New Roman font.**

**In recognizing your passion for children, please tell us why you should be considered for a volunteer position at Children's Hospital Los Angeles.**