HARRISON COUNTY HOSPITAL
**STUDENT**
VOLUNTEER APPLICATION

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____City, State, Zip_____

E-MAIL ADDRESS_____

TELEPHONE: _____

DATE OF BIRTH: _____ LAST GRADE COMPLETED: 9 10 11 12 college

SHIRT/SMOCK SIZE: _____

PRIOR VOLUNTEER EXPERIENCE: _____

_____

SKILLS OR SPECIAL INTERESTS: _____

DO YOU SPEAK A FOREIGN LANGUAGE? _____

WHERE DO YOU WANT TO VOLUNTEER? _____

_____

DAYS AND HOURS AVAILABLE: _____

_____

IS THIS VOLUNTEER EXPERIENCE A REQUIREMENT FOR A CLASS, SERVICE ORGANIZATION,

OR COURT ORDER? _____

PERSON TO CALL IN THE EVENT OF AN EMERGENCY:

_____
(Name) (Telephone)

_____
(Signature of Volunteer) (Date)

PARENTAL CONSENT IS NECESSARY FOR VOLUNTEERS UNDER THE AGE OF 18.

I, _____, (parent/guardian) give approval for my child_____

to participate in the volunteer program at Harrison County Hospital.

_____
(Signature of Parent or Guardian) (Date)

Please return to Sheryl Voelker, Harrison County Hospital – 1141 Hospital Drive, Corydon, IN 47112.

(OVER)

## TB SKIN TESTING

It is a requirement of the Harrison County Hospital Volunteer Program that all volunteers be tested for TB annually. This is done for the protection of the volunteer.

The TB skin test is given in the arm just under the skin and is checked for reaction in 72 hours. After two weeks, this process must be completed a second time. Please sign below as permission to give and read the TB skin tests.

_____ _____

Volunteer's Signature Date

PARENTAL CONSENT IS NECESSARY FOR VOLUNTEERS UNDER THE AGE OF 18.

As the parent or guardian of this volunteer, please sign below as permission to give and read the TB skin tests. If you have any questions, please call Sheryl Voelker at 738-8762.

_____ _____

Parent or Guardian Date

## Flu, Tdap, MMR & Varicella

It is a requirement of the Harrison County Hospital Volunteer Program that all volunteers provide documentation of immunity to tetanus, diphtheria, pertussis, measles, mumps, rubella, and varicella prior to beginning the volunteer program. Please provide **DOCUMENTATION** of immunity by vaccination. Additionally, all volunteers are required to have a flu shot or provide appropriate documentation for refusal.