



Seton Medical Center Austin

A member of the Seton Family of Hospitals

TEEN VOLUNTEER APPLICATION

(A program for teens 14-17 years of age)

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

City/State/Zip _____ HOME PHONE: _____

PARENTS NAME: _____ OTHER PHONE: _____

NOTIFY IN EMERGENCY: _____ PHONE: _____

(Other than parent)

EMAIL ADDRESS: _____

SCHOOL: _____ LEVEL: _____

EXTRACURRICULAR ACTIVITIES: _____

I am interested in the following:

Non-Patient Care Patient Care

- | | |
|---|--|
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Day Surgery |
| <input type="checkbox"/> Filing/General office work | <input type="checkbox"/> Sweet Charity Gift Shop in 26 Doors |
| <input type="checkbox"/> Information Desks | <input type="checkbox"/> Patient Floors |
| <input type="checkbox"/> ICU Waiting Room | <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Heart Transplant Program | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Other: _____ | |

Are You Bilingual? _____ If yes, in what? _____

YOU MAY VOLUNTEER MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 9AM AND 3PM

Which shift would you prefer? Morning (9am-12pm) Afternoon (12pm-3pm)

Which day(s) of the week are you available? Monday Tuesday Wednesday Thursday Friday

How many days of the week do you wish to volunteer? _____

List the names of any friends or relatives who currently volunteer or work at Seton and indicate their relationship to you:

Why do you wish to volunteer at Seton and what do you hope to gain from your experience?

Please list your past volunteer work or job experience (if any): _____

If you volunteered or worked, what did you like the most about it? What did you like the least? _____

I am applying for participation in the Seton Medical Center Austin Teen Volunteer Summer Program. I understand that I am responsible for purchasing my uniform, attending orientation, working where assigned for a minimum of 30 hours throughout the summer, and notifying the Volunteer Office when I am unable to work. I will cooperate with the staff in providing quality care for all patients, respecting patient confidentiality and maintaining professional decorum at all times.

Signature of Applicant _____

Date: _____

Signature of Parent or Guardian _____ Date: _____

Please mail or drop off your application to:

TEEN VOLUNTEER PROGRAM
SETON VOLUNTEER SERVICES
1201 West 38th Street
Austin, Texas 78705
Phone: (512) 324-1590
Fax: (512) 324-1588

Thank you for your interest!