



MORRIS HOSPITAL AUXILIARY  
150 WEST HIGH STREET  
MORRIS, IL 60450

Morris Hospital Volunteer Program for High School Students

### HIGH SCHOOL STUDENT VOLUNTEER APPLICATION

High School Student Volunteers are expected to:

1. Attend a scheduled Orientation Session.
2. Sign a confidentiality agreement.
3. Complete training as defined by service area.
4. Report absences and vacations - unexcused or frequent absences are not acceptable.
5. Agree to work a minimum of 4 hours per month (2 shifts).

Please note: Student who have completed their sophomore year of high school are eligible for the high school volunteer program. Applications for younger candidates will be kept on file. Court mandated community service opportunities are NOT available.

Please Print

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_  
Cell Home Work

What is your current year in school?  9  10  11  12

Were you referred to Volunteer Opportunities by a Morris Hospital Employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Desired frequency of volunteer work: \_\_\_\_\_ weekly \_\_\_\_\_ a few times a month

Day Preference(s):  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Time Preference(s):  Morning  Afternoon  Evening

Date Available to Start \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Please list extra-curricular activities and job commitments which may require scheduling accommodation:

\_\_\_\_\_

**Please list three (3) adult references who are NOT relatives:**

References will be emailed a link to complete the online volunteer reference form.

1. _____	_____	_____	_____
<small>Name</small>	<small>Email</small>	<small>Phone</small>	<small>Title/Relationship</small>
2. _____	_____	_____	_____
<small>Name</small>	<small>Email</small>	<small>Phone</small>	<small>Title/Relationship</small>
3. _____	_____	_____	_____
<small>Name</small>	<small>Email</small>	<small>Phone</small>	<small>Title/Relationship</small>

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.  
 I understand that my volunteering is at-will which means that I may terminate at any time and for any reason and that the facility has the same right to terminate my service. I understand that a limited number of volunteer opportunities are available at Morris Hospital, and the volunteer department may be unable to accommodate my request to volunteer.  
 I have read and understand the above information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

**Parent Consent and Authorization for Medical Treatment Form must be completed for volunteers under age 18.**