

# Youth Volunteer Program

Summer 2024



Today's date: _____ Last name: _____ First name: _____ Name you'd like to be called: _____	Are you a returning youth volunteer? Yes    No Former placement(s): _____
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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth cell: \_\_\_\_\_ Youth email: \_\_\_\_\_  
We will use this email to contact you regarding your application and interview

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Please use your age as of June 1, 2024, and grade level during the 2023-2024 school year

Does your school/program involvement require volunteer service hours?:    Yes    No    How many?: \_\_\_\_\_

Do you have any prior commitments/extracurricular activities planned during Summer 2024?:    Yes    No

If yes, please specify: \_\_\_\_\_

For pre-ordering of supplies in advance, please mark your approximate size in health care scrubs (adult sizes):  
XS    S    M    L    XL    XXL

**1 of 2: PARENT/GUARDIAN INFORMATION**    This is the youth applicant's primary/emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home/alternate number: \_\_\_\_\_ Email: \_\_\_\_\_

**2 of 2: PARENT/GUARDIAN INFORMATION**    This is the youth applicant's primary/emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Home/alternate number: \_\_\_\_\_ Email: \_\_\_\_\_

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Youth applicant last name: \_\_\_\_\_ First name: \_\_\_\_\_

## **Our 2024 Youth Volunteer Program will be held:**

June 3 through July 26, 2024 (off July 1-5).

Monday through Friday, 9 a.m. to 3 p.m. No evening or weekend shifts.

Youth volunteers must commit to their placement 1+ day/week during the program.

## **Uniforms:**

\$35 for full scrubs. Do not send money with application. You will purchase your uniform after you have been notified of selection. Your scrubs must be purchased in the Gift Shop at Piedmont Midtown Campus. Deadline will be May 16, 2024, after acceptance/prior to orientation. Limited assistance may be available on individual basis if needed.

## **Photograph Release:**

1. I hereby relieve and agree to hold Piedmont Columbus Regional Healthcare System, Inc. and its affiliated companies, free and harmless from any and all liability arising out of the interviewing and/or photographing and subsequent publication or broadcasting of such photography. I understand that the interviewing and/or photographs are being carried out with my authorization for the use indicated above and thereby, I assume full responsibility for any subsequent liability arising out of the use of these photographs.

2. I understand that I have a right to request cessation of recording or filming, and I have a right to revoke this authorization in writing within a reasonable time before recording or film is used.

## **CONFIDENTIALITY STATEMENT**

I understand and agree that, in the performance of my duties as a Youth Volunteer with Piedmont Columbus Regional, I must hold patient/medical information in confidence. Information should not be discussed with any individuals including co-workers, other volunteers, other students, family members, friends, etc. Also, I understand that any violation of this patient confidentiality may result in immediate termination from the Youth Volunteer Program.

**By signing this application, I hereby certify that all of the information contained is true to the best of my knowledge. Also, I understand that my acceptance into this program hinges heavily, among other previously listed items, on my ability to commit to the volunteer timeframe outlined above and following the guidelines provided throughout.**

Youth applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **For any questions, contact Piedmont Columbus Regional's volunteer services team:**

Nancy Williams, Director of Volunteer Services • 706.571.1484 • nancy.williams@piedmont.org

Kelsey Kean, Coordinator of Volunteer Services • 706.571.1473 • kelsey.kean@piedmont.org