

Youth Volunteer Program 2025



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, 2025, and grade level during the 2024-2025 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 2025?: Yes No

If yes, please specify: _____

For pre-ordering of uniforms, 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: _____

Youth Volunteer Program 2025



Youth applicant's last name: _____ First name: _____

Youth Volunteer Program 2025 runs June through July 2025

Monday through Thursday, 9 a.m. to 3 p.m. No evening or weekend shifts. Youth volunteers must commit to their assigned placement 1+ day/week during the program. Special events and opportunities will be held throughout 2025.

Uniforms

The program fee of \$40 includes full uniform scrubs. If selected you will submit this payment while picking up your uniform at Piedmont Columbus Regional gift shop (Midtown). Limited financial assistance may be available 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