



Criteria for new Junior Volunteers (those under 18 years old)

**Fall placement for those applying as new Junior volunteers will not be available until after the Labor Day holiday.*

Please DO NOT fill out this application for future Summer placement

- 14 – 17 years of age**
- Complete the attached application and return.**
- Make and maintain A/B Grades.**
- Completed reference from school counselor or teacher**
- Provide up-to-date immunization records**
- Have consent of parents**
- Attend a mandatory orientation**
- Be honest, dependable, and have a healthy respect for others!**

The application for our Teen Volunteer program is attached. If you have any questions or concerns please feel free to contact us at 446.8400.

Note: Individuals seeking a Job shadowing opportunity are no longer assigned as hospital volunteers. Job shadowing is a function that is overseen by the Human Resources and Nursing Departments for students over the age of 18 in healthcare-related fields.

Completed applications may be submitted:

- **In person** to the Volunteer Services Office at LeConte Medical Center
- **Mailed to:** LeConte Medical Center, attn: Volunteer Services, 742 Middle Creek Road, Sevierville, TN 37862

Junior Volunteer Application

Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City, State, Zip: _____

E-mail address: _____

Parents' Name(s): _____

Parents' address (if different from above): _____

Home phone: _____ Cell Phone: _____

Parents' E-mail address: _____

Where parents may be contacted during the day: _____

Parents' Daytime Phone: _____

Family Physician: _____ Phone: _____

School: _____ Grade: _____

Are you related to an employee at LeConte Medical Center? Yes No

If yes, please list name, relationship and department: _____

Note: Hospital policy states that Junior volunteers are not permitted to volunteer in any department where an immediate family member is employed.

Why would you like to do volunteer work at LeConte Medical Center? _____

Are you interested in a medical career? (circle one) Yes No

If so, in what area? _____

What are your hobbies, skills, and special interests? _____

In addition to this volunteer service, do you plan to:

Go to school How many hours a week? _____

Work How many hours a week? _____

Do other volunteer work at (please enter place) _____

Due to the large volume of Junior Volunteer applicants it is important that we know you are committed to providing service on a regular basis. We understand that many high school students have many obligations during the school year. However, it's important that we know these conflicts before you begin your commitment with LeConte Medical Center.

Please list any known vacation dates, etc. (i.e. camps, mission trips, sports practices):

Date unavailable: _____

Date unavailable: _____

The hours you would like to work from week to week:

Time of day: from _____ to _____

Day of the week you are interested in volunteering (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Mandatory Junior Volunteer Orientation

Junior volunteers are required to attend a mandatory orientation sessions. During this session you will receive all pertinent education to your work at LeConte Medical Center, receive your TB skin test, uniform & ID badge. There is only one orientation session scheduled each month, and the Volunteer Services office will communicate with you about the session.

To be completed by Junior Applicant

If I am selected as a Junior Volunteer I shall do my best to provide service to the highest quality and fulfill my duties as a volunteer. I will abide by all policies of the medical center.

I will report at my assigned time. I will wear assigned uniform, and follow the facility dress code.

If I am unable to work at my assigned time, I will notify the Volunteer Services office and/or my Supervisor at the Medical Center as far in advance as possible.

Signature: _____ Date: _____

To be completed by Parents

My daughter/son _____ has my/our permission to serve as a Junior Volunteer at LeConte Medical Center.

I/we will have the attached health certificate completed by our physician.

I/we agree to share in the responsibility of my child's volunteer commitment.

Parent (s) Signature: _____ Date: _____

Parent (s) Signature: _____ Date: _____

**Immunization Record – please return with application
To be completed by applicant's parents.**

Name of Volunteer applicant: _____

Parent's Name providing immunization records: _____

Parents, please attach the most recent copy of your Child's Immunization Record, like you provide annually to their school.

<attach multiple sheets if needed for complete Immunization record>

Counselor/Teacher Reference Form for LeConte Medical Center
Applicant should provide this form to the teacher or counselor

_____ (Teacher/Counselor),

Name of School/Position at School: _____

I (applicant's name) _____ have recently applied to become a Junior Volunteer at LeConte Medical Center during the academic year. I have given your name as a personal reference. I would appreciate you taking the time to answer the following questions and returning this form to the hospital.

LeConte Medical Center will treat the information given with the strictest confidence. If you have any questions regarding the information requested, please contact the Volunteer Office at 446.8400.

1. We welcome students and are concerned that their school work (if volunteering during school year) does not suffer as a result of volunteering. Do you think that the school work of this student would suffer if he/she volunteers on weekends or weekdays during the school year? Please comment: _____

2. Do you recommend the applicant as a dependable person and qualified for the responsibility for a junior volunteer position in the Medical Center? Please comment: _____

3. Do you have any concerns about this applicant's placement as a junior volunteer? _____

4. How long have you known the applicant? _____

Additional Comments: _____

Thank you for taking the time to fill out the recommendation.

Please return this form in person for via US mail to:

Volunteer Services Office

LeConte Medical Center, 742 Middle Creek Road, Sevierville, TN 37862