



# North Alabama MEDICAL CENTER

## 2024 Teen Volunteer Program Application

**Deadline 5pm, Monday May 1, 2024  
Incomplete applications will not be  
considered. PRINT CLEARLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Active HOSA Club Member: Yes \_\_\_\_ or No \_\_\_\_ Cumulative GPA: \_\_\_\_\_

How did you hear about the NAMC Teen Volunteer Program? \_\_\_\_\_

Have you previously applied? \_\_\_\_ No, this is my first year to apply. \_\_\_\_ Yes, I applied in (year) \_\_\_\_\_

Yes, I applied in (year) \_\_\_\_\_ and was assigned to (area) \_\_\_\_\_.

### Parents/Guardian Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### List family members who work for NAMC:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Unit \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Unit \_\_\_\_\_

## Schedule Selection

Teen Volunteer Summer Session will run June 10<sup>th</sup> – July 19<sup>th</sup>. Orientation is scheduled for June 3<sup>rd</sup>, 12:00 pm – 3:00 pm.



I understand that Orientation is required and that my attendance is a condition for participation in the NAMC Teen Volunteer Program.

Consider vacation, school schedule and other commitments. Discuss with your parent/guardian as you will be making a commitment to this program.

### Select the days you will be available to volunteer.

### Select the shift schedule you will be available to volunteer.

Monday \_\_\_\_\_

8:00am – 12:00 pm \_\_\_\_\_

Tuesday \_\_\_\_\_

12:00pm – 4:00 pm \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**Please select area of interest and note which is your first, second and third choice:**

Administrative/Clerical \_\_\_\_\_  
Labor & Delivery \_\_\_\_\_

Surgery \_\_\_\_\_  
Cardiac Care \_\_\_\_\_

Critical Care \_\_\_\_\_  
Post-Surgical \_\_\_\_\_

Pediatrics \_\_\_\_\_  
Adult Medicine \_\_\_\_\_

### **Application Consent**

I certify the statements made in this application are true and complete to the best of my knowledge. I understand that my application will only be considered if ALL parts are completed and returned (including recommendation forms) by the deadline. I, the undersigned, acknowledge that by participating in the 2024 NAMC Teen Volunteer Program that I am expected to serve each day of the assigned session.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Parent/Guardian Consent**

I give my permission for the above mentioned teen to participate in the NAMC Teen Volunteer Program. I consider my teenager mature enough to recognize the responsibilities associated with volunteering in a medical facility. I understand that my teen will be assigned to volunteer in a specific department for their chosen session and that fulfillment of their committed hours is important. I understand that I am responsible if my child breeches hospital regulations, including the laws of hospital confidentiality. I understand that dismissal from the Teen Volunteer Program may occur if my teen does not adhere to NAMC and/or Volunteer Services policies and procedures.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_