

Dear Volunteer Applicant:

The volunteer program is an eight week program for students who are fourteen years of age through seventeen years of age who are interested in volunteering at North Arkansas Regional Medical Center under the direct supervision of hospital employees. Students will be placed in clinical, and non-clinical areas of the hospital. Duties may include reading to patients, delivering water pitchers, running errands, filing, preparing chart pockets, copying, and shredding.

In order to be eligible for the 2006 NARMC Volunteer program, you must meet the following criteria:

- be 14-17 years of age by June 2006 and enrolled in school.
- complete in detail and submit an application.
- attach a current health card, verifying a current TB skin test.
- attach a copy of your most recent report card, verifying a minimum overall grade point average of 2.5.
- submit two letters of recommendation from an adult figure (i.e. teacher, minister.)
- attend orientation.
- be willing to work in assigned areas.
- commit to work two days each week and a minimum of 100 hours during a 8 week program.

Volunteer applications must be submitted to Education Services at NARMC by May 29, 2006. Incomplete applications will not be excepted. No applications will be excepted after May 29. Thank you for your interest in our program.

**NORTH ARKANSAS REGIONAL MEDICAL CENTER  
VOLUNTEEN APPLICATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
          First                      Last

Address: \_\_\_\_\_  
                                    Street                                      City                                      Zip

Date of Birth: \_\_\_\_\_ School Now Attending \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_

**In Case of Emergency, Contact:**

Name	Relationship	Phone #
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**Person(s) reasonable for transporting you to and from the hospital:**

Name	Relationship	Phone #
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Do you have any physical limitations or restrictions? \_\_\_\_\_yes \_\_\_\_\_no

If yes to either question, please explain: \_\_\_\_\_

List any activities you are involved in with school and outside of school: \_\_\_\_\_

Why do you want to become a volunteen this summer? \_\_\_\_\_

What area are you interested in working this summer? \_\_\_\_\_

**If accepted, I will abide by the policies and procedures of North Arkansas Regional Medical Center's Volunteen Program:**

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**Signature** **Date**

**I will support my son/daughter in his /her commitment to the Volunteen Program:**

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**Signature** **Date**

**Parental release to take photographs in orientation:**

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**Signature** **Date**

**PARENTAL CONSENT  
FOR  
UNDER-AGE VOLUNTEEN**

I, \_\_\_\_\_, hereby give consent for my \_\_\_\_\_  
Parent or Guardian Signature Son or Daughter

to participate in the Summer Volunteen Program offered at NARMC.

Child's full name: \_\_\_\_\_  
Please Print

Date Of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Relationship to Child