

# TEEN VOLUNTEER APPLICATION

Marion General Hospital, 1000 McKinley Park Drive Marion, OH 43302  
(740) 383-8682 or (740)383-8443, [meadowe@ohiohealth.com](mailto:meadowe@ohiohealth.com)

Each student who applies for volunteer work must have two recommendations from their school, one from the guidance counselor and one from a teacher. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE COMPLETED REFERENCE FORMS.** Applicant must have a 2.7 minimum GPA, and be in the 9 -12 grade.

**Applicant Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Street Address) (City) (Zip)

**Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Home Phone** (\_\_\_\_)\_\_\_\_\_ **Email Address**\_\_\_\_\_

**Names of Parents**\_\_\_\_\_

**Home Phone** (\_\_\_\_)\_\_\_\_\_ **Work Phone** (\_\_\_\_)\_\_\_\_\_

**Name of School Currently Attending**\_\_\_\_\_

**Graduation Year**\_\_\_\_\_

**In case of emergency contact:**

\_\_\_\_\_  
(Name) (Relationship) (Home Phone/Work Phone)

**Family Physician** \_\_\_\_\_ **Phone** (\_\_\_\_)\_\_\_\_\_

**Limitations related to health (if any)** \_\_\_\_\_

**Current Employer (if applicable)**\_\_\_\_\_ **Work Phone** (\_\_\_\_)\_\_\_\_\_

**Position** \_\_\_\_\_ **Work Schedule** \_\_\_\_\_

**Volunteer experience**\_\_\_\_\_

**Interests, skills, school activities, hobbies**\_\_\_\_\_

Please continue on the back

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**Name & phone number of those completing your school reference forms:**

**Guidance Counselor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Teacher** \_\_\_\_\_ **Phone** \_\_\_\_\_

My son/daughter has discussed the program with me and I am willing to have him/her participate in the Teen Volunteer Program at Marion General Hospital.

**Teen Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Your signature indicates your approval for your child's participation in the Teen Volunteer program, as well as your acknowledgment that he/she is in good health, your consent for us to contact his/her physician, and your consent for us to contact his/her school guidance counselor for a confidential recommendation.**

*OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.*

## FOR OFFICE USE ONLY:

Interview Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Assigned Shift \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Assigned Area(s) \_\_\_\_\_

**Remember to attach  
school reference forms!**

# School Reference Teen Volunteer Program

Each student who applies for volunteer work must have two recommendations from their school, one from the guidance counselor and one from a teacher. To obtain the requested information the parent/guardian of the student must complete the designated area below. With the signed consent the guidance counselor and teacher can complete the bottom portion. This evaluation helps us choose candidates who will best benefit from our program and serve our organization and the recipients of our services. The completed forms should be returned to the student to be submitted with his/her application. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE COMPLETED REFERENCE FORMS.** We appreciate your assistance in our selection process. If you have questions, please do not hesitate to contact me at (740) 383-8682 or email [meadowe@ohiohealth.com](mailto:meadowe@ohiohealth.com).

Thank you,  
Beth Meadows  
Manager, Volunteer Services Department  
Marion General Hospital

**FOR PARENT/GUARDIAN**

As parent/guardian of \_\_\_\_\_, I give my permission to release the requested information to Marion General Hospital, Inc., volunteer services for the purpose of my child's participation in the summer teen volunteer program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FOR TEACHER/GUIDANCE COUNSELOR**

**RECOMMENDATION FOR STUDENT VOLUNTEER**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student Graduation Year \_\_\_\_\_ GPA \_\_\_\_\_

*Please evaluate by checking the appropriate category:*

	Above Average	Average	Below Average	Comments
Attendance	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Peer Interaction	_____	_____	_____	_____
Courteous/Respectful	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Additional Comments:	_____			
_____				

Counselor/Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

Counselor/Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_