

**SHARP** Hospice Care  
PO BOX 1750  
La Mesa, CA 91944-1750  
(619) 667-1900

**TEEN VOLUNTEER APPLICATION**

**PERSONAL INFORMATION:**

First Name	Last Name	MI
Mailing Address	City	State Zip
Home Phone	Cell Phone	E-Mail Address
Emergency Contact Name	Relationship	Phone
Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License # (if applicable)	Foreign language

**PARENTS INFORMATION:**

Mother/Guardians' First Name	Last	Work/Contact Phone
Father/Guardians' First Name	Last	Work/Contact Phone
Are either or both of your parents/guardians hospice volunteers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are either of your parents/guardians hospice staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SCHOOL INFORMATION:**

Name of School	Grade	Year of graduation
School activities or organizations you are involved in: _____		

Do you have any restrictions or problems that might interfere with your volunteer work?  Yes  No

**PROGRAM INFORMATION:**

How/Where did you learn about our Teen Volunteer program? \_\_\_\_\_

Past Volunteer Experience: Patient Care:  Clerical:  Special Events:  All:  None:

Are you interested in a Medical Career?  Yes  No If Yes, what area? \_\_\_\_\_

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Have you ever been present at a death?

Yes  No

Have you experienced the death of a close family member?

Yes  No

When? \_\_\_\_\_ Relationship? \_\_\_\_\_ Did you help care for them? Yes  No

Please state the reasons why you are interested in volunteering at Sharp HospiceCare. \_\_\_\_\_

Do you have any special skills or hobbies? \_\_\_\_\_

## **TEEN VOLUNTEER PLEDGE:**

1. I will be conscientious in the fulfillment of my duties and accept supervision graciously.
2. I will conduct myself with dignity, courtesy and consideration for others.
3. I will consider as confidential all information concerning my patient or staff member.
4. I will take any problems, criticism or suggestion directly to the Volunteer Coordinator.
5. I will endeavor to make my work professional in all ways.
6. I will always be very conscientious of my appearance by keeping neat and clean.
7. I will always wear a minimum of make-up and jewelry, and will never wear any extreme hairstyles.
8. I will not eat or drink, chew gum, or smoke while on duty.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## **PARENT INFORMATION**

My son/daughter \_\_\_\_\_ has my permission to become a Teen

First Name

Last Name

Volunteer with Sharp HospiceCare.

In accordance with federal and state child labor laws, minors under the age of 16 years are not permitted to work past 7 p.m. on school days. As such, I release information regarding my son/daughter's date of birth to Sharp HospiceCare Volunteer Services department, so that appropriate placement and legal compliance can be maintained.

My son/daughter's date of birth is \_\_\_\_\_.

MM/DD/YYYY

**TERMINATION OF SERVICES:** I understand the following policy:

SHARP HOSPICECARE reserves the right to terminate your child's service as a Teen Volunteer if the action is in the interest of Sharp HospiceCare and the volunteer.

Such termination could result from:

Excessive absenteeism or tardiness; irregular attendance or three (3) unexcused absences; disorderly conduct or insubordination; attitude or appearance; Gross or willful neglect of duty or actions detrimental to Volunteer Service's public image; intoxication or use of alcoholic beverages, or unauthorized possession or use of drugs or narcotics on the premises; and willful destruction or defacing of hospital property; or violation of confidentiality policy.

I clearly understand the conditions of my child's membership.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date