

**CENTERPOINT YOUTH VOLUNTEER APPLICATION**

*For applicants High School Sophomores through College*

*Please return to Centerpoint Medical Center, Volunteer Office,  
19600 E. 39<sup>th</sup> St., Independence, Mo. 64057 Phone (816)698-7584*

**Print Name:** (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Pager/Cell:** ( ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Best time to contact you:** \_\_\_\_\_

**CONTACT INFORMATION:**

**Father's Name:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

**Person to notify other than parents if needed:** \_\_\_\_\_

Print Name \_\_\_\_\_ Day/Evening Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**ACADEMIC BACKGROUND:**

**School you attend:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Counselor's Name:** \_\_\_\_\_ **Grade point average:** \_\_\_\_\_

**Is volunteer work a requirement for school credit?** \_\_\_\_ **# of hours required:** \_\_\_\_

**EMPLOYMENT (if applicable):**

**Employer:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES:**

**Sports:** \_\_\_\_\_

**School Clubs:** \_\_\_\_\_

**Student Government:** \_\_\_\_\_

**Church Activities:** \_\_\_\_\_

**Youth Groups:** \_\_\_\_\_

**Babysitting:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**How did you hear about Centerpoint Youth Volunteer Program?** \_\_\_\_\_

**TIMES AVAILABLE:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

(continue on reverse side)

19600 E. 39<sup>th</sup> Street, Independence, MO 64057

Direct Line: 816/698-7584

FAX: 816/698-7587

Larry.Binnicker@ hcamidwest.com

**REFERENCES (do not include relatives):**

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPECIAL NEEDS/CONCERNS**

Do you have any special needs of which we should be aware? \_\_\_\_\_

**CONSENT FOR PROGRAM PARTICIPATION:**

I authorize Centerpoint Medical Center to give emergency medical treatment to my son/daughter in case I/We cannot be reached. I give consent for my child's participation in Centerpoint Medical Center's Youth Volunteer Program. I also give permission for my child to undergo the pre-employment screening process necessary for volunteer work, which includes: interview, orientation and training classes, MMR vaccine (measles, mumps, rubella), two TB tests, background check, and a reference check. I understand that I will be responsible for overseeing transportation to and from work. I also understand that while volunteering, my child is responsible to the supervisor in their assigned area. I understand that if I have any questions I may speak with the Director of Volunteer Services or the Vice President for Human Resources.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT:**

I certify that the information given by me in this application is true and complete. I hereby authorize all individuals and organizations named or referred to in this application to give Centerpoint Medical Center all information relative to my volunteer assignment and work habits. I hereby release such individuals, organizations and medical center from any liability for any claim or damage, which may result. I will attend orientation and training classes, will give punctual and reliable services, and will wear the correct uniform while on duty. I further understand it is hospital policy that I will not disclose any confidential information or other documents confidential by law.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FURTHER INFORMATION REQUIRED:**

Please be sure to submit your Confidential Recommendation for Youth Volunteers form, which will be provided after the interview, to a school counselor or teacher, church official, youth leader, former or current employer or former or current volunteer organization representative. The individual you submit the form to is responsible for mailing it directly to the Christy Weymuth at Centerpoint Medical Center (envelope was provided with form).

ANY COMMENTS OR INFORMATION:

**For Official Use Only**

Interview date:	TB tests:	Background Check:
Reference Letter received:	Orientation Scheduled:	Orientation completed:
Accepted/declined:	File Made:	
ID Badge Received:	Job Description provided:	Comp Eval completed: