



**APPALACHIAN REGIONAL  
HEALTHCARE SYSTEM**

**STUDENT/JUNIOR  
VOLUNTEER  
APPLICATION**

**VOLUNTEER SERVICES**



**CHARLES A. CANNON, JR.  
MEMORIAL HOSPITAL**  
434 Hospital Drive • Linville, NC 28646



**WATAUGA  
MEDICAL CENTER**  
336 Deerfield Road • Boone, NC 28607

# Appalachian Regional Healthcare System Student Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

The name I prefer to be called is: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

School Address: \_\_\_\_\_  
(City) (State) (Zip Code)

School Advisor's Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Do you plan a career in healthcare?  Yes  No If so, what area? \_\_\_\_\_

What are your two favorite subjects? (1) \_\_\_\_\_ (2) \_\_\_\_\_

What is your least favorite subject? \_\_\_\_\_

List previous experience as a volunteer: \_\_\_\_\_  
\_\_\_\_\_

Have you any relative(s) or close acquaintance(s) working with ARHS?  Yes  No

If yes, list name(s), relationship(s), department(s): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been suspended from school?  Yes  No If yes, why? \_\_\_\_\_

What are your hobbies, skills and special interests? \_\_\_\_\_

Whom do you admire most and why? \_\_\_\_\_

To what clubs or organizations do you belong? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the ARHS Student Volunteer Program? \_\_\_\_\_

Do you type? \_\_\_\_\_ Have computer experience? \_\_\_\_\_ List other clerical skills \_\_\_\_\_

List the computer software with which you are familiar \_\_\_\_\_

Have you ever been a Teacher's Assistant? \_\_\_\_\_ Office Assistant? \_\_\_\_\_

Check days preferred: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Are you willing to work on Saturdays? \_\_\_\_\_ List days you CANNOT work \_\_\_\_\_

As a student volunteer, we ask that you wear a white shirt with khaki slacks, badge must be attached above the waist and be visible at all times.

At what hospital would you prefer to volunteer?

Cannon Memorial Hospital

Watauga Medical Center



## STUDENT VOLUNTEER PLEDGE

*Believing that Appalachian Regional Healthcare System has real need of my service as a Student Volunteer:*

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.*
- I will conduct myself with dignity, courtesy and consideration.*
- I will communicate in truthfulness at all times.*
- I will consider as confidential all information which I may hear directly or indirectly concerning a patient, doctor or any member of personnel. I will not seek information in regard to a patient.*
- I will take any problems, criticisms, or suggestions to the Student Volunteer Coordinator or Director of Volunteer Services.*
- I will endeavor to make my work the highest quality.*
- I will uphold the traditions and standards of Appalachian Regional Healthcare System or Director of Volunteer Services.*
- I pledge that all information stated on this application is true to the best of my knowledge.*

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

*I have read my son / daughter's completed application and concur the information is accurate as stated.*

Date \_\_\_\_\_ Parent / Guardian's Signature \_\_\_\_\_

