



**Patti DeFord, Volunteer Coordinator**  
 202 Prospect Drive, Glendive, MT 59330  
 Telephone: (406) 345-3304  
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## JUNIOR VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ Preferred Method of Contact:  Home Phone  Cell  
 Text Message  Email

Birthdate: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_

Gender:  Male  Female T-Shirt Size (Adult):  Sm  Med  Lg  XL

Father's Name: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Guardian's Name: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

I am interested in volunteering for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I bring the following work/volunteer experience and skills:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Indicate your availability:**

- | MONDAY                                   | TUESDAY                                  | WEDNESDAY                                | THURSDAY                                 | FRIDAY                                   | SATURDAY                                 | SUNDAY                                   |
|--|--|--|--|--|--|--|
| <input type="checkbox"/> Morning         | <input type="checkbox"/> Morning         | <input type="checkbox"/> Morning         | <input type="checkbox"/> Morning         | <input type="checkbox"/> Morning         | <input type="checkbox"/> Morning         | <input type="checkbox"/> Morning         |
| <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon | <input type="checkbox"/> Early Afternoon |
| <input type="checkbox"/> Late Afternoon  | <input type="checkbox"/> Late Afternoon  | <input type="checkbox"/> Late Afternoon  | <input type="checkbox"/> Late Afternoon  | <input type="checkbox"/> Late Afternoon  | <input type="checkbox"/> Late Afternoon  | <input type="checkbox"/> Late Afternoon  |
| <input type="checkbox"/> Early Evening   | <input type="checkbox"/> Early Evening   | <input type="checkbox"/> Early Evening   | <input type="checkbox"/> Early Evening   | <input type="checkbox"/> Early Evening   | <input type="checkbox"/> Early Evening   | <input type="checkbox"/> Early Evening   |

**Indicate the locations where you are interested in volunteering (if known):**

- GMC Greeter's Desk  The Heritage  The Attic Thrift Shop  
 Extended Care

Do you have family members employed by GMC?  Yes  No

If yes, which facility and department? \_\_\_\_\_

**Required Attachments:**

Please use the attached forms to provide one reference from a teacher, and one reference from another adult.

- OVER -

## Parent/Guardian Permission Slip & Media Release

I authorize Glendive Medical Center to interview and/or take photographs and/or video of me to use for the general media (including newspapers, magazines, TV) and/or GMC publications, presentations, advertising and website. I understand that there will be no compensation made in exchange for my agreement to be interviewed or photographed, or for the use of the photographs outlined above.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Applicant:

Your placement in the Junior Volunteer program is dependent upon acceptance by the Volunteer Services and successful completion of the hospital health requirements.

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that my volunteering is contingent upon checking the references indicated upon this application. I hereby release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing such related information.

I understand I will not be paid for by volunteer services. I also agree to abide by the rules of the Glendive Medical Center Junior Volunteer Program.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian:

Your daughter/son has expressed a desire to serve as a Junior Volunteer at Glendive Medical Center facilities. We appreciate her/his enthusiasm and willingness to volunteer her/his services for our hospital, nursing home and/or assisted living. We take our volunteer commitments seriously and ask for your support in fulfilling this commitment. Your support is greatly appreciated.

My daughter/son has my permission and support to give volunteer service at Glendive Medical Center, Extended Care, Eastern Montana Veterans Home, *The Heritage* and/or *The Attic*. She/he has my permission for the required health screening and reference checks. I have read and understand the above statements.

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

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### Staff Use Only:

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

Start Date: \_\_\_\_\_

- Parent/Guardian Signature
- Teacher Reference
- Adult Reference



**Glendive  
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# **JUNIOR VOLUNTEER PROGRAM**

## ***ADULT/TEACHER REFERENCE FORM*** *(Two are required with your application.)*

Reference is for \_\_\_\_\_

Reference given by \_\_\_\_\_

I know the applicant through: \_\_\_\_\_

**Please NOTE your observations of this student concerning the following:**

	<b>Outstanding</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
Dependability	_____	_____	_____	_____
Cheerfulness	_____	_____	_____	_____
Helpfulness	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Can Follow Instructions	_____	_____	_____	_____
Works unsupervised	_____	_____	_____	_____
Rapport with Adults	_____	_____	_____	_____
Daily Attendance	_____	_____	_____	_____
Is this student often tardy? (Circle one)	Yes	No		
s this student often ill? (Circle one)	Yes	No		

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

\_\_\_\_\_  
\_\_\_\_\_

**Adult/Teacher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Your comments will be taken into consideration when interviewing this student for a possible volunteer position. If you have any questions or concerns, please do not hesitate to contact Volunteer Services at 406-345-3304. Please mail or fax form to: Glendive Medical Center, Volunteer Services, 202 Prospect Dr, Glendive, MT 59330*



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Cheerfulness	_____	_____	_____	_____
Helpfulness	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Can Follow Instructions	_____	_____	_____	_____
Works unsupervised	_____	_____	_____	_____
Rapport with Adults	_____	_____	_____	_____
Daily Attendance	_____	_____	_____	_____
Is this student often tardy? (Circle one)	Yes	No		
s this student often ill? (Circle one)	Yes	No		

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

\_\_\_\_\_  
\_\_\_\_\_

**Adult/Teacher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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