



Form with fields for LAST NAME, FIRST NAME, MIDDLE NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, PHYSICAL ADDRESS, BIRTHDATE, HOME PHONE, CELL PHONE, E-MAIL, PARENT OR LEGAL GUARDIAN'S NAME, OCCUPATION, WORK PHONE NUMBER.

WHY DO YOU WANT TO VOLUNTEER? _____

LIST OTHER VOLUNTEER EXPERIENCE _____

I WOULD LIKE TO VOLUNTEER AT :
MARTHA'S VINEYARD HOSPITAL (MVH) ___ WINDEMERE NURSING & REHABILITATION CENTER (WNR) ___ BOTH ___

WHAT GRADE ARE YOU IN? _____ HOBBIES, SKILLS, SPECIAL INTERESTS _____

JUNIOR VOLUNTEER SIGNATURE _____ DATE _____

PLEASE HAVE YOUR PARENT OR LEGAL GUARDIAN COMPLETE THE FOLLOWING:

I give my consent to have my child volunteer at MVH/ WNR. Yes No

If your child takes medication or has any chronic medical problems please explain:

Family Doctor's Name: _____ Telephone _____

I authorize the staff of MVH to administer blood work (Quantiferon test) to my son/daughter to test for tuberculosis (TB) infection? Yes No

The hospital offers flu vaccinations for all employees/volunteers. Does MVH have your permission to vaccinate your child with flu vaccine? Yes No

The hospital requires that all volunteers provide documentation for the Measles, Mumps, Rubella (MMR), Chickenpox (varicella), tetanus-diphtheria-pertussis (Tdap) and hepatitis B vaccines. Please provide a copy of your child's immunization record.

EMERGENCY CONTACT INFORMATION IF PARENT/LEGAL GUARDIAN IS NOT AVAILABLE

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

DAY PHONE _____ CELL PHONE _____ WORK PHONE _____

PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____