



Volunteer Services

Dear Volunteer Applicant,

Thank you for your interest in our Summer Junior Volunteer Program here at Lexington Medical Center. We are delighted that you are considering us as a place to volunteer your time for our patients, visitors and employees. We have an application process that is outlined below:

1. You must be at least 14 years of age.
2. Complete Application (submit paper copy)
3. Attend Orientation on Thursday, May 23rd from 4-6:30pm (Invitation to attend the mandatory orientation will be emailed)
4. Submit a copy of your immunization records and complete free health assessment with Employee Health (by appointment only)
5. The duration of the program is June 10th – August 2nd
 - a. Volunteers are expected to come the same day and time each week for a 4 hour shift.

More information about step 4 will be provided in your invitation to orientation. If you have any further questions, please do not hesitate to call 803-791-2573.

Thank you.

Volunteer Services



LEXINGTON MEDICAL CENTER

Volunteer Services

Please complete this application if you are interested in becoming a Lexington Medical Center volunteer.

Lexington Medical Center is an equal opportunity employer and pledges to provide equal opportunities without regard to race, color, religion, age, sex, national origin, disability or veteran's status. Lexington Medical Center provides a smoke-free work environment.

2720 Sunset Blvd.
West Columbia, SC 29169
803.791.2573

Applicant must be 14 years of age or older.

Summer Junior Volunteer Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Do you have a parent who is currently employed by Lexington Medical Center?

Yes _____ **No** _____

Availability:
Morning: _____ Afternoon: _____

Please list any special skills, hobbies, and/or interests.

Why do you want to volunteer?

Education

School that you are currently attending: _____

From: _____ To: _____

Previous Employment and/or Volunteer Experience

Please list any professional and/or volunteer experience: _____

References

Please list one teacher's reference.

Full Name: _____

Email: _____

Disclaimer and Signature

I certify that the information I have given on this application is true and complete and agree that any false information including that given at the time of physical examination is cause for dismissal. The company, schools and person named above may give information regarding me and I release them from all liability for doing so. I understand that any offer by the Volunteer Services Department is conditional on satisfactory replies from references, background check, health reference and physical examination, which includes blood and/or urine tests to detect the presence of illegal drugs or alcohol. This is not a contract for the Volunteer Services Department and Lexington Medical Center has the right to separate you from the volunteer program at any time as you have the right to leave at any time. If qualified for volunteer service, I agree to abide by the rules and regulations of Lexington Medical Center, the policies and procedures of the Volunteer Services Department and the department to which I am assigned. I will respect the confidentiality of patient information and abide by all HIPAA guidelines.

As the responsible party of _____, I understand that he/she will be expected to abide by the dress code and any other hospital/volunteer policy as part of his/her participation in the program.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

The Summer Junior Volunteer Program is 8 weeks in duration. It is expected that the student volunteers for 1 shift per week for 3-4 hours.

_____ Parent/Legal Guardian Initials _____ Applicant's Initials