



Volunteer Services Department  
**YEAR ROUND JUNIOR VOLUNTEER PROGRAM  
APPLICATION**

2720 Sunset Blvd. West Columbia, SC 29169  
803-791-2573

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.

Date \_\_\_\_\_

**SECTION I: GENERAL INFORMATION (Must be at least 16)**

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Name you prefer to be called \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

Present Address \_\_\_\_\_  
Number Street

City State Zip

In Case of Emergency Notify

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Volunteer Position Preference \_\_\_\_\_

Availability: Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Weekend \_\_\_\_

Please list any extracurricular activities, hobbies, skills, and/or interest \_\_\_\_\_

**SECTION II: EDUCATION**

Name of School \_\_\_\_\_

Dates Attended \_\_\_\_\_

Grade (Currently attending or Just Finished) \_\_\_\_\_

**TEACHER'S REFERENCE**

Name (Please Print) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE**

Please list any volunteer experience \_\_\_\_\_  
\_\_\_\_\_

Please list reasons for wanting to volunteer: \_\_\_\_\_  
\_\_\_\_\_

**SECTION III: AGREEMENT AND UNDERSTANDING**

**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, health reference and physical examination, which includes blood tests. 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, that policies and procedures of the Volunteer Service Department and the department to which I am assigned. I will respect the confidentiality of patient information and abide to 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 Teen Applicant

\_\_\_\_\_  
Date