



Blount VolunTEENS Application

APPLICATION DEADLINE: April 14, 2025

Date: _____

Personal Information:

Last Name: _____ MI: _____ First Name: _____

DOB (Mo/Day/Yr): _____ Home Phone: _____

Student Cell: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Phone (Home): _____ (Cell): _____ (Work): _____

School: _____ Grade: _____

Community/School Affiliations:

School/Church/Community Activities:

Other:

How did you hear about the VolunTEEN Program?

Please complete the following sentence. "I would like to become a Junior Volunteer because"

Letter of recommendation:

Submit a letter of recommendation with your application. Applications without a recommendation letter will not be considered. Examples: teacher, school administrator, minister, coach, etc. Recommendations from family members will not be accepted.

Junior Volunteer Commitment:

Check acceptance of your commitment. If accepted as a Junior Volunteer, I will:

- consider all information which I hear directly or indirectly concerning patients or their families, hospital staff, physicians, or other volunteers as strictly confidential.
- follow rules of the hospital and Volunteer Services.
- carry out my assigned duties in a professional manner to the best of my ability.
- wear my volunteer uniform and nametag when on assigned duty.
- contact the Volunteer Services Department and my supervisor when I cannot fulfill my commitment.

Applicant Signature: _____ Date: _____

Parental Permission: In signing the application, I give permission for my son/daughter/ward to become a member of the Blount Memorial Hospital VolunTEEN Program and to participate in all phases of the program. I understand the hospital is NOT liable for any action of a VolunTEEN when not on assigned duty. I will read the rules and regulations of the Junior Auxiliary and will encourage their compliance. I understand that any photos of my child will be used for promotional or recognition purposes only.

As a minor, your son/daughter/ward may not legally give consent for his/her treatment in the event of his/her illness or injury while working as a volunteer on the premises of Blount Memorial Hospital; therefore, to ensure his/her treatment should any emergency arise, your consent must be given. Blount Memorial Hospital will attempt to contact you prior to treatment; however, the Hospital will not delay obtaining appropriate medical treatment in the event you are not immediately available.

Parent/Guardian Signature: _____ Date: _____

Physician: _____ Phone: _____

Application, letters of recommendation along with schedules must be delivered to Volunteer Services on S-level of the hospital, emailed to barbara.jenkins@bmnet.com or mailed to:

Volunteer Services

Attn: Barbara Jenkins, Director
907 E. Lamar Alexander Pkwy
Maryville, TN 37804



VolunTEENS Program Schedule/Information

Name: Phone: Grade for School Year 2024/2025:

VolunTEENS will be scheduled based on availability and department request. They usually work in 4- or 8-hour shifts depending on their transportation.

What days are you available? Check all that apply:

	Morning	Afternoon
Any day:	<input type="checkbox"/>	<input type="checkbox"/>
Monday:	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday:	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday:	<input type="checkbox"/>	<input type="checkbox"/>
Thursday:	<input type="checkbox"/>	<input type="checkbox"/>
Friday:	<input type="checkbox"/>	<input type="checkbox"/>

If available only certain dates, please list those here.

Do you rely on others for transportation? YES NO

Do you have a license and can drive yourself? YES NO

Will someone drive you and pick you up for each shift? YES NO

Identify areas of interest:

Nursing Non-Nursing Other (specify field of study):

Off Site Areas: Wellness Center Rehabilitation Facilities

Do you have an employee at BMH you would prefer to work with? YES NO

Name:

Department:

Shift: