



## VOLUNTEER STUDENT APPLICATION

From \_\_\_\_\_ Date \_\_\_\_\_  
(name of college or high school)

NAME: \_\_\_\_\_ pronouns: \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ PHONE: (c) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

PHONE: (h) \_\_\_\_\_ (c) \_\_\_\_\_

**Please note:**

**Volunteers are required to have the following:**

- Proof of COVID vaccination – completed initial series (Pfizer 2 doses, Moderna 2 doses, Johnson & Johnson 1 dose)
- Proof of Flu Vaccine (annually) – free at PMC (or sign waiver and masking required)
- TB blood test (for Tuberculosis) – free at PMC lab (with provided form)

**Volunteers must consent to allowing Porter Medical Center to conduct criminal background checks**

**Volunteers are required to review an online Volunteer Orientation which will be emailed to you once the above are received**

What type of volunteer work are you interested in doing here? \_\_\_\_\_

\_\_\_\_\_

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

Please tell us about any previous volunteer work you have done: \_\_\_\_\_  
\_\_\_\_\_

Please tell us about your interests/skills/hobbies/talents: \_\_\_\_\_  
\_\_\_\_\_

What days and times are you available to volunteer? \_\_\_\_\_

*The Volunteer Service Department is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to race, color, national origin, disability or age.*

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

*I hereby affirm that the information provided on this application is true and complete.*

**Your signature indicates your consent for Porter Medical Center to conduct criminal background and adult protective services checks.**

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