



YOUTH VOLUNTEER PROGRAM APPLICATION

Applicant Information

Name: _____ Age: _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET CITY/STATE ZIP

Home Phone: _____ Cell Phone: _____

Email Address: _____

Work and Education Information

Employer: _____ Job Title: _____

Work Address: _____
STREET CITY/STATE ZIP

Work Phone: _____ Supervisor's Name: _____

Are you a student? Yes No.

If yes, please answer the following:

Name of School: _____ Current Level: _____

Highest Level of Education Achieved: _____

Applicant Initials: _____
Parent/Guardian Initials: _____

Short Answer Questions

Please answer the following questions in 100 words or less for each question. You may attach a separate sheet with your answers to this application.

1. Why are you interested in joining the EPH Youth Volunteer Program?

2. What do you hope to learn from this experience?

Applicant Initials: _____
Parent/Guardian Initials: _____

3. Why do you believe community service/volunteer work is important?

Applicant Initials: _____
Parent/Guardian Initials: _____

Availability

El Paso Health is looking for volunteers to help staff its charitable, education, and other community services it provides for persons in El Paso County. Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References and Emergency Contact

Please list two adult references, only one of which may be a family member.

Reference 1

Name: _____ Relationship to Applicant: _____

Address: _____ Phone: _____

Email: _____

Reference 2

Name: _____ Relationship to Applicant: _____

Address: _____ Phone: _____

Email: _____

Emergency Contact

Name: _____ Relationship to Applicant: _____

Address: _____ Phone: _____

Email: _____

Applicant Initials: _____
Parent/Guardian Initials: _____

Adherence to El Paso Health Policy/Procedure/Rules

If selected as a Volunteer for El Paso Health, I affirm and agree to the following:

1. Being a El Paso Health volunteer carries the responsibility of being loyal to El Paso Health. I understand that El Paso Health affairs are strictly confidential and I am subjected to the same code of ethics which governs El Paso Health staff. I am expected to comply with the policies and procedures of the EPH.
2. My services are donated to El Paso Health without contemplation of compensation or future employment. I also understand that solicitation for employment while serving as a volunteer is against the health plan. My services are given with humanitarian, religious, or charitable reasons.
3. I will honor my commitment as an El Paso Health volunteer and demonstrate dependability by showing up for my assigned and accepted volunteer times. If I am not able to report at my scheduled time, I will call the department to which I am assigned as far in advance as possible.
4. I must attend an orientation before beginning my volunteer service.
5. I will abide by the dress code while volunteering. The Supervisor of the Volunteer Pool will provide dress code information during the orientation.
6. I shall not sell or attempt to sell goods or service, request contributions or solicit person to sign or distribute literature of any kind on El Paso Health premises unless I receive the express authorization of the Supervisor of Volunteer Pool to engage in these activities.
7. I, or my parent or guardian, has signed the waiver of liability.
8. I understand that El Paso Health reserves the right to terminate my volunteer status as a result of: failure to comply with the policies and procedures and rules; absence without prior notification; unsatisfactory attitude, work or appearance; or any other circumstances which, in the judgment of El Paso Health, would make my continued service as a volunteer contrary to the best interest of El Paso Health.

I have read the above requirements, I will abide by them.

SIGNATURE PAGE FOLLOWS

Applicant Initials: _____
Parent/Guardian Initials: _____

EL PASO HEALTH IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED.

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.

By signing below, you are requesting to be accepted as a volunteer for El Paso Health and agree to adhere to all requirements within and referenced in this application and agree that all the information provided by you is true and correct.

Applicants Name (Print): _____

Applicant's Signature: _____

Date: _____

If Applicant is a minor, I, the parent or guardian for Applicant, give permission for my son/daughter to submit this application and participate, if selected, in El Paso Health's Volunteer Pool.

Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Applicant Initials: _____
Parent/Guardian Initials: _____

Waiver/Release

In consideration of my participation or the participation of my child in the **El Paso Health Volunteer Program** on El Paso Health property and/or other location(s), I hereby, for myself, heirs, executives and administrators, waive and release all claims and causes of action I have against the **EL PASO COUNTY HOSPITAL DISTRICT, D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO**, its affiliate(s), **EL PASO HEALTH**, and any other sponsor or provider of the activity, their officers, directors, employees, agents, and volunteers (hereinafter "Releasees") from any and all liability to me, my child, my personal representatives, heirs or assigns, for any and all loss or damage on account of any injury to my person, my child/children or property or resulting in my death or death of my child/children arising out of or related in any way to my participation or my child's/children's participation in the activity.

I expressly release Releasees from any injuries and/or damages that I or my child may suffer as a participant in the **El Paso Health Volunteer Program**, whether caused by active or passive, ordinary or gross negligence.

I further agree to indemnify and hold harmless Releasees from any and all claims, demands or liability in breach or violation of the terms of the Release.

I certify I and/or my child/children am/are physically able to participate in the event.

I grant permission to Releasees to use my name, likeness in any photographic, videographic, electronic, or other record of the **El Paso Health Volunteer Program**.

This Release is intended to be as broad and inclusive as permitted under Texas or federal law. If any portion or provision of this Release is held to be invalid, I agree that the balance of the Release shall continue in full force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THIS IS A RELEASE OF LIABILITY AND I KNOW THAT MY SIGNING THIS MAY AFFECT MY LEGAL RIGHTS.

I HAVE SIGNED THIS RELEASE OF MY OWN FREE WILL.

I AM AT LEAST 18 YEARS OF AGE. (If not 18 years old, please have adult representative complete form)

I HAVE PERSONAL KNOWLEDGE OF THE FACTS STATED HEREIN AND I REPRESENT THAT THEY ARE TRUE AND CORRECT.

Signature of Participant

Date

Participant Residence Address

City State Zip Code

Printed Name of Participant

Date of Birth

In case of **Emergency**,
please contact: _____

Printed Name

Telephone Number

IF NOT AT LEAST 18 YEARS OF AGE, ADULT REPRESENTATIVE MUST SIGN AND COMPLETE:

Legally Responsible Adult Person (Parent, Guardian, Relative)

Date

Residence Address of Legally Responsible Person, if different from Participant

City State Zip Code

Relationship of Participant's representative to Participant

Printed name

Printed Name

Telephone Number