

**Lakes Regional Healthcare  
Summer 2021 Junior Volunteer Program Application**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
School currently attending, or planning to attend in Fall 2021: \_\_\_\_\_  
Current GPA: \_\_\_\_\_ Grade level just completed: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_  
*High School* *College*

Please list any relatives employed by Lakes Regional Healthcare or Avera-affiliated organizations (please list names, relationship to you, departments in which they work): \_\_\_\_\_  
\_\_\_\_\_

Please list any previous volunteer/work experiences you have had: \_\_\_\_\_  
\_\_\_\_\_

Hobbies, skills, personal interests: \_\_\_\_\_

School activities, clubs, organizations: \_\_\_\_\_  
\_\_\_\_\_

Volunteer Area(s) Selected:     ER         Family Medicine         Inpatient         Surgery

\* Please attach a written reference from your school guidance counselor/advisor or a teacher/professor.

**I agree that as a Junior Volunteer at Lakes Regional Healthcare, I will participate in the orientation session, the weekly required volunteer hours, the health screening, and other required activities. I agree to adhere to the policy of patient confidentiality. I further understand that failure to participate in these activities and/or abide by these policies could result in my dismissal from the Junior Volunteer program.**

As a hospital volunteer, I understand Lakes Regional Healthcare has the right to terminate any volunteer status as a result of (a) failure to comply with hospital policies, rules, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; or (d) any other circumstances which, in the judgment of Lakes Regional Healthcare Administration, would make my continued services as a volunteer contrary to the best interests of the organization. In addition:

- I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. Any falsification or significant omission of information may result in my rejection or dismissal from participation in volunteering at Lakes Regional Healthcare and affiliated clinics.

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

Printed Name: \_\_\_\_\_

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