



Cortland Regional
MEDICAL CENTER
TEEN-AGE VOLUNTEER PROGRAM
APPLICATION FORM

NAME _____ AGE _____ BIRTHDATE _____

PARENT'S NAMES _____ PHONE (H) _____
 (W) _____
 (cell) _____

ADDRESS _____

E-MAIL _____

SCHOOL _____ GRADE _____ YEAR OF GRADUATION _____

IN CASE OF EMERGENCY OR ILLNES, PLEASE CONTACT _____

ADDRESS _____ PHONE _____

WHY DO YOU DESIRE TO BECOME A MEMBER OF THE TEEN-AGE VOLUNTEER PROGRAM

TAV REQUIREMENTS

- 14 – 18 years of age
- Passing all classes
- Complete mandatory orientation
- Minimum commitment of 1 Saturday per month (3 hour shifts)
- Possession of NY state working papers
- Meet hospital health clearance guidelines

SIGNATURE _____ DATE _____

I hereby give permission for my (daughter, son) _____
 to become a member of the Teen-Age Volunteer Program. I understand that the work to be done at the
 Cortland Regional Medical Cent will include only non-professional duties in the following departments.

- | | | |
|------------------|----------------|-----------------------------|
| Clerical | Central Store | Nursing Floors |
| Gift Shop | Mail Room | Residential Care Facility |
| Coffee Shop | Pharmacy | Food & Nutritional Services |
| Physical therapy | Adult Day Care | |

SIGNATURE OF PARENT _____ DATE _____

GUIDANCE COUNSELOR'S RECOMMENDATION:

_____ has fulfilled the age requirement and has passing grades in all his/her school subjects.
 Therefore I recommend this teen-age student as a viable candidate for the Teen-Age Volunteer Program.

SIGNATURE OF GUIDANCE COUNSELOR _____ DATE _____

PLEASE RETURN THIS APPLICATION TO YOU GUIDANCE COUNSELOR OR TO:

CORTLAND REGIONAL MEDICAL CENTER
VOLUNTEER OFFICE
134 HOMER AVENUE
CORTLAND, N. Y. 13045
(607) 756-3555

