

2024 Student Healthcare Opportunity Program for Volunteers

(Age requirement: 16 years or older)

Name _____ Phone _____ cell or home
(Last) (First)
Address _____ City, State, Zip _____
Email _____ Name of School _____ Grade/Fall 2024 _____
Date of Birth _____ Parent/Guardian _____

Emergency Contact Name: _____ Relationship: _____
Phone Numbers: Home (____) _____ Work (____) _____ Cell (____) _____

Please list the day(s) of the week and times (beginning/end) that you are interested in volunteering.

Students are allowed more than one day a week but no more than three days per week. Time frames should be at least 2 hours in length and no longer than 4 hours.

	Mon	Tues	Wed	Thurs	Fri	Sat
Time Frame						

Please be sure to take all of the following into consideration when choosing your dates. Vacations, driver's ed, summer school classes, sports, employment times, doctor appointments, etc. When choosing please keep in mind that you need to complete six weeks of the seven-week program.

Please list some areas within the hospital that you are interested in volunteering. 1. _____ 2. _____ 3. _____ Please know that assignment to these departments/area may not be available.
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Personal References

(List a current teacher and non-family members)

Name	Relationship	Work/Home Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature of Applicant _____ Date _____

E-mail or Mail the application and consent form to:

Patty Keller pkeller@gshvin.org Amy Bruggeman abbruggeman@gshvin.org or Good Samaritan – Collaborative Interprofessional Education Department, 520 S. 7th St., Vincennes, IN 47591. Completed application packets need to be turned in by May 4, 2023.

GOOD SAMARITAN T-SHIRTS
Students will be provided with a Good Samaritan t-shirt. Please check what size t-shirt you need: ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

MANDATORY ORIENTATION
Please check as to which orientation you will be attending: ___ Monday, June 10 th 01:00 – 02:00 p.m.. ___ Tuesday, June 11 th 01:00– 02:00 p.m.