

## Youth Volunteer Application

**Application Date:** \_\_\_\_\_

### Personal Information

Name: Mr. or Miss (circle) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Education – Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Volunteer Interests and Opportunities

Previous volunteer experience: \_\_\_\_\_

Why would you like to volunteer for Samaritan Healthcare & Hospice: \_\_\_\_\_

Please indicate the type(s) of volunteer work that you are interested in:

- SamariTeens (ongoing - crafts, assisted living visits, support annual events, fundraisers, etc.)

Please choose your preferred location: Marlton Area Chapter \_\_\_\_\_ Gloucester County Chapter \_\_\_\_\_

- Thrift Store ~ 17+ years old (sort/tag merchandise, assist customers):

Please choose your preferred location: 33 Haddon Ave, Westmont \_\_\_\_\_ 20 S. Broadway, Pitman \_\_\_\_\_

- Greeter – Samaritan Center at Voorhees ~ 17+ years old – (additional training & medical clearance required)

- Independent Service Projects (crafts, projects, fundraisers, collection drives, etc.)

*Please complete reverse side*

### COMMUNICATION

We use the program/app **REMIND** to communicate. **Remind is Instant – Efficient – Safe – Free.**

- You **DO NOT** need the App! Receive announcements as texts, emails or on the web. It's free to use!
- User data is private! You cannot see one another's information. Remind does not rent or sell any user data.
- Instructions to sign up will be provided upon receipt of your application.

### VOLUNTEER DISCRIMINATION POLICY

Prospective volunteers will receive consideration without discrimination regardless of race, creed, national origin, religion, sexual preference, age, sex, or disability.

### CONSENT AND RELEASE

To photograph, interview, videotape, record and publish information, statement or images.

I authorize and permit representatives of Samaritan Hospice to photograph, videotape, record, conduct media interviews and/or publish my statements, images of myself, or my dependents who are named below.

I agree to the use and reproduction of pictures, statements and images of myself or my child for advertising, publicity, newspapers, television and/or radio broadcasts; books, brochure, magazines and newsletters; and videotapes or motion pictures as well as Samaritan's electronic communications or any other lawful purpose whatsoever in which I or my dependent may be included in whole or in part.

I hereby irrevocably release and forever discharge Samaritan Healthcare & Hospice, its trustees, employees, agents, successors and assigns, and representatives from any and all liability by the taking and/or publishing of any photograph, videotape, record, interview, statement or image of me or my dependent, as authorized in this consent form.

I warrant that I am of full age and have every right to contract in my own or my dependent's name and that I am full familiar with the contents of this authorization and consent.

By signing this authorization and consent form, I hereby waive any right to compensation for the stated uses and I acknowledge that I have read and understand the above and agree to the terms of this Consent and Release.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### CAREFULLY READ BEFORE SIGNING

By signing below, I certify that the information provided on this application is true and complete. I understand that any misstatement, falsified information, significant omission, or misrepresentation provided by me will make me ineligible for selection/retention as a volunteer of Samaritan Healthcare & Hospice.

I authorize Samaritan Healthcare & Hospice to investigate all statements and information contained in this application. I understand that it may be necessary to conduct a criminal history check, if applicable. I hereby release all employers, schools, or other persons from all liability in responding to inquiries in connection with my application.

I understand that, if selected as a volunteer of Samaritan Healthcare & Hospice, I will be required to abide by all the rules and regulations covering volunteers of Samaritan Healthcare & Hospice.

I certify that I have read, fully understand, and accept all the terms of the foregoing Application Statement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please Mail or Scan/Email To:**  
**Sharon Wenner, Samaritan Healthcare & Hospice**  
**5 Eves Drive, Suite 300, Marlton, NJ 08053**  
**Email: [swenner@samaritannj.org](mailto:swenner@samaritannj.org)**