



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

Dear Prospective Student Volunteer:

We're excited you have an interest in serving in a healthcare environment. At Columbus Regional Health you will encounter a highly skilled team of healthcare providers and see firsthand what skillsets are needed to pursue a career in a facility focused on healthcare. While serving alongside healthcare professionals and experiencing firsthand the rewards of a healthcare career, you will also discover a broad spectrum of career opportunities available in this region.

Please complete the application. It must be completed and signed by you **and** your parent or guardian. Both the completed application and availability form need to be returned to Columbus Regional Hospital Volunteer Services. You can e-mail it to [volunteerservices@crh.org](mailto:volunteerservices@crh.org) or mail it to 2400 E. 17<sup>th</sup> St., Columbus, IN 47201.

**Name:** \_\_\_\_\_  
First Middle Last

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Graduating Year:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
MM DD YYYY (Used for obtaining CRH Badge and background check)

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Pronouns:** She/Her He/Him They/Them She/They He/They  
(Please circle which best describes you)

**Language of Origin:** \_\_\_\_\_  
(Please list all spoken)

**Emergency Contact:**

**Guardian Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*I hereby apply as a Volunteer, providing service to Columbus Regional Hospital through the Volunteer Services Department. I understand and agree to comply with the requirements and regulations of the hospital. I understand I am responsible for my own transportation and that I am to be at the hospital only during scheduled service hours. I further understand the importance of this commitment and my adherence to my scheduled service hours.*

\_\_\_\_\_  
**Signature of Applicant**

2400 EAST 17<sup>TH</sup> STREET  
COLUMBUS, INDIANA 47201  
TELEPHONE 812-376-5305



VOLUNTEER SERVICES  
COLUMBUS REGIONAL HEALTH  
Student Volunteer Application  
**Availability Form - School Year**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Why do you want to volunteer for Columbus Regional Health?**

**Please describe any current or former volunteer work you have done:**

**Please share any extracurricular activities you participate in: (Sports, Employment, Clubs, etc.)**

Below, place a check mark (✓) in the appropriate box to indicate the current times and the days of the week you are currently available to volunteer. Take into consideration other time commitments, such as school, sports, religious commitments, work, and other activities. The maximum allowed student volunteer shifts per week are no more than 4 hours per day or 2 days per week during the school year. Schedules will be reassessed on a monthly basis to account for changing availability.

	MON	TUE	WED	THU	FRI	SAT	SUN
8:00 AM – 12:00 PM							
12:00 PM – 4:00 PM							
4:00 PM – 8:00 PM							

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VOLUNTEER SERVICES  
COLUMBUS REGIONAL HEALTH  
Student Volunteer Application  
**Parental Consent Form**

**We understand that the Purpose of the Volunteer Program is:**

- To provide additional volunteer support to Columbus Regional Health
- To provide teens with opportunities for community service, while developing professionally
- To provide teens an opportunity to become acquainted with careers in the healthcare industry

**We understand that our student must meet the following requirements to volunteer:**

- Written consent from a parent or guardian
- Complete required onboarding service area training in a timely manner
- Must be 16 years old by June 1st to serve as a volunteer in the hospital
- Commit to serving monthly (with exception of holidays, vacations, etc.)
- Maintain a "C" average or better academic standing, as evidenced by signature of your school counselor

**We understand that while our student is on site:**

- CRH will provide necessary support, training, and security but students will complete work independently and without direct supervision of all tasks.
- CRH reserves the right to restrict cell phone use if such use is considered inappropriate, is creating an unreasonable amount of noise, distraction, disruption or poses other issues in the environment of care or work environment.
- They will be punctual and conscientious in the fulfillment of all duties and graciously accept supervision from hospital staff, area chair, or Volunteer Services Department
- They will adhere to the CRH dress code and personal appearance policies
- They will document all hours served using the provided volunteer portal
- They will have reverence for their commitment to volunteer, and provide advanced notice where possible of school commitments, and vacations that may disrupt their volunteering.

**Background Check:**

We understand that for the safety and security of the Columbus Regional Health System, all volunteers may be subject to a background check. We give permission for \_\_\_\_\_ to have a background check completed by Columbus Regional Health. We understand that no background check will be completed until the volunteer completes their initial interview meeting with Volunteer Services.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

We give permission for \_\_\_\_\_ to participate in the Volunteer program by serving Columbus Regional Hospital as a Student Volunteer. We understand that our teen is responsible for his/her own transportation and should be at the hospital only during scheduled serve time. We further understand the importance of this commitment and that others will rely on his/her adherence to his/her service schedule.

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

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VOLUNTEER SERVICES  
COLUMBUS REGIONAL HEALTH  
Student Volunteer Application

### Student Guidance Counselor Evaluation Form

*The High School Guidance Counselor Evaluation Form is to be given to your guidance counselor for completion. Your Guidance Counselor must return this form to Volunteer Services prior to you completing the onboarding process. Applications will not be considered until the Guidance Counselor's evaluation is received.*

The following student is applying to participate in Columbus Regional Health's Volunteer Program. In order to determine whether this student is suited for volunteering, or where best to place him/her, we are requesting you complete and return this evaluation form. If you would prefer to have a form e-mailed, please contact Volunteer Services at [VolunteerServices@crh.org](mailto:VolunteerServices@crh.org). You may return your evaluation via e-mail or in the envelope provided.

**Student Info:** Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Please note, your evaluation will be kept confidential.*

	Good	Fair	Poor
<b>Maintains a grade of "C" average or above</b> Comments:			
<b>Attendance</b> Comments:			
<b>Disciplines</b> Comments:			
<b>Attitude</b> Comments:			
<b>Emotional Stability</b> Comments:			

I ☐ would ☐ would not recommend for the Volunteer Program.

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guidance Counselor Signature**

\_\_\_\_\_  
**Guidance Counselor Name Printed**

\_\_\_\_\_  
**E-Mail**

\_\_\_\_\_  
**Phone #**

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