



Athens-Limestone Hospital

700 West Market Street
Athens, AL 35611

Name _____ Date: _____

Street _____ City _____ Zip _____

Telephone _____ Email Address _____

Parent's Name _____

High School _____ Grade _____ Age _____

Birthdate _____ Year of graduation from High School _____

Grade Point Average _____ School Counselor _____

School Activities _____

Hobbies / Special Interests _____

PERSONAL REFERENCES:

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Family Physician _____ Street _____

City _____ State _____ Zip _____

I understand that before being accepted as a Junior Volunteer, I must have a personal interview and then must complete a training program. If selected, I promise to abide by the requirements and regulations that will be given to me in writing at that time.

Date _____

Signature _____

Parent's Agreement:

I hereby permit my son/daughter _____ to submit this application to join the Junior Volunteer program at Athens Limestone Hospital. If he/she is accepted, I will cooperate by providing transportation to and from the job. I also will help him/her to comply with the rules and regulations of the job.

Date _____

Signature _____



**P.O. BOX 999
ATHENS, AL 35611**

**CONSENT FOR MEMBERSHIP
AND
WAIVER FOR INJURIES**

I, The undersigned parent or legal guardian of

A minor, hereby give my consent for him/her to participate in the Junior Volunteer Program of the Athens Limestone Hospital Auxiliary. Furthermore, I do hereby release and forever discharge Athens Limestone Hospital and any and all employees thereof from all liability which he/she or his/her executors, administrators, or assigns may, or can have by reason of him/her contracting any communicable disease or diseases as a result of such volunteer activities, and/or personal injuries or property loss incurred during such activities.

Date _____

Signature of Volunteer

Signature of Witness
Guardian

Signature of Parent or Legal

Address of Witness
Guardian

Address of Parent or Legal



**P.O. BOX 999
ATHENS, AL 35611
PHONE: 233-9521**

Dear Doctor _____,

We have received an application for membership in the Athens Limestone Hospital Auxiliary Junior Volunteer Program from _____, who has given your name as a reference. Will you please indicate below any information you feel would be beneficial to us in evaluating this application. You may be assured your reply will be kept confidential.

Your assistance and cooperation in this matter will be greatly appreciated.

Sincerely,
Donna Ezell RN

256-233-9103

Donna Ezell
Junior Volunteer Chairman

Phone Number

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the above named physician to provide medical information and opinion to the Athens Limestone Hospital Auxiliary regarding my capabilities to perform in the capacity of a Junior Volunteer.

Date

Signature of Applicant

_____ In my opinion, the above referenced applicant is physically and emotional capable of performing in this capacity.

_____ I cannot recommend the above referenced applicant for membership in this program.

Comments: _____

Date:

Physician

