Application for
Student Volunteer Program at United Regional

Name: _____ Date: _____

Address: _____

City: _____ State: _____Zip: _____

Cell Phone:_____ Birthday: _____

Email:_____ Are you a licensed CNA or MA: _____

Shirt Size: S / M / L / XL / 2X **Scrub Pant Size**: XS / S / M / L / XL / 2X

This volunteer program runs from June 9 through August 1, 2025.

High School Classification – Fall 2025:
❑ Junior ❑ Senior
Name of High School: _____

Can you attend orientation on Thursday, June 5 from 9 a.m. to 1 p.m.
❑ Yes ❑ No

What activities are you committed to that would prevent you from volunteering weekly?

_____

_____

_____

Parents or Guardians (list both names): _____

Have you ever held a job? _____ If so, where? _____

Do you have a relative affiliated with United Regional? ❑ Yes ❑ No

Essay Questions:
Please take time to fully answer the following questions in your own words. Essay answers should be typed on an 8 ½ x 11 sheet of paper, not to exceed one sheet.

- Why do you want to volunteer?
- What do you hope to gain by volunteering with United Regional?
- How do you plan to fit volunteer service into your active summer schedule?

Please attach a wallet-size picture to aid us in learning our new volunteers & a copy of your grades.

REFERENCES:

Select your references with care. They should be adults who work with you and know you very well. References must be from one current teacher, one school counselor, and one community member. Please do not ask a neighbor, family friend, or relative to be a reference. When selecting a reference, make sure they are willing to be a reference for you. **References: (please print!)**

#1-- Name: _____

Phone: _____ Email: _____

#2-- Name: _____

Phone: _____ Email: _____

#3-- Name: _____

Phone: _____ Email: _____

To be signed by Applicant:

As a Student Volunteer, I must be prompt for duty and be courteous and considerate towards patients, visitors, and staff. If I am accepted as a Student Volunteer of United Regional, I agree to accept assignments cheerfully, perform work carefully, and abide by hospital rules and regulations.

Student Signature: _____ Date: _____

(must be actual signature)

To be signed by the Parent or Guardian of Applicant:

- I hereby request that my son/daughter _____be permitted to do volunteer work at United Regional. I understand their work will be supervised by staff and they will be expected to follow hospital rules and regulations.
- **A TB test is required and given before they can volunteer. Each year, the TB test will be administered.**
- I do___ do not_____ give my permission for my student's picture to be taken while volunteering at United Regional and used for the promotion of the program.
- In case of emergency, I hereby authorize the hospital to arrange for treatment for my child in the emergency room. I understand that I will be notified immediately if my child is receiving any medical treatment.

Signed: _____ Date: _____

(must be actual signature)

Student Volunteer Application Essay

Name: _____

Please provide us with a short essay answering these three questions: *Why do you want to volunteer? What do you hope to gain by volunteering with United Regional? How do you plan to fit volunteer service into your active summer schedule?*

Student Volunteer Application Checklist

Application Packet is due April 15, 2025

Before applying, please ensure that the following has been completed and/or attached to the application:

- The application is complete and **signed**
- Wallet-size photo
- Essay is complete
- Grades
- Reference forms – *3 references needed per student application*

Questions regarding the application can be directed to the Volunteer Office at United Regional by calling (940) 764-3044 or emailing kmaddin@unitedregional.org

Mail completed application to:
United Regional
Volunteer Services
1600 11th Street
Wichita Falls, Texas 76301

Drop off application to:
Volunteer Services Office
Located in Bridwell Tower at 1600 11th Street
Office is located just off the main lobby by the Gift Shop

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Student Volunteer at United Regional

Reference Questionnaire

Name of Applicant: _____

In what capacity have you known the applicant?_____
How long have you known them? _____

Do you think the applicant can refrain from discussing patients when they leave the hospital?

_____

Does the applicant conduct themselves maturely and exhibit self-discipline in most situations?

_____

Do you think the applicant follows directions and can take initiative?

_____

To your knowledge is the applicant tempted by or using drugs that may prevent them from volunteering?

_____

On a scale of 1(lowest) to 10 (highest), how would you rate the applicant's moral standards? _____
Why?

_____

_____

How does the applicant get along with their peers? _____

_____

Reference form continued

Check the qualities below which you believe best describe the applicant:

___Well-groomed	_____Honest	_____ Dedicated
___Courteous	_____Out-going	_____ Driven
___Reserved	_____Cooperative	_____ Flexible
___Dependable	_____Able to follow directions	_____ Orderly

Are there any other qualities that you believe describe the applicant? _____

_____

Please list three strengths and three weaknesses which would impact the applicant's ability to volunteer.

3 Strengths:

_____

_____

_____

3 Weaknesses:

_____

_____

_____

Remarks: (Please give us any information you think might be helpful to us in evaluating this applicant.)

_____

_____

Signature: _____ Phone: _____

(must be actual signature)

Address: _____

Reference Instructions

Complete Reference & return to student to place with their application packet.

You may also email to kmaddin@unitedregional.org - email must be in the form of a PDF to come through firewall.

If you have any questions, please call Kim Maddin at (940) 764-3044.

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