

2025 Volunteering Program
Application



Thank you for your interest in the Catawba Valley Health System Volunteering Program!
PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING!

- ◆ Print neatly in black ink and fully complete each area.
- ◆ Under phone number, please give the BEST number where YOU can be reached (preferably YOUR cell phone)
- ◆ Under email address, please give an address that you check FREQUENTLY...even during the summer.
- ◆ Submit completed application to your Guidance Counselor or Intern Coordinator. If you do not attend a public school, please submit your application to the address listed on the instruction sheet.

Personal Information			
Last Name	First Name	Middle Name	Date of Birth
Mailing Address		City, State, Zip Code	
Student's Email Address (one you check FREQUENTLY)		Name of High School You Currently (or will) Attend	
Home/Cell Phone Number	Current Grade Level	You will be 14 years old and a rising freshman by start date?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name	Phone Number	Email Address	Relationship to Student
Students are required to wear a polo uniform shirt that the hospital will provide - please circle your shirt size.		Were you a Volunteering in previous years?	
Youth: XL Adult: Sm Med Lrg XL XXL XXXL		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	

Areas of Interest			
Please indicate 5 areas where you would be interested in volunteering (<i>remember, placement in a preferred area is not guaranteed</i>). Please rank your desired choices from 1 to 5 (1 being your first choice, 5 being your last):			
CLINICAL Departments:			
Outpatient Rehab	Inpatient Rehab	Emergency Department	Occupational Health
Surgical Unit	Orthopedic Unit	Radiology	Clinical Technology
Stroke Unit	Day Surgery	CVMG Clinics	Admin. On Duty
Medical Unit	Pharmacy	PACU-Post Operative Care	Anesthesia
Nurse Mgmt	Other:		
*Nursery/PEDS, NICU, and Maternity Clinic are for returning Volunteers that are rising 10 th graders only. If you want one of these areas, you must choose it as <i>option 6</i> . There is no guarantee that you will be placed in this area.			
NON-CLINICAL Departments:			
Nutrition Services	Organizational Learning	Supply Chain	Volunteer Services
Information Systems	Marketing	Fitness Center	Human Resources
Other:			

Are you related to any CVHS employees? If so, list their name(s) and department(s):	
Name	Department
1.	
2.	

Essay

Please attach a TYPED essay (at least 150 words) on why you want to be a Volunteer at Catawba Valley Health System. Include something personal...this is often how we get our first impression of you. Tell us something unique and interesting; whatever makes you stand out!

Applicant & Parent/Legal Guardian Release		
<p>I certify that all answers and statements in this application are true and complete. I understand that any falsification, omission or misrepresentation of facts in this application or during the pre-approval process and/or physical examination or any other aspect of the approval process may be grounds for rejection of my application.</p> <p>I authorize CVHS to make any inquiry or investigation deemed necessary to consider my application. This may include contacting former teachers. I authorize former teachers and schools to release information to CVHS upon request regarding my academic records, attendance, personal evaluations or other related information. I release from liability and/or damages all parties which may give information regarding my application.</p> <p>Opportunities for Volunteers are provided without regard to race, gender, religion, age, national origin, sexual orientation or disability.</p> <p>I have read, understand and certify that all information is correct and true and that I agree with the above statements in their entirety.</p>		
Print Applicant Name	Applicant Signature	Date
<p>As the parent/legal guardian of this applicant, in addition to the above statement, I further certify that this minor has not been charged with any offense involving mistreatment, violence, nor any other act that might be relevant to the role that the volunteer is expected to fill while at CVHS.</p>		
Print Parent/Legal Guardian Name	Parent/Guardian Signature	Date

Guidance Counselor/Intern Coordinator Approval		
<p>I have reviewed this student's application, teacher references and school records and believe them to meet the requirements to participate in the CVHS Volunteer Program.</p>		
Print Guidance Counselor/Intern Coordinator Name	Guidance Counselor/Intern Coordinator Signature	Date