

Dear Prospective JPS Student Volunteer,

On behalf of the entire JPS Health Network, thank you for your interest in the volunteer program. One of the most important elements in providing high-quality healthcare is **human interaction** - a kind word, a comforting touch, a cheerful guide to a hard-to-find department in the hospital. These are some of the ways our volunteers help us extend our reach to the people we care for and serve: our patients and their families.

Please complete this student application if you are at least **17 years old or a senior in high school**. Provide complete information on all questions. This will speed the application process and help you decide more quickly if this is the right volunteer opportunity for you. After you have completed and returned the enclosed materials, we will contact you to schedule an interview. At the interview, we'll review opportunities, expectations and volunteer options that may best fit your unique goals and skills. Please bring your schedule or personal calendar to your interview – we will be discussing orientation dates and additional steps in our process. Specifics such as uniforms, parking and medical requirements will also be part of your interview discussion.

Ensure you have a parent's or guardian's signature on the second page of the application. Also, provide the complete mailing and email address for each reference letter.

Our goal is to find volunteers who complement the important work of JPS Health Network while providing a positive experience for volunteers and our staff as we continue to serve our patients with excellence. Tarrant County is a compassionate community and JPS is an important partner in sustaining that reputation. Our volunteers bring their time, talents and their hearts with them. We look forward to learning more about you and helping you decide if JPS is the service opportunity for you!

Sincerely,  
**Kim Pinter**  
Manager, Volunteer Services

# Senior Teen Application



**Mail completed applications to:** JPS Volunteer Services, 1500 S. Main, Fort Worth, TX 76104  
**Or email to:** [summerapps@jpshealth.org](mailto:summerapps@jpshealth.org)

Name \_\_\_\_\_ Male Female  
*First M.I. Last Nickname*

Home Address \_\_\_\_\_  
*No. and Street City & State ZIP Code*

Date of Birth \_\_\_\_\_

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

Can you receive text messages? Yes No

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

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Daytime Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Emergency Contact relationship to you \_\_\_\_\_

Can this person authorize consent to emergency treatment? Yes No

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Do you have any relatives who work for JPS Health Network? Yes No

If yes, please list their names and departments \_\_\_\_\_

How did you learn about the JPS Volunteer program? \_\_\_\_\_

Are you seeking volunteer service hours for a school requirement or resume? Yes No

If yes, please list the school, organization or agency.

\_\_\_\_\_ Required number of hours \_\_\_\_\_

Have you ever been convicted of a crime or received deferred adjudication (other than a traffic violation)? Yes No

If yes, please state offense, date and location (*a conviction record will not necessarily be cause for disqualification*):

Date of last TB screening (if known) \_\_\_\_\_

## AVAILABILITY - When are you available for volunteering? (Check all that apply)

Mornings      Afternoons      Evenings      Weekends      Holiday Breaks  
Other (specify):

## PERSONAL REFERENCES - Required

Volunteers are required to provide two people (not immediate family members) as personal references. Follow the instructions below to submit your personal references:

1. Download the [Volunteer Reference Letter form](#) (also found on our website) and send it to your two references.
2. Have them return the completed form by emailing it to [volunteers@jpshealth.org](mailto:volunteers@jpshealth.org).

**You are responsible for making sure your references submit the required paperwork. Failure to do so will result in your application not getting processed and you will not be eligible for interviewing. We reserve the right to contact your references regarding the information provided in their letters.**

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Reference 1 Name

Email

Phone Number

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Reference 2 Name

Email

Phone Number

## VOLUNTEER AGREEMENT - Read the following carefully before signing.

I understand that I am applying to be a volunteer, not a paid employee, at JPS Health Network. I understand that I am solely to perform tasks assigned specifically to me. I will wear the required volunteer uniform and JPS identification badge. I authorize the Volunteer Services Department to contact my personal references and previous volunteer agencies before I begin volunteering. I understand the importance of Tuberculosis Screening and agree to have a TB test (administered by JPS at no cost to volunteers) before I begin my volunteer commitment, and one annually thereafter. I understand that the first three volunteer service days will be considered a probationary period. I will adhere to JPS Health Network and JPS Volunteer Services Department policies and procedures. I agree to accept full responsibility and to hold harmless JPS Health Network, its employees, directors, officers, trustees or agents from any and all claims and damages that may arise from my participation in the volunteer program. I understand that JPS Health Network may terminate my volunteer services for any reason at any time.

**My typed name below shall have the same force and effect as my written signature.**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT AGREEMENT

I, \_\_\_\_\_, parent or guardian of the volunteer applicant, \_\_\_\_\_, have read the requirements for application consideration and the dates for all required mandatory events, including the interview, orientation, and the summer program. I hereby acknowledge the dates and agree to adhere to the requirements. I understand that my child will not be accepted into the program if they cannot meet the application deadline or attend the interview or orientation events. I understand that my child will be removed from the program if they miss more than one day of the Summer VolunTeen program.

**My typed name below shall have the same force and effect as my written signature.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

JPS requires the submission and completion of required paperwork prior to starting with JPS Health Network. All volunteers are required to wear a JPS Photo ID Badge at all times while on the premises. The badge will be issued upon receipt of the required documents and completion of all onboarding requirements, background check, and occupational health screening including a TB skin test and flu shot during flu season.

The JPS Photo ID Badge must be surrendered upon completion of a volunteer's service and/or upon request of JPS.

**This on-boarding packet must be fully complete, signed and processed by Human Resources prior to the start of assignment with JPS Health Network.**

## PERSONAL INFORMATION

Name \_\_\_\_\_  
*First M.I. Last Nickname*

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male Female Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email address \_\_\_\_\_

Home Address \_\_\_\_\_  
*No. and Street City & State ZIP Code*

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

**EMERGENCY CONTACT** \_\_\_\_\_  
*Name Phone*

Relation to you \_\_\_\_\_

## BELOW FOR OFFICE USE ONLY

## VOLUNTEER INFORMATION

Job Title: **VOLUNTEER** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Sponsoring JPS Department: **VOLUNTEER SERVICES** Job/Department Code: **5374867101**

Identification Number: \_\_\_\_\_

JPS Contact Person: Pat Garcia [pgarcio2@jpshealth.org](mailto:pgarcio2@jpshealth.org) 817-702-3588

\*If profile is not submitted by the JPS Contact Person, he/she will be contacted via phone/fax to confirm sponsorship of this contractor.