

STUDENT VOLUNTEER PROGRAM - 2017

Please use **BLACK/BLUE INK** to complete your application, no pencils.
Write clearly as illegible and incomplete applications will not be considered.
A copy of your cumulative high school grades must be attached.

Application Deadline - March 31, 2017

References must be completed and placed in a sealed envelope with the references' signature across the back flap.

Name _____ Date of Birth _____

Mailing Address _____ City _____ State ____ Zip _____

Home Phone # _____ Cell Phone # _____ E-mail address _____

School _____ Present Grade _____

Polo Shirt Size: Small Medium Large X-Large 2X 3X Other _____

Check which session you are applying for:

Session 1

Session 2

May 31 - June 16

June 19 - July 7

Orientation - May 24th

Orientation - June 12th

In at least 100 words, please tell us what your motivation is in applying to become a NMMC Student volunteer? *(required)* _____

(use extra paper if needed)

When would you be available to volunteer? *(If you will be unavailable for more than one week, please do not apply.)*

Will it be possible for you to be dismissed during school hours for your initial interview? Yes No

Please choose any of the areas that interest you:

- Cancer Center Nursing Healthworks! Clerical/Office Information Desk
- Rehab Short Stay Surgery *(early a.m. only)* Digestive Health/Surgery Center *(early a.m. only)*
- Wellness Center (Tupelo, Baldwyn, Pontotoc) Clinics Heart Institute Baldwyn Nursing Home
- Employee Health Other _____

*Note NMMC NICU and Nursery are currently not available for volunteer opportunities.



**NORTH MISSISSIPPI
MEDICAL CENTER**
VOLUNTEER SERVICES



Please share your career goals: _____

What qualities, traits and skills can you bring to this program? How can you contribute? In at least 100 words (required):

Tell us about other community service (volunteering) in which you have been involved?

Do you have reliable transportation for the interview and also to **volunteer two, four hour shifts per week** - Monday - Friday? (use extra paper if needed)

- Yes
- No

References must be completed and placed in a sealed envelope with the references signature across the back flap.

A confidential reference form for each reference is supplied. I hereby release all references from all liability for issuing information regarding this applicant. I understand that by submitting this application I am not guaranteed acceptance into NMMC’s Student Volunteer Program.

I acknowledge that participation in this program will depend on availability and the need for volunteers. I understand that if selected, I will submit my immunization record, and a TB Skin Test will be administered. Candidates will be selected based on application, interview and availability.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

If you have any questions, please call 662-377-3131.

Remember to attach your cumulative (all high school years) high school grade report.

Application Deadline March 31, 2017.

PLEASE MAIL YOUR APPLICATION TO:

**North Mississippi Medical Center
Volunteer Services Department
830 South Gloster St.
Tupelo, Mississippi 38801**

Must be postmarked no later than March 31st.