



LAC+USC MEDICAL CENTER
VOLUNTEER SERVICES

2051 MARENGO ST., BUILDING H ROOM 1K311 LOS ANGELES, CA 90033 (323) 409-6945



Junior Volunteer Minimum Requirements

- Completed application (with parental consent)
- Must have completed, or currently be in the process of completing, sophomore year (10th grade) at the time of filing
- Students must be currently enrolled in school, and attach the following documents to the application:
 - 1) Unofficial Transcripts (minimum 2.75 GPA Weighted)
 - 2) Current Progress Report (minimum 2.75 GPA Weighted)
 - 3) Letter of recommendation (Non-related, 1 minimum)
- Must be able to successfully complete a background check (scheduled after interview)
- Must be able to successfully complete health clearance (scheduled after interview)
- Must be willing to dedicate a minimum of 200 hours (4 hours per-week minimum)
- Applicants are highly encouraged to include any additional documents that may strengthen application (i.e. resume, Certifications, Awards/Honors, etc.)

Please submit application and attachments via email to
volunteerservices@dhs.lacounty.gov

Office Hours

Monday – Friday:	8:00 AM – 5:30 PM
Saturday:	8:00 AM – 3:30 PM

Please complete and email to: volunteerservices@dhs.lacounty.gov

LAC+USC MEDICAL CENTER | VOLUNTEER SERVICES | 2051 Marengo St. IPT 1K-311 - LOS ANGELES, CA 90033 | (323) 409-6945

OFFICE USE ONLY

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JUNIOR VOLUNTEER APPLICATION (PLEASE TYPE or PRINT IN BLACK ORBLUE INK)

DATE:

1. LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY #		GENDER F M	DATE OF BIRTH
2. HOME ADDRESS	(BDG / APT / UNIT / RM)	CITY	STATE	ZIP		
3. HOME PHONE #	CELL PHONE #	E-MAIL ADDRESS				
3. PARENT / GUARDIAN NAME	BUSINESS PHONE #	CELL PHONE #	E-MAIL ADDRESS			
4. MEDICAL INSURANCE PROVIDER / POLICY #			PRIMARY PHYSICIAN		PHONE #	
5. SCHOOL CURRENTLY ATTENDING	ADDRESS	GRADE	GPA	GRADUATION YEAR		
6. PREVIOUS VOLUNTEER EXPERIENCE	DUTIES		LENGTH OF TIME			
7. WHAT CAREER ARE YOU INTERESTED IN?			8. LIST ANY PERSONAL HOBBIES / SPORTS:			
9. WHY DO YOU WISH TO VOLUNTEER AT LAC+USC MEDICAL CENTER?			10. LIST ANY TECHNICAL AND/OR CREATIVE SKILLS / TALENTS YOU MAY HAVE:			
11. WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTER EXPERIENCE?			11. SCHOOL ACTIVITIES PRESENTLY INVOLVED WITH:			
13. WHERE DID YOU HEAR ABOUT THE LAC+USC VOLUNTEER PROGRAM (CHECK ALL THAT APPLY):			12. NAME OF FRIEND OR RELATIVE EMPLOYED OR VOLUNTEERING AT LAC+USC:			
LAC+USC WEBSITE SOCIAL MEDIA WEB SEARCH OTHER (PLEASE SPECIFY):						
14. PROPOSED SCHEDULE MUST BE A MINIMUM OF ONE 4 HOUR SHIFT OR TWO 2 HOUR SHIFTS PER WEEK. JUNIOR VOLUNTEERS MAY ONLY VOLUNTEER DURING OFFICE HOURS: MONDAY - FRIDAY, 7:30 AM - 6:00 PM AND SATURDAY, 7:30 AM - 4:00 PM						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	

As Junior Volunteer, I understand that:

- I am required to be a student and have completed, or currently be in the process of completing, sophomore year (10th grade) at the time of filing
- I have written consent from a parent or legal guardian
- I have provided a copy of my most recent report card or progress report with a minimum weighted GPA of 2.75
- I have had this application signed by my school counselor and included a recommendation letter
- I must follow medical center rules and regulations as specified on the Volunteer Agreements
- I will contact the Volunteer Office immediately prior to any need to be absent from my volunteer assignment
- My volunteer commitment will be for 200 hours minimum

APPLICANT SIGNATURE

DATE

PARENT / GUARDIAN AUTHORIZATION TO PARTICIPATE AND MEDICAL RELEASE

This authorizes _____ to participate in volunteer activities at the LAC+USC Medical Center directed by the Volunteer Services department. The LAC+USC Medical Center is released from any liability for any illness or injury to said minor while participating in such volunteer activities when it does not result from fault or neglect on the part of the medical center. I give permission for my child to have a semi-annual TB test or annual chest x-ray (if necessary), and blood test for rubella, measles, and chicken pox. I give permission for my child to have emergency treatment in the case of an accident or injury while on duty at the LAC+USC Medical Center.

PARENT / GUARDIAN NAME

SIGNATURE

RELATIONSHIP TO MINOR

DATE

FOR USE BY HIGH SCHOOL CAREER COUNSELOR ONLY

SCHOOL NAME

GPA
(2.75 MINIMUM NO F OR U
IN ANY CORE CLASSES)

PHONE NUMBER (+ EXT.)

COUNSELOR SIGNATURE

DATE

AUTORIZACIÓN DE LOS PADRES / TUTORES PARA PARTICIPAR Y DIVULGACION MÉDICA

Este documento autoriza a _____ a participar en actividades del departamento de voluntarios en el Centro Médico LAC+USC. El Centro Médico LAC+USC se libera de toda responsabilidad por enfermedades o lesiones causadas al menor, cuando no son resultados de una falla o negligencia de parte del centro médico. Doy mi permiso para que mi hijo/hija se someta a una prueba de tuberculosis o rayos x del pecho (si fuese necesario), y una prueba de sangre para detectar si tiene antiviruses de la rubéola, sarampión y varicela. Doy mi permiso/autorización para que le den tratamiento médico de emergencia en caso de accidentes o lesiones mientras este prestando servicios voluntarios en el Centro Médico LAC+USC.

NOMBRE DE PADRE / GUARDIÁN

FIRMA

RELACIÓN AL MENORES

FECHA

FOR OFFICE USE ONLY

DATE

BY

COMMENTS

RECEIVED / REVIEWED:

INTERVIEW:

ACCEPTED / PROGRAM:

SENT TO LSF / EHS:

ORIENTATION:

