



Texas
Orthopedic
Hospital

Partnered with
Fondren Orthopedic, Ltd.

Invested in your care.

JUNIOR VOLUNTEER APPLICATION

Texas Orthopedic Hospital
7401 S. Main
Houston, TX 77030

Date of Application: _____

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Sex: M _____ F _____ Date of Birth: _____

(*All junior volunteers must be 15 years of age prior to beginning)

IN THE EVENT OF AN EMERGENCY

Mother's Name: _____

Contact Phone: _____

Father's Name: _____

Contact Phone: _____

Physician's Name: _____

Contact Phone: _____

WORK EXPERIENCE

Have you ever served as a volunteer? Yes _____ No _____ If yes, when and where?

List any special skills/interests that you feel would benefit your volunteer experience:

Please explain why you would like to volunteer and what you hope to gain from your experience: _____

PREFERENCE FOR ASSIGNMENT

Please mark all that apply.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ 8:00 a.m. -12:00 noon

___ 11:30 a.m. to 3:30 p.m.

___ *Days and hours are flexible

Please rank your order of interest:

___ Lobby ___ Information Desks ___ Patient Visits

___ Dietary ___ Rehabilitation ___ Clerical

___ Surgery ___ Radiology ___ Pharmacy

___ Medical Records ___ International Relations

Magazine or Refreshment Cart _____

Other _____

Should you be selected to participate in the Junior Volunteer Program at Texas Orthopedic Hospital, you will be required to attend hospital orientation and have a current TB test or chest x-ray on file. Additionally, a background check is completed on all applicants and must be signed by a parent or legal guardian.

Do you have any health problems which might limit your ability to fulfill certain volunteer responsibilities? _____
