



**Deadline 5pm, May 4, 2026**  
**Incomplete applications will not be considered. PRINT CLEARLY**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

School Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Active HOSA Club Member: Yes \_\_\_ or No \_\_\_ Cumulative GPA: \_\_\_\_\_

How did you hear about the NAMC Teen Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

Have you previously applied? \_\_\_ No, this is my first year to apply. \_\_\_ Yes, I applied in (year) \_\_\_\_\_

Yes, I applied in (year) \_\_\_\_\_ and was assigned to (area) \_\_\_\_\_.

Parents/Guardian Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

List family members who work for NAMC:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Unit \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Unit \_\_\_\_\_

T-shirt adult size: \_\_\_\_\_

## Schedule Selection

Teen Volunteer Summer Session will run June 1 – July 10, 2026. Orientation is scheduled for May 28, 2026 12:00 pm – 3:00 pm.

I understand that Orientation is required and that my attendance is a condition for participation in the NAMC Teen Volunteer Program.

Consider vacation, school schedule and other commitments. Discuss with your parent/guardian as you will be making a commitment to this program.

Select the days you will be available to volunteer.

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

Select the shift schedule you will be available to volunteer.

8:00am – 12:00 pm \_\_\_\_\_  
12:00pm – 4:00 pm \_\_\_\_\_

Please select area of interest and note which is your first, second and third choice:

Administrative/Clerical \_\_\_\_\_ Surgery \_\_\_\_\_ Same Day Surgery \_\_\_\_\_ Radiology \_\_\_\_\_  
Women's & Children's \_\_\_\_\_ Cardiac Care \_\_\_\_\_ Post-Surgical \_\_\_\_\_ Adult Medicine \_\_\_\_\_

## Application Consent

I certify that the statements made in this application are true and complete to the best of my knowledge. I understand that my application will only be considered if ALL parts are completed and returned (including recommendation forms) by the deadline. I, the undersigned, acknowledge that by participating in the 2025 NAMC Teen Volunteer Program I am expected to serve each day of the assigned session.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Consent

I give my permission for the above-mentioned teen to participate in the NAMC Teen Volunteer Program. I consider my teenager mature enough to recognize the responsibilities associated with volunteering in a medical facility. I understand that my teen will be assigned to volunteer in a specific department for their chosen session and that fulfillment of their committed hours is important. I understand that I am responsible if my child breaches hospital regulations, including the laws of hospital confidentiality. I understand that dismissal from the Teen Volunteer Program may occur if my teen does not adhere to NAMC and/or Volunteer Services policies and procedures.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_