



LAC+USC MEDICAL CENTER • VOLUNTEER SERVICES

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

Information for Completing the LAPS Junior Volunteer Application

(Note: Application must be completed and submitted to LAPS by ALL applicants to the LAPS Summer Program at LAC + USC, even those that are CURRENTLY LAC + USC volunteers)

*Please note: A few sections of the application have already been filled in to comply with the LAPS Eve & Gene Black Summer Medical Career Program requirements.

- Application must be hand **signed in blue ink** by the applicant.
- Application must be hand **signed in blue ink** by parent or legal guardian.
- Application must be hand **signed in blue ink** by school counselor.
- Applicant must reside in Los Angeles County.
- Applicant must provide a social security number. (If selected, this number is needed for clearance process at LAC+USC. If not selected, all applicant information is shredded.)
- The requirement for a letter of recommendation, unofficial transcripts (min. 2.75 GPA weighted) and a current grade report will be fulfilled by submitting the required documents with your application for the LAPS Eve & Gene Black Summer Medical Career Program.
- The LAPS Eve & Gene Black Summer Medical Career Program is preapproved for 160 hours of volunteer service, so that the minimum commitment of 200 hours does not apply.
- Applicant, after selection by LAPS, will need to attend a mandatory 8 hour Saturday General Orientation and Department Specific Training.
- Applicant, after selection by LAPS, must be able to provide Parent consent for Live scan fingerprints- Parents must have a valid identification
- Applicant, after selection by LAPS, must be able to complete and clear the background check by the Department of Justice (DOJ) through the LAC+USC Medical Center Human Resources Department.
- Applicant, after selection by LAPS, must be able to clear Health Clearances from LAC+USC Medical Center – Employee Health Services or Submit Health Clearance information including TB test, immunizations.

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. PLEASE INDICATE WHICH AREA YOU WOULD LIKE TO VOLUNTEER IN (CHECK ONE ONLY):			12. NAME OF FRIEND OR RELATIVE EMPLOYED OR VOLUNTEERING AT LAC+USC:			
<input type="checkbox"/> CHILD CARE <input checked="" type="checkbox"/> PATIENT CARE UNITS <input type="checkbox"/> CLINICS <input type="checkbox"/> OFFICE CLERICAL <input type="checkbox"/> GUEST SERVICES						
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	
—————→		8:00 am to 5:00 pm -- Monday to Friday		←—————		

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 (with Gene Black program application)
- 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 NA-(with Gene Black program)

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 antivirius 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:
