



North Alabama

MEDICAL CENTER

2025 Teen Volunteer Program Application

Deadline 5pm, May 5, 2025

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 9th – July 18th. Orientation is scheduled for June 6th, 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 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 that 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 breeches 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 _____