



Carolinas Medical Center  
Lincoln

Carolinas HealthCare System

## Carolinas Medical Center – Lincoln Jr. Volunteer Application Form

Name \_\_\_\_\_  
(Last) (First) (Middle) (Preferred Name)

Home Address \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Junior Volunteers must be at least 14 years of age. Do you meet this requirement? \_\_\_\_\_

In Case of Emergency Notify:

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

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Previous Experience:

(a) Volunteer \_\_\_\_\_

(b) Other \_\_\_\_\_

Education (year and name of school) \_\_\_\_\_

Hobbies, Skills, Special Training \_\_\_\_\_

Community affiliations \_\_\_\_\_  
(Churches, clubs, etc.)

Days Preferred: \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri

Hours Preferred (Please Circle one): 8 – 12 or 12 – 4

Service area(s)/departments preferred: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

We will do our best to place you in one of the departments you are requesting. Areas junior volunteers will not be allowed to volunteer are: Surgery/OB.



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Please answer the following questions. If you need to additional space to answer these questions, you may write on the back of this page. A few things to remember:

1. write neatly
2. write in black or blue ink only
3. use correct grammar/check spelling

Why are you interested in the medical field?

What are your interests within the healthcare field?

What would you like to gain from the junior volunteer experience this summer?

\_\_\_\_\_(Initial) I certify that the information provided in this application is true and complete. I understand that any false information may disqualify me from this program. **This application will not be accepted without signatures.**

Jr. Volunteer Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

\* Return to: Caitlin Floyd, Outreach Coordinator  
Carolinan Medical Center - Lincoln  
P.O. Box 677  
Lincolnton, N.C. 28093