

## **VOLUNTEER REQUIREMENTS**

**Minimum Age:** 15 years

**Number of Hours Required:** Volunteers must arrange with their department supervisor as to the number of hours that will be required.

**Processing Required:** Prospective volunteers must complete a volunteer application which contains the names and telephone numbers of 2 personal references (non-relatives). High school students must submit a Parental Consent form, two School Recommendation forms, and an essay (if requested by the department supervisor). NOTE: The school recommendation forms may substitute for the personal references.

**Health Related Documentation:** Volunteers are required to meet the University's pre-entrance health requirements detailed on the Student Health and Wellness Center website (<http://www.jhu.edu/~shcenter/pre-entrance.htm>). We strongly encourage you to complete these requirements **before** you arrive at Johns Hopkins. If it is determined that you require any vaccines or screening tests, they can be administered for a fee at the Student Health & Wellness Center. Please visit the Student Health & Wellness Center website (<http://www.jhu.edu/~shcenter/>) for more information about their services.

**Orientation and Training:** Volunteers should be properly trained by their departmental supervisor or designated staff to successfully complete assigned tasks. This training is divided into two areas: basic workplace instruction (e.g. location of bathroom, where to put coat, etc.) and job instruction. Volunteers must satisfactorily complete all applicable training and orientation prior to commencing activities at the School. Depending on the nature of the service, training may include, but not be limited to, HIPAA requirements, health and safety, lab protocols, animal lab requirements, etc.

# Volunteer Application

Today's Date:

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip Code

Home Telephone:

Business Telephone:

E-mail Address:

Education/Special Training:

Highest Grade Level Completed:

Employer's Name/School's Name Occupation/Academic Major:

Proposed Start Date:

Proposed End Date:

Are you at least 18 years of age?

Yes No

Parent's/Guardian's Name (if under 18 yo):

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.

Yes No

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Volunteer Experience: (List most recent service positions)

Position:

Agency:

Date

References:

List two people other than relatives who would be willing to serve as personal references.

NOTE: References are not mandatory if submitting school recommendation forms unless requested by the department supervisor.

1. Name  
Telephone Number  
Street Address  
City State Zip Code  
E-mail Address

2. Name  
Telephone Number

Street Address  
City State Zip Code  
E-mail Address

Emergency Contact:

In the event of an emergency, please list the person you would want notified.

Name

Relationship

Home Telephone Number

Business Telephone Number

Cellular Phone Number

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I understand that I must be at least 15 years of age to volunteer at The Johns Hopkins University and if I am under the age of 18 years of age and/or attending high school I will need parental consent.

Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_