

Research Belton Hospital

17065 S. 71 Highway
Belton, MO 64012
816-348-1201

Student Volunteer Application

Office Use Only
Interview Date _____
EDL Check _____
Precheck _____
Security Check _____
Orientation Date _____

Office Use Only
Volunteer Area _____
Work Day _____
Shirt Size _____
Handbook _____
Job Description _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Email _____

Date of Birth _____ Age _____ Social Security # _____

Mother's Name _____ Home Phone # _____ Work Phone # _____

Father's Name _____ Home Phone # _____ Work Phone # _____

Emergency Contact Name _____ Phone # _____

Alternate Contact Name _____ Phone # _____

Are you acquainted with or related to any Research Belton Hospital employees or volunteers? _____

If yes, please state name and department _____

Previous volunteer experience _____

Please complete both pages of application.

Name of school that you attended last year _____

Grade Last Completed _____ What was your favorite class last year? _____

What other subjects did you take? _____

Interest, Skills, Activities _____

Why do you want to volunteer? _____

Are you interested in a health care career? If yes, what field are you interested in? _____

If applicant is under the age of 18, a parent signature is also required.

Applicant Printed Name

Date

Signature

Parent Printed Name

Date

Signature

After completeing, please mail the application, along with a letter of reference and your last grade card to:

Research Belton Hospital
Christine Meyer, Volunteer Coordinator
17065 S. 71 Highway
Belton, MO 64012

Once the application is received, we will contact your parent to set up an interview date for the two of you.

If you are a former RBH Student Volunteer, you will not have to complete the interview or background check process.