

Dearborn County Health Department

272 Bielby Road | Lawrenceburg, Indiana 47025 | (812) 537-8826

High School Student Volunteer Application

Section 1: Student Information

- Full Legal Name: _____
- Preferred Name: _____ Date of Birth: _____
- Mailing Address: _____
- City, State, Zip: _____
- Cell Phone: _____ Email: _____
- Current High School: _____
- Current Grade Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
- Expected Graduation Year: _____

Section 2: Parent / Legal Guardian Information

- Parent/Guardian Name: _____
- Relationship to Student: _____
- Primary Phone: _____ Alternative Phone: _____
- Email Address: _____

Section 3: Emergency Contact & Medical Information

- Primary Emergency Contact *(if different from Parent/Guardian)*: _____

○ **Name:** _____ **Relationship:**

○ **Primary Phone:** _____ **Alternative Phone:**

• **Medical Conditions, Allergies, or Special Needs:**

Please list any allergies, medical conditions, or accommodations our team should be aware of in case of an emergency or during volunteer duties:

☐ **None**

Section 4: Availability & Program Interest

• **Availability (Check all that apply):**

- ☐ Weekday Afternoons (3:00 pm – 4:30 pm and 3:00 pm -7:00 pm on Wednesdays)
- ☐ Weekends / Special Events
- ☐ Summer Break / School Holidays

• **Is this volunteer work required for school or community service hours?**

☐ Yes ☐ No

If yes, number of required hours: _____ *Deadline:* _____

• **Areas of Interest (Check all that apply): TLC covers ALL aspects of health (MENTAL AND PHYSICAL)**

- ☐ Community Health Outreach & Events
- ☐ Administrative & Office Support
- ☐ Youth Peer Support & Mentorship

- [] Educational flyer/poster design & Social Media Content
- [] School health educational campaigns - projects

Section 5: Skills, Experience & References

- **Languages Spoken (in addition to English):** _____
- **Special Skills & Interests** (*e.g., graphic design, public speaking, CPR certification, event planning*):

- **Previous Volunteer or Work Experience (if any):**

- **School or Character Reference:**
 - **Name:** _____ **Title/Role:** _____
 - **School/Organization:** _____
 - **Phone/Email:** _____

Section 6: Volunteer Dress Code & Conduct Policy

To represent the Dearborn County Health Department professionally and safely, all student volunteers must adhere to the following dress code standard while on duty:

- **Footwear:** Closed-toe shoes are required at all times for safety. **Open-toed shoes, sandals, and flip-flops are not permitted.**
- **Appropriate Apparel:** Clothing must be neat, clean, and appropriate for a public health environment.
- **Prohibited Apparel:** Clothing displaying **foul language, obscene graphics, or references to illegal substances, alcohol, or tobacco** is strictly prohibited.

Section 7: Parent/Guardian Consent, Medical Authorization & Release

Notice for Minors: Applicants under 18 years of age must have signed parental/guardian consent to participate in volunteer activities with the Dearborn County Health Department.

1. **Permission & Agreement:** I grant permission for my child named above to participate in volunteer activities sponsored by the Dearborn County Health Department. Both student and parent/guardian have read and agree to abide by the Volunteer Dress Code & Conduct Policy.
2. **Emergency Medical Authorization:** In the event of an emergency, injury, or sudden illness where parents/guardians cannot be reached, I authorize Dearborn County Health Department staff to obtain emergency medical treatment for my child.

3. **Photo/Media Release:**

☐ **I GRANT** permission for photos/videos of my child to be used in department educational or promotional materials.

☐ **I DO NOT GRANT** permission for photos/videos of my child to be used.

• **Student Signature:** _____ **Date:** _____

• **Parent/Guardian Signature:** _____ **Date:** _____