



JR. VOLUNTEER APPLICATION FORM
(Minimum age 14)

NAME _____ DATE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ DATE OF BIRTH _____

HOME PHONE _____ E-Mail Address _____

Cell Phone _____

NAME OF SCHOOL _____ grade (circle) 7 8 9 10 11 12

GRADUATION YEAR _____ CAREER INTEREST _____

PRESENT EMPLOYMENT _____

PARENT'S NAME _____ WORK PHONE # _____

EMERGENCY CONTACT _____ name relationship phone

VOLUNTEER EXPERIENCE: _____

Interests, Skills, School Activities

FAMILY PHYSICIAN _____ PHONE _____

LIMITATIONS RELATED TO HEALTH _____

REFERENCES: Please choose two references from among the following: family physician, teacher, minister, principal, employer, adult volunteer from Memorial Hospital of Union County. Ask them to sign below and write a letter of reference regarding your character, general attitude, dependability, personality and ability to cooperate. Attach the letters to this application.

Name relationship to applicant

Address phone #

Name relationship to applicant

Address phone #

Please see reverse side

Availability:

Please check the times you are usually available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings

Gender: Male Female

Ethnicity: White (Caucasian) African American Asian Hispanic
 Mixed race Native American Other

Social Security # _____

I want to volunteer because . . .

Reasons you'd like to be a volunteer

How did you find out about our volunteer program?

I want to volunteer: _____ summers only _____ year

APPLICANT'S SIGNATURE _____ **DATE** _____

PARENT'S SIGNATURE _____ **DATE** _____

Your signature indicates your approval for your child's participation in the teen volunteer program your acknowledgement that he or she is in good health, and your consent for us to contact your child's physician.