



Junior Volunteer Application

**AFFIX
PHOTO
HERE**

Name: _____
(Last) (First) (M.I.)

Address: _____

(City) (State) (Zip Code)

Telephone: _____ Cell Phone: _____ Date of Birth: _____

Social Security # _____ - _____ - _____ E-mail _____

Parent's Name: _____ Parent's Daytime Phone: _____

Emergency Contact: _____

Relationship: _____ Daytime Phone: _____

Name of School: _____ Grade: _____

List School Clubs and Organizations: _____

If interested in a health career, which field? _____

List previous volunteer experience: _____

List dates of vacations, summer camp and other dates not available:

Reason for wanting to become a Junior Volunteer: _____

You will be allowed to volunteer three days each week. Please check preferred days and hours below.

8:00 a.m. – 12:00 p.m. _____ 12:00 noon – 4:00 p.m. _____ 5:00 p.m. – 7:00 p.m. _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

I hereby apply for volunteer service with John Randolph Medical Center. I understand and agree to comply with the requirements and regulations of the Medical Center and to consider all privileged information concerning the hospital, its patients and staff strictly confidential. I will take all criticisms and problems to the Director of Patient Support Services. If it is felt in the best interest of the Medical Center, I can be relieved of all of my volunteer responsibilities.

I give permission to John Randolph Medical Center to use my picture or likeness, which may be taken at the hospital, activity or event for use in advertising, promotional materials, website display, posters or publications.

Signature

Date