

Attach a current copy of your grades from Power School.

Return by May 21 for priority scheduling

Department _____ New _____ Returning _____

Junior Volunteer Application

Name _____ Birth date _____ Age _____
Grade - Fall 2010 _____
Address _____ Home Phone _____
Your Cell Phone _____
Email address _____ Do you have texting? _____

Circle the 2 best ways for me to contact you: cell phone; home phone, email, texting, email, regular mail

City/State/Zip Code _____

Parent's Name _____ Phone _____

In case of emergency, call _____ Phone _____

Organizations _____
(Church, school or social... use back of application if necessary)

Interests/Talents _____ Grade Point Average _____

Why you would like to be a Junior Volunteer in our hospital? _____ to meet interesting people
_____ to help others _____ as a learning experience _____ considering a career in healthcare

References (all adult):

1. Teacher or counselor: _____ (Name) _____ (School)

2. _____ (Name) _____ (Phone)

_____ (Address)

Applicant's Signature _____ Date _____

I am pleased that my (son/daughter) _____ will have the opportunity to serve as a JUNIOR VOLUNTEER at St. Joseph's Hospital and Health Center. I understand there will be no compensation for this service other than the satisfaction of serving others.

Signature of Parent or Guardian _____ Date _____