

St. Joseph's Hospital and Health Center

I am a \_\_\_\_\_new or \_\_\_\_\_returning Junior Volunteer.

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade – Fall 2010 \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Your Cell Phone \_\_\_\_\_

Check the days you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

I would like to volunteer approximately \_\_\_\_\_hours per week total.

\_\_\_\_\_ I am willing to divide my volunteer time between two or more departments.

\_\_\_\_\_ I prefer to stay in only one department.

These are my choices of volunteer assignments:

1. Department \_\_\_\_\_ Day(s) \_\_\_\_\_ Hours \_\_\_\_\_
2. Department \_\_\_\_\_ Day(s) \_\_\_\_\_ Hours \_\_\_\_\_
3. Department \_\_\_\_\_ Day(s) \_\_\_\_\_ Hours \_\_\_\_\_

Because of the importance of Junior Volunteer assignments, please list dates you will need to be off for summer school, family vacations, camps, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Name \_\_\_\_\_ T-shirt Color: \_\_\_\_\_ Teal Green \_\_\_\_\_ Burgundy  
Size: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_ XXX-Large