



Junior Volunteer Application

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

Address: _____

(City) (State) (Zip Code)

**AFFIX
PHOTO
HERE**

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: _____



Revised 4/22

Signature of Applicant

Date

You will be allowed to volunteer 1-3 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 TriCities Hospital. I understand and agree to comply with the requirements and regulations of the hospital and to consider all privileged information concerning the hospital, its patients and staff strictly confidential. I will take all criticisms and problems to the Volunteer Services Coordinator. If it is felt in the best interest of TriCities Hospital, I can be relieved of all of my volunteer responsibilities.

I give permission to TriCities Hospital 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