

Junior Volunteer Application Form

Name _____ Date _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

E-mail Address _____ Social Security # _____

Age _____ Date of Birth _____ Home Phone _____
Month Day (Year optional)

Parent or Guardian's Name _____ Work Phone _____

CONTACT IN CASE OF EMERGENCY:

(Name) (Relationship) (Home Phone) (Work Phone)

Name of School _____ Grade (circle) 9 10 11 12

Graduation Year _____ Career Interest _____

Present Employment _____

Work Phone _____ Hours _____

Volunteer Experience _____

Interests, Skills, School Activities _____

Family Physician _____ Phone _____

Do you have a condition which would prevent you from performing the essential functions of your volunteer service position?

Yes _____ No _____ If yes, explain _____

REFERENCES: Please choose your references from among the following: family physician, teacher, minister, principal, employer, adult volunteer here.

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

I want to volunteer: _____ Summer's Only _____ Winter's Only _____ Year Round

Applicant's Signature _____ Date _____

I give my permission for my son/daughter to do volunteer work at St. Vincent Anderson. I also give permission for my son/daughter to be given a free tuberculosis test and/or chest X-ray to adhere to the rules of infection control at the hospital.

Parent's or Guardian's Signature _____ Date _____

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Orientation preference: Fall _____ Spring _____

Confidential School Recommendation For Junior Volunteer

PARENTAL CONSENT: I authorize the release of information from my son/daughter's school records to the Volunteer Services Department of St. Vincent Anderson.

Parent's Signature _____ Date _____

Dear Counselor or Teacher:

Each student who applies for volunteer work must have a recommendation from school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program and serve our organization and the recipients of our services. This information will be kept confidential. Please return the completed form to the address below at your earliest convenience. Thank you for your assistance.

St. Vincent Anderson
Volunteer Services
2015 Jackson Street
Anderson, IN 46016

CONFIDENTIAL RECOMMENDATION FOR JUNIOR VOLUNTEER

Student's Name _____ Grade in School _____

	Excellent	Good	Average	Below Average
Attendance	_____	_____	_____	_____
Scholastic Record	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____
Willingness	_____	_____	_____	_____
Initiative	_____	_____	_____	_____

Comments:

Signature _____

Title _____

School _____

Date _____