



JUNIOR VOLUNTEER APPLICATION

GENERAL INFORMATION

NAME _____ BIRTH DATE _____
(Last) (First) (Mo., Day, Yr.)

ADDRESS _____
(Street) (City) (Zip Code)
EMAIL: _____

PHONE #: _____ SCHOOL/GRADE _____

PRIOR VOLUNTEER EXPERIENCES _____

HOBBIES, SKILLS, INTERESTS _____

DAYS AVAILABLE _____ BEST TIMES _____

LENGTH OF PLACEMENT _____

REFERENCES

LIST THE NAME & PHONE NUMBER OF A PERSON WHO KNOWS YOU:

(Name) (Phone)

EMERGENCY AND HEALTH INFORMATION

PERSON TO CALL IN CASE OF EMERGENCY _____

RELATIONSHIP _____ PHONE _____

DO YOU HAVE A CHRONIC ILLNESS? EXPLAIN _____

NAME OF PHYSICIAN _____ PHONE _____

PARENTAL STATEMENT OF CONSENT

I give consent for my child to participate in this volunteer program.

PARENT SIGNATURE _____ DATE _____