

TEEN VOLUNTEER APPLICATION

PART I: Please complete the application in its entirety. Print neatly.

Date: _____

NAME:

First Name

Middle

Last Name

Address: _____

Address

City

State

Zip

E-Mail Address: _____ (Please Print)

School: _____ Current Grade: _____

Date of Birth: _____

Parent/Legal Guardian: _____ Phone: _____

IN CASE OF AN EMERGENCY INVOLVING THIS TEENAGER WHILE ON DUTY, YOU MAY CONTACT THE FOLLOWING INDIVIDUALS IF PARENT/GUARDIAN IS NOT AVAILABLE

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby state that my son/daughter is 14 years old, and I give my consent for him/her to serve as a volunteer in the Teen Volunteer Summer Program. He/she understands that breach of patient confidentiality will be cause for immediate termination from the program.

Parent's Signature

Applicant's Signature

