

Date:
Time:

for office use only

**APPLICATION FOR JUNIOR VOLUNTEER PROGRAM
HOUSTON HEALTHCARE**

Date: _____

Name: _____

Street: _____ Phone: _____

City: _____ Zip: _____

Age: _____ Date of Birth: _____ Grade in School: _____

Parents/Guardian Name: _____

Name of School: _____ Phone: _____

Special Interests and Hobbies: _____

Extracurricular Activities: _____

Are you interested in a healthcare career? _____ Have you volunteered before? _____

Where, describe your duties _____

Are you willing to provide a minimum of 4 hours per week? _____

Are you able to purchase a uniform? _____

Do you have reliable transportation? _____

Personal/Family Physician _____ Phone _____

Person to notify in emergency _____

Relationship _____ Home phone _____ Business phone _____

Preferred days to work _____ AM _____ PM _____

What is your reason for wanting to volunteer? _____

THE FOLLOWING STATEMENTS MUST BE APPROVED AND SIGNED BY PARENTS OR LEGAL GUARDIAN:

_____ has my permission to participate in the Junior Volunteer Program of the Houston Healthcare.

_____ Signature _____ Date

In case of the necessity of emergency treatment for illness or injury while the above-named minor is on Junior Volunteer assignment for Houston Healthcare , I hereby give my permission for such treatment.

_____yes _____no

_____ Signature _____ Date

(To be filled out at the school office)

The above-named student is performing satisfactory schoolwork and I can recommend him/her for volunteer service.

_____ School counselor _____ Phone # _____ Date