

# HOUSTON HEALTHCARE

Date:  
Time:

APPLICATION FOR JUNIOR VOLUNTEEN PROGRAM  
HOUSTON HEALTHCARE

for office use only

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: \_\_\_\_\_

**Please include an essay of 100 words or more stating why you wish to be a Teen Volunteer and why you think you should be selected for the program.**

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

\_\_\_\_\_ has my permission to participate in the Junior Volunteer Program of 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

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(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

**Please complete and return to:  
Houston Healthcare  
Volunteer Services  
1601 Watson Blvd  
Warner Robins, GA 31093**