



HOUSTON HEALTHCARE

Date:
Time:

APPLICATION FOR JUNIOR VOLUNTEEN SUMMER PROGRAM

for office use only

(Application to be completed in its entirety BY THE STUDENT with all required authorization signatures)
Deadline April 1st for consideration

Date: _____

Name: _____

Street: _____ Phone: _____

City: _____ Zip: _____

Email: _____

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 for 6 consecutive weeks?** _____

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.

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

(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**