



Junior Volunteer Application

Name _____ Date _____

Address _____ Phone _____

Date of Birth _____ Height _____ Weight _____

School _____ Grade _____

List extracurricular activities that you participate in at school, church and other areas:

Are you planning to go to camp, summer school, or take driver's education this summer?
If so, please give the dates that you will be unavailable:

Are you willing to devote a minimum of 4 hours of service each week to the hospital and/or the nursing center? _____

Why do you wish to become a Junior Volunteer? _____

Emergency Contact _____ Phone _____

On the back of this paper, in 100 words or less, tell something about your interests, hobbies, ambitions, and your future education plans.

*We give our permission for our son/daughter
to become a Junior Volunteer at
Hugh Chatham Memorial Hospital.*

Parent Signature

