

**Mayers Memorial Hospital District  
JUNIOR VOLUNTEER PROGRAM APPLICATION FORM**

<b>Name:</b> <i>first</i>	<i>last:</i>
<b>Parent(s) Name(s):</b> <i>first</i>	<i>last:</i>
<b>Telephone:</b> <i>home</i>	<i>parent(s) work</i>
<b>Home address:</b>	<b>Emergency contact:</b> <i>name:</i>
	<i>phone:</i>
<b>E-mail:</b>	
<b>Date of birth:</b>	<b>Age:</b>
<b>Grade:</b>	<b>School:</b>
<b>Social Security Number:</b> _____ - _____ - _____	
<b>MEDICAL INFORMATION</b> (All information will be kept confidential and is only for purposes of safety. All candidates will be given equal consideration):	
Do you have any physical disabilities or health problems (including allergies) that our staff should be aware of? <b>Yes</b> <b>No</b>	<b>If yes please give details:</b>  Medications currently taking:
<b>In case of emergency:</b>	
<b>Doctor:</b>	<b>Telephone:</b>
Do you have any special educational needs? <b>Yes</b> <b>No</b>	<b>If yes please give details:</b>   

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<b>General interests &amp; hobbies (home &amp; school):</b>	
<b>Do you have any previous volunteer experience? Please describe:</b>	<b>Why do you want to become a Junior Volunteer? (in less than 20 words):</b>

I hereby give my consent for \_\_\_\_\_ to participate in a Junior Volunteer Program at Mayers Memorial Hospital District. This includes a tuberculin skin test (or chest x-ray if necessary). I will assume responsibility for transportation for \_\_\_\_\_ to and from Mayers Memorial Hospital District.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

