



Junior Volunteer Application Form

Name: _____

Address: _____
(Please indicate if P.O. Box)

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ S.S. #: _____

Name of Parent or Guardian: _____

Father Business Address: _____ Phone: _____

Mother Business Address: _____ Phone: _____

School Presently Attending: _____

Grade: _____ Graduation Year: _____ GPA: _____

Previous Volunteer Experience:

Hobbies/Sports:

Clubs/Memberships:

When you think of volunteering, what kinds of things interest you?

What do you hope to gain from your volunteer experience?

Please indicate the hours that you will be available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
After-school							
Evening							

As a student volunteer, I understand that I am required to:

- Be over 16 years of age
- Maintain at least a 2.5 average (C+) GPA
- Have a written consent form from a parent or guardian
- Have a referral from a school counselor or principal
- Follow the hospital rules and regulations
- Work one regularly scheduled shift per week
- Commit to one semester (marking period)
- Contact the Volunteer Manager immediately regarding any absences from duty.
Failure to do so may result in termination from the volunteer program.

Signature: _____ Date: _____

Parents:

I understand the Rules and Regulations for my teen to participate in the Junior Volunteer Program at New London Hospital and hereby give my consent and support.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED ___/___/___ **ORIENTATION DATE** ___/___/___

SERVICE AREA: _____ **SHIFT:** _____

DEPARTMENT SUPERVISOR: _____

Please mail completed application to:
Volunteer Services
New London Hospital
273 County Rd.
New London, NH 03257