

## Junior Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Please indicate P.O. Box)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ S.S. # \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Father Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Grad 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							

## Junior Volunteer Application Form *(continued)*

**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.**

Applicant 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 Road**  
**New London, NH 03257**