



New London Hospital

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