

**JUNIOR VOLUNTEER APPLICATION**  
**PLEASE PRINT IN INK**

For Office use :  
Date \_\_\_\_\_  
Interview \_\_\_\_\_  
Orient \_\_\_\_\_  
Uniform# \_\_\_\_\_  
Medical Fm \_\_\_\_\_  
VW \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License or ID # (If you have one) \_\_\_\_\_

Parents 1. \_\_\_\_\_ Work Phone \_\_\_\_\_

OR  
Guardians 2. \_\_\_\_\_ Work Phone \_\_\_\_\_

If parents cannot be reached please notify \_\_\_\_\_  
(Name)

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Your doctor \_\_\_\_\_ Phone \_\_\_\_\_

List activities and volunteer experiences in your school, church, community, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other hobbies, interests or skills (music, sports, art, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Explain how you found out about our JV program and why you decided to become a volunteer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References (these people must be two adults who are not relatives)**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**I would like to volunteer during the SUMMER and/or SCHOOL YEAR. (Circle response)**

**Days I am able to volunteer (Circle all that apply) M T W Th F Sat Sun**

**Best time(s) of day - (morning, afternoon, evening) \_\_\_\_\_  
(after school hours are 4-6 or 4-7pm)**

**Position desired (please rank in order of preference):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Junior Volunteers must submit this written application, attend a personal interview with the Volunteer Coordinator and orientation. Upon receipt of the completed application, you will be contacted for an interview. Vacancies in our program are filled according to the date of your application.**

**Please ask your parent or guardian to read the enclosed information about the Junior Volunteer program here at Abbott Northwestern Hospital and to sign below. This signature gives consent for you to volunteer and allows the Volunteer Services Department and/or Abbott Northwestern Hospital:**

- to provide emergency medical assistance if you become seriously ill or injured while volunteering at the hospital;
- to draw blood to test for both red measles (rubeola) and rubella if necessary;
- to receive a Mantoux test for tuberculosis if you have not had one in the past 12 months; and
- to authorize the investigation of your background.

**Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**VOLUNTEER ORIENTATION (to be completed later)**

I have attended a volunteer orientation and covered the following:

\_\_\_\_ Infection Control

\_\_\_\_ Confidentiality

\_\_\_\_ Wheelchair Training

\_\_\_\_ Safety & Security (Personal/Hospital)