

Mercy Hospital VolunTEEN Application

(For applicants ages 15-18 years old)

Mercy Hospital Volunteer & Auxiliary Services

4050 Coon Rapids Blvd NW

Coon Rapids MN 55433-2586

(763) 236-8011



After completing this application:

*Leave it at Mercy Hospital Information Desk

*Mail to the address above

*Fax to 763-236-8170

PLEASE COMPLETE ALL SECTIONS. PLEASE PRINT.

Name _____ Male Female
(last) (first) (middle initial) (circle)

Address _____
(street) (city, state) (zip code)

Email Address _____ How did you learn about our volunteer program? _____

Home Phone (____) _____ Birth Date _____ Age _____

School Attending _____ Grade (circle) 8 9 10 11 12 High School Graduation Year _____

ORIENTATION DATES

Please check the date & time you will be attending orientation. Your name will be added to the orientation attendance roster. Report to the Information Desk the day of the orientation.

August 26, 2008 September 30, 2008

October 28 2008 November 25, 2008 December 30, 2008

TIMES: 1:00- 3:00 pm **or** 5:00- 7:00 pm

TO BE COMPLETED BY PARENT OR GUARDIAN:

Parent or Guardian (print) _____ Work Phone (____) _____

Your signature indicates your approval for your child's participation in the VolunTEEN program, your acknowledgement that the above birthdate is correct & your understanding that he/she must attend an orientation held at Mercy to learn about the program, fill out a Criminal Background Study Form, purchase his/her own uniform, complete health requirements (mantoux test, MMR documentation) and furnish transportation to and from the hospital.

Parent or Guardian Signature _____ Date _____

Tell a friend about our VolunTEEN program!

This application is also available on our web page www.mercy-unity.com/ahs/TeenApplication.pdf