



# Junior Volunteer Application

Date of Application \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Number \_\_\_\_\_  
*May we contact you at this number?*

In case of emergency, contact \_\_\_\_\_  
Name Relationship Telephone

Available Days (please circle): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Available Hours (please be specific): morning \_\_\_\_\_ afternoon \_\_\_\_\_ during school vacations \_\_\_\_\_

Why do you want to volunteer?  
\_\_\_\_\_  
\_\_\_\_\_

School you attend \_\_\_\_\_  
List your hobbies and interests \_\_\_\_\_  
\_\_\_\_\_

I understand that I must abide by Center regulations, maintain confidentiality about the residents, accept supervision and evaluation of assignments, and dress in proper attire with my ID badge (no sloppy jeans or cut-offs, no tube tops or shirts with spaghetti straps, no T-shirts with inappropriate messages, no flip-flops). In addition, I understand I will notify the Center if I will be late or absent.

Signature \_\_\_\_\_

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## TO BE COMPLETED BY THE PARENT

Family Doctor \_\_\_\_\_

How would you rate your child's health? Good \_\_\_\_\_ Fair \_\_\_\_\_

Is s/he under a doctor's care now? \_\_\_\_\_

If yes, explain briefly \_\_\_\_\_

**I give my full consent for my daughter/son to volunteer at HRC.**

\_\_\_\_\_  
*Parent's signature*

\_\_\_\_\_  
*Date*