

HOUSTON HEALTHCARE

Date: _____
Time: _____
- For office use only -

APPLICATION FOR JUNIOR VOLUNTEEN SUMMER PROGRAM

Deadline is Monday, April 1, 2024 for consideration.

*Application to be completed in its entirety BY THE STUDENT
with all required authorizing signatures.*

Date: ___/___/_____

Name: _____

Street: _____ Phone: _____

City: _____ Zip: _____

Email: _____

Age: _____ Date of Birth: ___/___/_____ Grade in School: _____

Parents/Guardian Name: _____

Name of School: _____ Phone: _____

Special Interests and Hobbies: _____

Extracurricular Activities:

Are you interested in a healthcare career? _____

Have you volunteered before? _____ If so, where, describe your duties:

Are you willing to provide a **minimum of 4 hours per week for 6 consecutive weeks?** YES / NO

Are you able to purchase a uniform? _____

Do you have reliable transportation? _____

Personal/Family Physician: _____ Phone: _____

Person to notify in emergency: _____

Relationship: _____ Home phone: _____ Business phone: _____

Preferred days to work: _____ AM: _____ PM: _____

ESSAY: Please include an essay of 100 words or more stating why you wish to be a Teen Volunteer, and why you think you should be selected for the program.

THE FOLLOWING STATEMENTS MUST BE APPROVED AND SIGNED BY PARENTS / LEGAL GUARDIAN:

_____ has my permission to participate in Houston Healthcare's Junior Volunteer Program.

Signature

Date

In case of the necessity of emergency treatment for illness or injury while the above-named minor is on Junior Volunteer assignment for Houston Healthcare, I hereby give my permission for such treatment. (initial)

_____ YES _____ NO

Signature

Date

THE FOLLOWING STATEMENT MUST BE FILLED OUT BY THE SCHOOL OFFICE:

The above-named student is performing satisfactory schoolwork and I can recommend him/her for volunteer service.

School counselor

Phone #

Date

PLEASE RETURN THIS COMPLETE APPLICATION VIA MAIL OR EMAIL TO:

Mail: **Houston Healthcare**
Attn: Volunteer Services
1601 Watson Blvd
Warner Robins, GA 31093

Email: volunteer@hhc.org

Effective date: 01/12/2024