

HOUSTON HEALTHCARE

For internal use only

Date: _____

Time: _____

APPLICATION FOR JUNIOR VOLUNTEEN SUMMER PROGRAM

Deadline is Monday, April 1, 2025, 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: 01/13/2025