



French Hospital Medical Center Junior Volunteer Application

DATE: _____

NAME: _____ SSN: _____

ADDRESS: _____
Street City Zip

PHONE NUMBER: _____ BIRTHDAY: _____

HIGH SCHOOL: _____

WHAT GRADE IN FALL: _____

PHYSICAL OR MEDICAL CONDITIONS THAT COULD AFFECT YOUR WORK? _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____
ADDRESS: _____ PHONE: _____

PREVIOUS HOSPITAL EXPERIENCE? (Y/N) _____
IF "YES", WHERE: _____

ANY SPECIAL SKILLS OR INTERESTS? _____

WHY DO YOU WANT TO BE A VOLUNTEER HERE? _____

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

The shifts are Monday-Friday from 4-6pm. You must work a minimum of 2 hours per week.

WHAT VOLUNTEER DAYS DO YOU PREFER TO WORK? _____

Thank you for taking the time to fill out the application. We appreciate your interest in becoming a part of our French Hospital Medical Center team. We will be in touch with you.