



Remarkable People. Remarkable Medicine.

Junior Volunteer Application

Important: Please type or print legibly in **pen**. Do not use pencil.
Print all information legibly, especially phone numbers and home and email addresses.

Date _____

NAME _____
(First) (Middle) (Last) (Name you go by)

Home address _____
(Street and Number) (City) (State) (Zip)

Home phone _____ E-mail _____

Birth date _____

**(To qualify for the summer program you must be 14 or older by June 1st.
To qualify for the school year program you must be 14 or older by October 1st.)**

Father's name _____ Home phone _____

Business phone _____

Mother's name _____ Home phone _____

Business phone _____

School currently attending _____ Current grade _____

Place a check mark next to the ONE hospital to which you are applying:

____ Presbyterian Hospital Charlotte

____ Presbyterian Hospital Matthews

Presbyterian Hospital Huntersville (PHH) and Presbyterian Orthopaedic Hospital (POH) accept junior volunteer applications all year on an **as-needed basis**. If you are interested in either PHH or POH, please call Eileen Thompson at 704-316-6717 for PHH or Kathi Robinson at 704-316-1417 for POH. Thank you.

Note: You must complete and return all pages of this application and must also attach your essay (see below) **and** a copy of your immunization record. Please do not return an incomplete application.

Have you volunteered anywhere else?

What are your hobbies or special interests?

On a separate piece of paper, write an essay of 200 words or more stating why you want to volunteer, why you think you would be a good volunteer, and how volunteering will benefit you.

Parental Consent

I hereby permit my child to join the Junior Volunteer program of Presbyterian Healthcare and to attend activities conducted at both Presbyterian and non-Presbyterian sites. I understand the responsibilities of being a volunteer and the commitment required, and I will help my child to comply with the rules and regulations. I certify that my child is 14 years of age or older by the date specified above.

Signature of Parent or Guardian _____

Be sure to return all required pages of the application. Use this checklist to help you:

- _____ Completed application
- _____ Essay on separate sheet of paper
- _____ Teacher recommendation form (from an English, foreign language or history teacher)
- _____ Teacher recommendation form (from a math or science teacher)
- _____ Teen Health Screening
- _____ Copy of immunization record