# JUNIOR VOLUNTEER APPLICATION

**PLEASE PRINT:**

Name:_____Date:_____
First Middle Last

Legal Guardian/Mother/Father Name: _____
(Both if applicable) First Middle Last

Address_____ Phone:_____
Number & Street Name City Zip

Email Address: _____

Age:_____ Birth Date:_____

In case of an emergency notify:_____ Phone:_____

Shirt Size (polo type): **Adult - S M L XL**

Name of School:_____

Hobbies/Clubs/Special Talents:_____

How did you hear about the Junior Volunteer Program at The Medical Center of Southeast Texas?
_____

Why are you interested in doing volunteer work?_____

a. In what area of the paramedical field are you interested? _____
b. If none, what is you ambition? _____

Do you have any physical handicaps? _____YES _____NO
If YES, please explain: _____

In what type of hospital services are you particularly interested? _____

*Every effort will be made to provide volunteer assignments in requested areas. However, skills, schedules, and department needs are first considerations in volunteer assignments.*

***Volunteer Signature:* _____*Date:*_____**

**Parent/Legal Guardian Signature:_____Date:_____**
(If volunteer applicant is under 18 years of age, Parent/Legal Guardian signature is required)

***By signing this application, you authorize the named volunteer applicant to receive Drug and TB Testing, and acknowledge that you have read and understand The Medical Center of Southeast Texas Junior Volunteer Standards of Conduct.***