

JUNIOR VOLUNTEER APPLICATION FORM

Name: _____ **Date:** _____

Address: _____
 Street **City** **Zip Code**

Phone: _____ **Best Time to Call:** _____
 Home Cell

Birth date: _____ **e-mail:** _____
 (Month & Day only)

If Employed, where? _____ **Occupation:** _____

High School: _____

Anticipated High School Graduation Year: _____

Reason(s) for wanting to be a Bolingbrook Hospital Volunteer: _____

Please list, if you have volunteered for other groups (i.e., church, schools, etc.) and briefly describe your volunteer duties for each group.

List special skills, training, interests, foreign languages, or hobbies:

How did you hear about our volunteer program?

Self-referred _____ Friend _____ Brochure _____

Newspaper _____ School _____ Church _____

Other (please explain) _____

Please list two (2) persons who can comment on your ability to volunteer. The **personal reference** should

not be a relative. The second reference **must be one of the following people from your school: teacher, counselor/advisor, club sponsor, dean or principal.** A questionnaire will be sent to these persons, indicating you have given us permission to contact them. **Complete and correct mailing address is required for each reference. Lack of correct address may result in rejection of application.**

Personal/Character Reference:

School Reference:

Name (circle title: Mr./Mrs./Ms.)

Name Title

Street City Zip Code

Street City Zip Code

Phone

School Name Phone

School Fax#

Notify in an emergency: _____ **Phone:** _____
(circle type: cell/work/home)

Relationship: _____

Applicant's Signature _____ Date _____

Mail completed application to:

**Jody Heilstedt
Adventist Bolingbrook Hospital
Volunteer Services
500 Remington Blvd.
Bolingbrook, IL 60440**

PARENTAL CONSENT

My son/daughter has my permission to serve as a Junior Volunteer at Adventist Bolingbrook Hospital. I acknowledge having read the Juniors' rules. I grant my permission for TB testing. I understand that in an emergency you will try to reach me. If this is not possible, you may have my permission to take whatever steps are necessary to safeguard my child's health and welfare.

Parent's Signature: _____ *Date* _____

When your completed application has been received by the Volunteer Services department, brief reference check forms will be mailed to the individuals you have listed as references. When those individuals have returned their completed reference forms to the Volunteer Services department, you will be contacted to arrange a personal one-on-one interview with the program Coordinator.