

Schedule

Circle the day(s) of the week you can volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Circle the shifts you can work:

4 pm – 7 pm 9 am – noon noon – 3 pm 2 pm - 5 pm
(Mon-Fri) (Sat & Sun) (Sat & Sun) (Sat & Sun)

Parental Consent

I give my consent for my daughter/son _____
(child's name)

to participate in the Junior Volunteer Program at UC Irvine Medical Center.

Parent/guardian signature

Date

Signature

The above information is accurate and correct to the best of my knowledge.

Volunteer signature _____

Date _____

Volunteer Manager signature _____

Date _____