JUNIOR VOLUNTEER APPLICATION

Name						
Last	First	MI				
Email Address (please print legibly)						
Street Address						
City/State	Zip	Birthdate				
Home Phone	Cell Phone					
Parent's or Guardian's Name						
Father's Phone (Home)	(Cell)					
Mother's Phone (Home)	(Cell)					
Contact in Case of Emergency						
Relationship	Phone Number					
High School Name		Grade				
Previous volunteer experience						
Community affiliations (churches, club	s, other organizations)					
Please indicate why you would like to b	ecome a Junior Volun	teer at UC Irvine Medical Center:				

Schedule							
Circle the day(s) of the week you can volunteer:							
Monday Tuesday	y Wednesday	Thursday	Friday	Saturday	Sunday		
Circle the shifts you can work:							
4 pm – 7 pm (Mon-Fri)	9 am – noon (Sat & Sun)	noon – 3 p (Sat & Sur		2 pm - 5 pm (Sat & Sun)			
Parental Consent							
I give my consent for	r 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 s	signature						
Date							