



Bassett Healthcare Network

Jr. Volunteer Application

Name		Date		
Address		Phone # Cell #		
City		Birth Date		
State	Zip	(mm/dd/yy)		
Email Address:				
Emergency Contact Name and relationship:				
Home Phone:		Cell Phone:		
School You Attend:				
Previous Volunteer Experience: (details of where and duration)				
Interested departments or areas you would like to volunteer in:				
Hobbies, Skills, Interests:				
Availability: Circle all days that apply & write down times you are available to volunteer.				
Monday	Tuesday	Wednesday	Thursday	Friday
If there are weekend days you are available please list them in the space below. Also. Please note any dates that you will be "unavailable":				
PLEASE NOTE: Your application must be accompanied by a proof of up-to-date immunizations, TB test results within the past six months, recommendation form from school personnel, current working papers.				
Student Signature		Parent Signature		