



Christian  
Health Care  
Center

ESTABLISHED 1911

## JUNIOR VOLUNTEER APPLICATION

Dot Faasse

Coordinator of Volunteers • (201) 848-5797

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_ Date of birth \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Name of person to notify in case of emergency/illness \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of school \_\_\_\_\_ Grade \_\_\_\_\_

Name of reference (other than a family member) \_\_\_\_\_ Phone number \_\_\_\_\_

Why do you want to volunteer at Christian Health Care Center? \_\_\_\_\_

Are you volunteering to fulfill a church or school requirement?  Yes  No Hours required \_\_\_\_\_

If yes, what is the name of the church or school? \_\_\_\_\_

Schedule preference (Check all that apply.)

Time of day  A.M.  P.M.

Day of week  Monday  Tuesday  Wednesday  Thursday  Friday

Saturday  Sunday

I will notify the Coordinator of Volunteers if I am unable to keep my volunteer assignment. I agree to abide by the requirements and regulations of Christian Health Care Center and the service to which I am assigned. I will be punctual, courteous, dependable, and keep in confidence all information that I may hear concerning a patient, doctor, employee, or volunteer.

Signature \_\_\_\_\_

### For Volunteer Department use only

Start date \_\_\_\_\_

Location assignment \_\_\_\_\_ Resigned date \_\_\_\_\_

Tour  Mantoux  Orientation  ID badge  T-shirt  Sign-in sheet

Hours of service \_\_\_\_\_

Acknowledgement of hours \_\_\_\_\_