Junior Volunteer Application

Please Print ***(Must be 16 years old to apply)*** Today's Date: _____

Student Name: _____
Last First Middle

Date of Birth (mm-dd-yyyy): _____ Age: _____ Current Grade Level: ❑9th ❑10th ❑11th ❑12th

Home Address: _____
Street City NC Zip

Mailing Address (if different from Home Address):

_____
Street City NC Zip

Telephone: Home (___) - _____ Cell: (___) - _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Parent/Guardian Information:

Parent/Guardian #1:	Parent/Guardian #2:
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home #: _____	Home #: _____
Cell #: _____	Cell #: _____

Current School: _____

School Suspension: Have you ever been suspended from school? ❑Yes ❑No

How did you hear about our Junior Volunteer Program? _____

Do you have any relatives or close acquaintances at Harnett Health? ❑Yes ❑No

If yes, list names and relationships_____

Indicate with checkmarks facilities/programs with which you would prefer to volunteer:

❑ Betsy Johnson Hospital – Dunn

❑ Central Harnett Hospital – Lillington

Please indicate with checkmarks following you preferences:

Days:

❑Monday ❑Friday

❑Tuesday ❑Saturday

❑Wednesday ❑Sunday

❑Thursday

Shifts:

❑Morning

❑Afternoon

❑Evening (5:00 – 8:00pm)

Number of hours available each week:

_____

What are your reasons for wanting to become a volunteer with Harnett Health System?

_____

_____

_____

Personal references (other than relatives):

Teacher Information:

Name: _____

Email: _____

2nd Reference:

Name: _____

Email: _____

*****All email addresses given must be valid or you will not be eligible. *****

Harnett Health System is an Equal Opportunity/Affirmative Action Employer. All decisions to accept individuals as volunteers are based on individual qualifications without regard to race, color, sex, national origin, age, religious belief, or disability.

I pledge that all information stated on this application is true to the best of my knowledge.

Applicant Printed Name: _____

Applicant Signature: _____

I have read my child's completed application and concur that the information is accurate as stated. They have my permission and support in volunteering with the Harnett Health Junior Volunteer Program, if selected.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Please submit applications to:

Harnett Health
800 Tilghman Drive
Dunn, NC 28334
Attn: Volunteer Services