

**Volunteer Application – Junior
(Age 14 – 18)**

Mr. ___ Miss ___

(Last Name)

(First Name)

Social Security # ___ - ___ - ___ DOB _____ Telephone: _____

Home address: _____
Street City State Zip Code

E-Mail Address _____

Name & Telephone # of Emergency Contact:

Special Skills & Volunteer Experience:

Days & Hours Available: _____

Other than a misdemeanor, have you ever been convicted of a criminal offense: Yes _____ No _____

I attest that the information I have given above is the truth to the best of my knowledge:

Volunteer Signature

Date

NYS Department of Health requires testing for Tuberculosis (PPD) and blood work for Rubella & Rubeola (Measles).

As a parent or legal guardian of the above, I give permission for this testing, I also give my permission for _____ to be treated in the hospital's emergency department in case of an accident.

Parent/Guardian Signature: _____ Date _____

For office use only:

Assigned to: _____

Volunteer Office Approval: _____