

*Castle Medical Center*  
**JUNIOR VOLUNTEER APPLICATION**

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

---

Father's name	Occupation	Work phone
---------------	------------	------------

---

Mother's name	Occupation	Work phone
---------------	------------	------------

Who should be called if you become ill or are injured while volunteering?

---

Name	Relationship to you	Phone number
------	---------------------	--------------

Do you have any previous volunteer experience? \_\_\_\_\_ What did you do and where?

Who referred you? \_\_\_\_\_

What is your school requirement for volunteering, if any? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

---

Please list your interests, hobbies and extra-curricular activities (church, clubs, etc.)

Please list two (2) adults, not related to you, that may be contacted by Castle Medical Center as references.

---

Name	Relationship to you	Phone #
------	---------------------	---------

---

Name	Relationship to you	Phone #
------	---------------------	---------

(over)

*Castle Medical Center*  
**JUNIOR VOLUNTEER APPLICATION**

**PARENT'S CONSENT FORM**

*I hereby consent for my daughter/son, (name) \_\_\_\_\_, to participate in the Junior Volunteer Program at Castle Medical Center. I understand that she/he must regularly fulfill the weekly minimum service requirement of four hours. I will be responsible for assuring that she/he has transportation to and from the hospital. I also consent to the administration of a TB test for my child, if needed, by the Castle Medical Center Occupational Health Coordinator or other designated and qualified personnel.*

---

Parent's signature

Date

**VOLUNTEER PLEDGE**

*Believing that Castle Medical Center has a real need of my services, I agree to*

- Volunteer for a minimum of six months or as a summer volunteer – at least one four-hour shift a week and not more than 12 hours per week*
- Conduct myself professionally*
- Treat others with courtesy, consideration and dignity*
- Uphold the traditions and standards of Castle Medical Center, interpreting them to the community at large.*

---

Signature

Date

**Please note day(s)/hours you will be available on a regular basis.**

**Day(s)** \_\_\_\_\_ **Shift** \_\_\_\_\_ **8am to noon**  
\_\_\_\_\_ **Noon to 4 pm**  
\_\_\_\_\_ **4 pm to 8 pm**  
\_\_\_\_\_ **Other**

**Date you will be ready to begin** \_\_\_\_\_