



Christian  
Health Care  
Center

## JUNIOR VOLUNTEER APPLICATION

Dot Faasse  
Coordinator of Volunteers • (201) 848-5797

Date \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 Phone number \_\_\_\_\_ Email \_\_\_\_\_ 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 \_\_\_\_\_