

**TEEN VOLUNTEER PROGRAM
JENNIE EDMUNDSON HOSPITAL
VOLUNTEER APPLICATION**

Name _____ Date ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cell Phone () _____

Email Address _____

Date of Birth _____ Age _____

School _____ Graduation Year _____

Grade _____ Grade Average _____ Guidance Counselor _____

Community Activities (church, clubs, organizations): _____

Hobbies: _____

Why are you interested in doing volunteer work? _____

How did you hear about our program? _____

General Health (circle one) Excellent Good Fair Poor

Will you have a ride to the hospital to volunteer on a weekly basis? _____

Father's Name _____

Place of Employment _____

Work Phone () _____

Mother's Name _____

Place of Employment _____

Work Phone () _____