



Christian
Health Care
Center

JUNIOR VOLUNTEER APPLICATION

Caroline Silva
Volunteer and Community Outreach Coordinator | (201) 848-5797

Date _____ Name _____

Address _____ City _____ State ____ Zip Code _____

Phone Number _____ Email _____ Date of Birth _____

Parent/Guardian 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 _____