



VOLUNTEER SERVICES

01/2012

Teen Volunteer Application Form

(Applicants: 16-18 Years of Age)

Personal Information (Please Print Clearly)

Name: _____ E-Mail: _____
First M.I. Last

Address: _____
Number/Street Apt.

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Birthdate: _____

School you attend: _____ Graduation Year _____

Availability Information

**Summer requirements: Completion of an intensive two-week program.
Please rank your session preferences on a scale of 1 through 6 (with 1 being the first preference)
for participation in the program.**

Session 1 – July 9 through July 20

____ Morning: July 9 → 8:45 am until 2:00 pm
July 10 through July 19 → 8:45 am until 12:00 noon
July 20 → 10:00 am until 1:00 pm, including lunch
____ Afternoon: July 9 → 8:45 am until 2:00 pm
July 10 through July 19 → 11:45 am until 3:00 pm
July 20 → 10:00 am until 1:00 pm. including lunch

Session 2 – July 23 through August 3

____ Morning: July 23 → 8:45 am until 2:00 pm
July 24 → August 2 → 8:45 am until 12:00 noon
August 3 → 10:00 am until 1:00 pm, including lunch
____ Afternoon: July 23 → 8:45 am until 2:00 pm
July 24 → August 2 → 11:45 am until 3:00 pm
August 3 → 10:00 am until 1:00 pm, including lunch

Session 3 – August 6 through August 17

_____ Morning: August 6 → 8:45 am until 2:00 pm
August 7 → August 16 → 8:45 am until 12:00 noon
August 17 → 10:00 am until 1:00 pm, including lunch
_____ Afternoon: August 6 → 8:45 am until 2:00 pm
August 7 → August 16 → 11:45 am until 3:00 pm
August 17 → 10:00 am until 1:00 pm, including lunch

Assignments will be based on the order the applications are received. Efforts will be made to fill your request for a particular session.

Please include in your application your responses to the following two questions.

- Why do you wish to volunteer at a hospital?
- What makes you a good candidate for volunteering?

Two personal references are required as part of your complete application.

Before you can begin work, we must receive these references. When your references have completed the form, they may mail them to:

**Prince William HealthCare Auxiliary
Attn: Teen Volunteer Chairperson
8700 Sudley Road
Manassas, Va 20110**

All information provided on this application is accurate. Teen commits to adhere to all program requirements.

Teen
Signature: _____ Date: _____

Parental/Guardian Consent Required: I give my permission for my son/daughter to participate in the teen volunteer program at Prince William Hospital.

Parent/Legal Guardian
Signature: _____ Date: _____

FOR OFFICE USE

Date Application Received _____
Date Application Received Letter Sent _____
Date Information Meeting Letter Sent _____
Date Information Meeting Attended _____
Date Orientation Notification Letter Sent _____
Date TB #1 _____
Date TB #2 _____