

Teen Volunteer Re-Application Form

(Applicants: 16-18 Years of Age)

Personal Information (Please Print Clearly)

Name: _____ E-Mail: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____
School you attend: _____ Present grade level: _____

Emergency Contact Information

Name: _____ Relationship: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Availability Information

Note: Summer requirements = volunteer a minimum of once a week for 6 weeks.
Please circle the day(s) most convenient for you. Mon Tue Wed Thu Fri
Please circle time(s) most convenient to you. 9-12 12-3 3-6 5-8 Other: _____
If you have a preference for a service area, please specify: _____
During the summer, will you be away for vacation, school activity, etc? [] No [] Yes When? _____

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: _____

OFFICE USE

Date Re-Application received: _____ Re-A RL:: _____ Re-INV: _____
ORL: _____ ORA:: _____ TB: _____ B#: _____