



**JUNIOR VOLUNTEER  
APPLICATION 2018**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
YOUR E-MAIL \_\_\_\_\_ PARENT'S E-MAIL \_\_\_\_\_  
PARENT NAME \_\_\_\_\_ DAY TIME PHONE \_\_\_\_\_

**AGE: MUST BE 14 YEARS OF AGE PRIOR TO JUNE 12<sup>th</sup>, 2018**

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IN CASE OF EMERGENCY NOTIFY (other than parent) \_\_\_\_\_  
PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICAL LIMITATIONS \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE (FALL 2018) \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES \_\_\_\_\_

HOBBIES OR TALENTS \_\_\_\_\_

DATES OF: SUMMER BAND \_\_\_\_\_ CAMPS \_\_\_\_\_

DRIVERS ED. \_\_\_\_\_ VACATION \_\_\_\_\_

ANY OTHER CONFLICTING ACTIVITIES \_\_\_\_\_

HAVE YOU VOLUNTEERED BEFORE? IF SO, WHEN? \_\_\_\_\_

WHERE? \_\_\_\_\_

Check days available & rank in order of preference from 1-3 - with 1 being the most desirable day to work and 3 being the least desirable.

\_\_\_ TUESDAY                      \_\_\_ WEDNESDAY                      \_\_\_ THURSDAY

Time(s) available:      \_\_\_ 8:00 a.m. - 12:00 noon      \_\_\_ 12:30 p.m. - 4:30 p.m.

Can you be dropped off and picked up promptly during these times?      YES      or      NO

If NO, Please explain \_\_\_\_\_

(Please note above if student needs a full day schedule to accommodate transportation.)

Assignments are based on department needs and a commitment on the staff's part to mentor students. Junior Volunteers work in many different areas throughout the Medical Center. If you have a particular interest in any area please note: \_\_\_\_\_

I am applying for participation in the Guadalupe Regional Medical Center Junior Volunteer Summer Program. I understand that I am responsible for attending Orientation on Tuesday **May 29<sup>th</sup>, 2018** from 6:00 p.m. until 8:00 p.m. I agree to work a minimum of 25 hours during the duration of the program, **June 12<sup>th</sup> - July 19<sup>th</sup>, 2018**.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**\*\* PLEASE INCLUDE A PARAGRAPH AS TO WHY YOU WISH TO BE A JUNIOR VOLUNTEER AND WHAT YOU EXPECT TO GAIN FROM THIS EXPERIENCE & ATTACH A REFERENCE LETTER FROM A TEACHER OR COUNSELOR.**

**A LIMITED NUMBER OF VOLUNTEER POSITIONS ARE AVAILABLE. ANY APPLICATION THAT DOES NOT CONTAIN THE ABOVE WILL NOT BE CONSIDERED FOR PARTICIPATION IN THE PROGRAM.**

**MAIL COMPLETED APPLICATION AND ATTACHMENTS TO:  
GRMC Volunteers; 1215 East Court Street;  
Seguin, Texas 78155; ATTENTION: Teresa Laechelin**

**DEADLINE TO RECEIVE APPLICATIONS IS MAY 11, 2018**

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Please check what size adult T-Shirt you will need: SMALL \_\_\_ MED \_\_\_ LAR \_\_\_ XL \_\_\_ XXL \_\_\_