



Member
NewYork-Presbyterian
Healthcare System

VOLUNTEER SERVICES

Application for the Junior Volunteer Program

Applicants must be at least 15 years old before acceptance into our program and be in good academic standing in their school.

Date _____

Name & Phone Number _____

Mailing Address _____

Date of Birth _____ Social Security Number _____

Mother's Name _____ Father's Name _____

Physican _____ School _____

Hobbies & Interests _____

Reasons for wanting to join our program _____

Junior Volunteers serve without pay, provide their own transportation and purchase their own uniforms. Regularly scheduled attendance is mandatory. Three unexcused absences will be reason for being dropped from the program.

MY SON/DAUGHTER IS APPLYING TO THE JUNIOR VOLUNTEER PROGRAM WITH MY FULL CONSENT.

SIGNATURE OF PARENT _____

SIGNATURE OF VOLUNTEER _____

TO CONSIDER YOUR APPLICATION, WE NEED THE FOLLOWING:

1. WORKING PAPERS
2. LETTER OF RECOMMENDATION FROM A TEACHER.

Fill out the first page yourself. Have your parent or guardian fill out the second page. The third page is to be filled out by your guidance counselor. **Please note that the guidance counselor should not write your letter of recommendation.** Please have the guidance counselor forward all three sheets to the Volunteer Office.



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Junior Volunteer Program

PARENTAL PERMISSION FOR TESTS

I, _____, hereby give my permission to have my child tested by the Employee Health Nurse at Southampton Hospital.

I understand that certain tests are required and necessary before my child can be accepted into the Junior Volunteer Program. I further understand that I can have a copy of these test results forwarded to my physician upon written request.

Signature of Parent or Guardian

Date



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Confidential School Reference for Junior Volunteer Program

(To be completed by Guidance Counselor—NOT by applicant)

Name _____

School _____

Date of Birth _____

The applicant has applied for membership in the Southampton Hospital Junior Volunteer Program. The student must be at least 15 years old. The student must have passing grades.

PERSONALITY RECORD

Please circle all that apply:

1. Responsibility: Conscientious Assumes responsibility Unreliable

2. Integrity: Trustworthy Honest Dependable Not dependable

Academic Standing: _____

Significant School Activities & Special Interests: _____

Overall Assessment: Recommended Not Recommended

Signature _____ Title _____

Date _____ Phone number _____

Please return all pages to: Volunteer Services Department
Southampton Hospital
240 Meeting House Lane
Southampton, NY 11968