

APPLICATION FOR JUNIOR VOLUNTEERS

(To be completed by applicant)



I am interested in: _____ Junior Volunteer (14 yrs or older) _____ Summer Youth Program (16-18 years)

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Year of High School Graduation: _____ Date of Birth: _____ / _____ / _____

School Information:

High School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Reference: Teacher or Guidance Counselor: _____

Interests/Hobbies/Talents/Extracurricular Activities: _____

Goals for volunteering: _____

Attach to this application:

Copy of photo ID

Proof of TB skin test (within the last year)

Proof of Measles-Mumps-Rubella inoculations (1st and 2nd)

Proof of Varicella inoculations or date of disease (1st and 2nd)

(A physician's note on letterhead or prescription pad OR school nurse's note on school stationery will suffice)

Signed parental consent form

Mail Completed Application to: Volunteer Coordinator
Beckley ARH Hospital
306 Stanaford Road
Beckley, WV 25801

Number to call with any questions: 304-254-2608