

Junior Volunteer Application

Name _____ Date _____

Address _____
Street City State Zip Code

Telephone _____ Birthday _____ School _____ Grade _____
M - D - Y

email _____

Emergency Contact Person

Name _____ Relationship _____ Telephone (H) _____ (W) _____

Previous Experiences

As a Volunteer _____

Other _____

Hobbies, Special Interests _____

Days you can volunteer

Full days (Circle 2) - Half days (Circle 3) Monday Tuesday Wednesday Thursday Friday

Summer Hours: Monday - Friday 9 a.m. - 4 p.m. (Full day); 9 a.m. - 12 noon (half day)

Fall Hours: Monday - Friday 3:15 p.m. - 4:30 p.m.*

* Volunteers are permitted to work full days when there are scheduled off days at school.

Why do you want to be a volunteer? (Use the back of this sheet if you need more space)

In joining the DRH Volunteer program, I agree to take my work seriously and avail myself of the opportunities the program offers in the hope that my service will be helpful not only to the hospital, but to the patients and community as well.

Signature

Parent/Guardian Signature

Volunteer
Services



Durham Regional Hospital

DUKE UNIVERSITY HEALTH SYSTEM