

# JUNIOR VOLUNTEER PROGRAM APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip Code

Birthdate: \_\_\_\_\_ Social Security: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of School you Attend: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of School: \_\_\_\_\_

School Activities/Hobbies/Skills: \_\_\_\_\_  
\_\_\_\_\_

Other Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

When are you available to Volunteer?

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Were you referred to The Children's Hospital by someone? If So:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If accepted into the Junior Volunteer Program, I agree to abide by all rules and regulations which govern both Volunteers and Employees. I agree to observe all rules of safety and conduct which are outlined for me.**

Signature: \_\_\_\_\_

## **Parent/Guardian Information**

Fathers Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**THE CHILDREN'S HOSPITAL**  
**JUNIOR VOLUNTEER PROGRAM**  
**PARENTAL CONSENT FORM**

\_\_\_\_\_ has my consent to serve as a Junior Volunteer at The Children's Hospital. I understand and agree to the commitment of service required and have reviewed the standards and procedures concerning participation in the Junior Volunteer Program with my son/daughter.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Return completed application to:**  
**The Children's Hospital Association of Volunteers**  
**13123 East 16th Avenue, B465**  
**Aurora, CO 80045**