UNITED MEMORIAL MEDICAL CENTER
JUNIOR VOLUNTEER APPLICATION

NAME:_____DATE:_____
ADDRESS:_____
CITY/STATE/ZIP CODE_____
TELEPHONE NUMBER:_____
E-MAIL ADDRESS_____

Number of hours per week you would like to volunteer:_____

Please indicate the days and times you are available to volunteer in the box below:

YOU MUST BE AT LEAST 12 YEARS OLD TO VOLUNTEER

	MORNING	**AFTERNOON**	**EVENING**
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

What type of volunteer work interests you? Please check appropriate choices
_____ Patient Menu Aide (You must be at least 16 years old)
_____ Kiosk Aide (You must be at least 12 years old)

Education: What Grade are you currently in?_____Where?_____

Please list any special skills or hobbies:_____

Please list all previous volunteer experiences:

ORGANIZATION FROM TO VOLUNTEER POSITION

_____

_____

It is Hospital policy that all volunteers meet specific health requirements before beginning their volunteer assignment. Volunteers are also required to have am annual health assessment.

SIGNATURE OF APPLICANT_____DATE_____
RETURN APPLICATION TO: Volunteer Coordinator, United Memorial Medical Center, 127 North Street, Batavia, NY 14020. For additional information please call the Volunteer Coordinator at 344-7465 OR E-mail: ktennity@ummc.org.
(Rev. 10/2012)