UNITED MEMORIAL MEDICAL CENTER
JUNIOR VOLUNTEER APPLICATION
YOU MUST BE AT LEAST 12 YEARS OLD TO VOLUNTEER

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:

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<th>MORNING</th>
<th>AFTERNOON</th>
<th>EVENING</th>
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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 an 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 344-7432 or email sdoemling@ummc.org.

(Rev. 12/19)