



Junior Volunteer Application

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Number-Street) (City, State, Zip)

Home Phone: _____ Cell Phone: _____

Email: _____ Current Age: _____

Father's Name: _____ Mother's Name: _____

Parent's Cell: _____ Parent's Email: _____

School Name: _____ Grade in School: _____

School Club/Organization/Sports to which you belong:

Organization	Year(s) involved	Briefly describe your involvement/Office Held

Volunteer Experience:

Organization	Year(s) involved	Briefly describe your involvement

Work Experience

Employer/Position	From: Month/Year	To: Month/Year	Hours per week

Hobbies/Interests:

Days available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Volunteer hours are normally 3:30 – 6:45pm, what hours are you able to volunteer?

Do you have any health problems or disabilities, which should be considered?

Yes No

If yes, please describe: _____

Why do you want to become a Junior Volunteer?

How did you hear about the Junior Volunteer Program?

Applicant Signature : _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Please return application to

Hutchinson Health
Human Resources
Junior Volunteer Application
1095 Highway 15 South
Hutchinson, MN 55350.

Any question, please contact Human Resources at 320/484-4685

Office Use Only

_____ Date Received _____ Acknowledge Letter Sent

_____ Interview Date _____ Orientation Confirmation Sent _____ Orientation Date