

YOUTH VOLUNTEER APPLICATION



Today's Date _____ / _____ / _____

**Please complete BOTH SIDES of application and bring it with you at the time of your interview. (please print)
Call 203-688-2297 to schedule interview.**

Last Name:	First Name:	MI
Street Address:		
City:	State	Zip
Home Telephone:	Cell Telephone:	
E-mail Address:		
Birth Date:		

Emergency Contact		
Name:	Relationship:	
Street Address:		
City:	State	Zip
Home Telephone:	Business Telephone:	
Physician:	Telephone:	

For which program are you applying? <input type="checkbox"/> Academic Year (after school or Saturdays) <input type="checkbox"/> Summer
Name of school:
Please indicate your current year of school.
How many days a week do you wish to volunteer?
Will you carpool with another volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whom?
Does your parent work at YNHH? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is your parent name and the name of the department he/she works for?
Do you have any other relatives currently employed at Yale-New Haven Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the relationship and in what department does the person work?
What size polo shirt do you wear? XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>

VOLUNTEER and COMMUNITY ACTIVITIES

Please tell us about your volunteer experience and community activities.

AGENCY/ORGANIZATION	POSITION	DATES

YOUR PREFERENCES

SCHEDULE: Please check the days and times that you are available to volunteer on a regular basis.

	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

ASSIGNMENT PREFERENCE: Please check the types of volunteer assignments that interest you. The examples listed in parenthesis are just examples, not the only assignments in each category.

- Behind the Scenes / Staff Support (office work, computer work, supply areas)
- Customer Service (information desks, gift shop, ambassador, family waiting areas, flower delivery)
- Patient Support (book cart, patient visitor, patient transport, creative arts)
- Patient Contact (patient aide on nursing unit, pediatric activity cart, pediatric waiting area activities)
- Other: _____

ESSAY: Please attach a one page essay about yourself and your interest in volunteering.

Have you ever been found guilty of a misdemeanor or felony since your 16th birthday? Yes No

A conviction is not an automatic disqualification for a volunteer position.

I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any significant information presented or requested on this application or during the interview process may result in rejection for a volunteer position or dismissal.

Applicant's Signature: _____ Date: _____
I have read, understand, and agree to this statement

For students under age 18, a parent/guardian signature is required.

I give permission for _____ to volunteer at Yale-New Haven Hospital, and to be photographed in relation to his/her volunteer position.
Student's name

Parent/Guardian Signature: _____ Date _____