



**APPLICATION FOR VALLEY VIEW HOSPITAL
JUNIOR VOLUNTEER PROGRAM**

Name _____ Age* _____ Birthdate _____

*Minimum age is 14

Home Phone _____ Work _____ Cell _____
(if applicable)

Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

E-Mail Address _____

Parent(s) or Guardian(s) Name _____

Home Phone _____ Work _____ Cell _____

School attended last year _____

Grade next school year _____

Do you have any health problems? Yes No If yes, please explain

Are you involved in any activities that may interfere with your work schedule at the hospital/clinic?

Please list out any planned vacation dates as well.

Person, other than parents to notify in an emergency :

Relationship _____

Name _____ Phone _____

How many hours per week are you planning to volunteer? *

* Minimum shift time is a 4 hour shift in the morning, afternoon or evening during the summer or 2 hour shift during the school year. If you are unable to commit to the minimum shift time per week please discuss with the Volunteer Coordinator.

Please detail your preferred work schedule and include your preferred department (if known):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-12							
Afternoon 12-4							

If I am accepted for volunteer service, I will attend training class and meetings as set up by the hospital. As specified in the training, I will give service on a regular basis. I will follow the rules and policies of the hospital and I will uphold the standards of the hospital.

Volunteer Signature _____ Date _____

CONSENT OF PARENT OR GUARDIAN:

I hereby give my permission for my child to participate in the Valley View Hospital Junior Volunteer Program. I will provide the necessary transportation to and from the hospital, clinic or other work site.

Parent or Guardian Signature _____ Date _____

Please return application to:

**Valley View Hospital
Attention: Annalise Appel
1906 Blake Ave.
Glenwood Springs, CO 81601
970-384-6656
aappel@vvh.org**