DKH DAY KIMBALL HOSPITAL

Interview: _____ By: _____
Proof of MMR: _____
Reference Sent: _____
Reference Returned: _____
Accepted Y or N: _____
Orientation Date: _____

APPLICATION FOR THE JUNIOR VOLUNTEER SUMMER PROGRAM 2008

Deadline for accepting applications is April 15, 2008

All applicants must have graduated from the ninth grade.
-Should you be accepted, your minimum commitment would be to volunteer one eight-hour day per week, throughout the summer.

Date: _____ Grade: ____Age:____ Date of Birth: _____ Phone No.: _____

Name: _____ Email: _____

Parents/Guardians Names:_____

Mailing Address: _____

Name of School: _____

Address of School: _____

Guidance Counselor: _____

List Interests/Hobbies/Talents/Extra Curricular Activities: _____

Why do you wish to volunteer? _____

Is volunteering a requirement for Court Ordered Committee Service? Yes No

_____

Attach proof of second Measles-Mumps-Rubella inoculation to this application.
A Physician's note on letterhead or prescription pad, or school nurse's note on school stationery will suffice, but it must be included in order for you to be considered for a volunteer position.

All applicants must have graduated from the ninth grade.

Parent/Guardian: I approve of my son/daughter _____ volunteering his/her services at Day Kimball Hospital one eight-hour day per week through July and August and give my permission for him/her to participate in this summer volunteer program. I also understand that if my child is accepted to the program, it is mandatory that my child attend a training session on 6/27 or 6/30 from 8am to 4:30pm at Day Kimball Hospital.

Applicant: By signing below, I understand that if I am accepted into the Junior Volunteer Program, it is mandatory that I attend a training session on 6/27 or 6/30 from 8am to 4:30pm at Day Kimball Hospital.

Mail to:

Day Kimball Hospital
Department of Volunteer Services
320 Pomfret Street
Putnam, CT 06260

(860) 963-6458
(860) 774-3366, x2279

_____
Applicant's Signature

_____
Signature of Parent/Guardian

_____
Street and P.O. Box

_____
City State Zip Code