



JUNIOR VOLUNTEER APPLICATION

Date: _____

Name: _____
Last *First*

Address: _____

Phone: _____ Cell: _____ Email: _____

(Applicants must be at least 14 years of age and entering sophomore, junior or senior year.)

Grade you are currently in: _____ High School: _____

(Please attach the current official or unofficial transcript from your school, which also reflects your current GPA average, and Letter of Recommendation from teacher or counselor.) Fax or Email applications will not be accepted.

School and other extracurricular activities:

What do you hope to achieve as a junior volunteer?

List three personal goals which support your career goal(s):

1. _____
2. _____
3. _____

Available Preferences

Check Days Available: Mon Tues Wed Thurs Fri Sat Sun

Check Available Shift(s): 9AM-12PM 12-3PM 3-6PM 6-9PM

Available Start Date: _____

I certify that the information contained in this application is true to the best of my knowledge and, further, that any statement herein may be verified without causing liability to Sentara Northern Virginia Medical Center.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

Mail to: Sentara Northern Virginia Medical Center Auxiliary, 2300 Opitz Blvd, Woodbridge, VA 22191